

# ESOPHAGEAL VARICEAL BAND LIGATION PERFORMED BY GENERAL SURGEONS IS SAFE AND EFFECTIVE IN RURAL PRACTICE ENVIRONMENTS

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- Esophageal Variceal bleeding outcomes have improved over time
  - Esophageal Variceal Ligation (EVL) key to management
- Limited GI coverage in rural settings
- Multidisciplinary care pathway developed with General Surgery performing EGD and EVL
- 35 episodes of EVL on 25 patients over 16 months
  - 28 for acute bleeding episode
  - 7 for prophylaxis
- 82% Child-Pugh B or C
  - Average Na-MELD 15.2
- 1 early (30 day) re-bleed
  - Managed with repeat EVL
  - No other identified technical complications
- No complications in the prophylactic group
- Three mortalities
  - One due to aspiration and ARDS
  - Two from progressive hepatic encephalopathy leading to comfort measures
- No emergent TIPS during study period
- General Surgeon performed EVL safe and effective in rural practice environments
  - Average 19min operative time