

Using FloSeal® to control digestive bleeding in the distal large bowel

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Abstract: We present an alternative treatment to resolve lower gastrointestinal bleeding by the application of FloSeal, a haemostatic matrix. Fundamentally, the treatment consists of inserting the tube containing the Sengstaken-Blakemore probe impregnated with FloSeal into the rectum-sigma. This procedure is simple, easy to reproduce and can be very useful to control bleeding in the last section of the gastrointestinal tract.

Keywords: FloSeal; lower gastrointestinal bleeding; treatment

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We present an alternative treatment to resolve lower gastrointestinal bleeding by the application of FloSeal, a haemostatic matrix.

This treatment would be indicated in cases of lower gastrointestinal bleeding located in the last 20–25 cm of the large intestine. To do so, we use a Sengstaken-Blakemore probe, a 50 mL syringe, an introducer tube and two FloSeal haemostatic kits.

The Sengstaken-Blakemore probe is commonly used to control bleeding from oesophageal varices. The instrument has three channels: one is for gastric lavage and the other two are connected to a gastric balloon and to an oesophageal balloon.

The haemostatic matrix FloSeal contains two independent haemostasis-promoting agents, consisting of patented gelatin granule clots, obtained from bovine thrombin and plasma-derived human thrombin, which combine to form a stable clot at the site of the haemorrhage.

We use the introducer tube to insert the probe in the rectosigma. And finally, with the syringe we inflate the oesophageal balloon of the probe.

Fundamentally, the treatment consists (*Figure 1*) of inserting the tube containing the Sengstaken-Blakemore probe impregnated with FloSeal into the rectum-sigma.

Then, we remove the introducer tube, leaving the probe



Figure 1 Digestive bleeding control with FloSeal (1).

Available online: <http://www.asvide.com/article/view/24681>

with FloSeal inside the rectum-sigma lumen.

Finally, we inflate the oesophageal balloon of the probe so that the FloSeal is brought into contact with the intestinal mucosa, and the pressure exerted on it produces haemostasis in this area.

The inflated balloon is then left in place, within the rectum lumen for 24 hours, at low pressure in order to avoid ischaemia in the area. This procedure is simple, easy to reproduce and can be very useful to control bleeding in the last section of the gastrointestinal tract.

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Footnote

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