

中文題目：比較假日和非假日因消化性潰瘍出血經內視鏡止血之後的治療結果  
英文題目：A Outcome of holiday and non-holiday hospital patients with peptic ulcer bleeding after initial endoscopic hemostasis : Report of A Real World Experience from Southern Taiwan

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**Background:** Recent findings suggest that patients admitted on the weekend with upper gastrointestinal hemorrhage (UGIH), which may result in increased adverse outcomes. On the other hand, there were other reports that did not observe the “weekend effect”. In our hospital, we provide endoscopic treatment on 365 days a year. Therefore, we would like to discuss if there are any holiday effects of endoscopy hemostasis.

**Methods:** We reviewed the medical files of hospital admissions in patients with peptic ulcer bleeding who received initial endoscopic hemostasis from January 2009 to March 2011. A total of 774 patients were enrolled (holiday group, n = 129; non-holiday group, n =615). We only enrolled the non-variceal hemorrhage patients. All patients with incomplete chart recordings were excluded from current study. The holiday includes national holiday and weekend in Taiwan. Time to endoscopy, adverse outcomes, blood need to transfusion, time to shift to oral form proton-pump inhibitor, and length of stay were analyzed. Some laboratory data, coexisting illness and degree of ulcer severity were analyzed also.

**Results:** A total of 774 patients were enrolled (holiday group, n = 129; non-holiday group, n =615). There were no significant differences in baseline characteristics between the two groups. Our results showed that patients in holiday group received earlier endoscopy treatment (12.20 hours vs. 16.68 hour , p=0.005); needed less blood transfusion (4.8 unit vs. 6.6unit, p= 0.02); need less time shifting PPI from intravenous form to oral form(5.3 days vs. 6.9 days, p= 0.051); has shorter hospital stay (13.05 days vs. 17.36 days, p= 0.005). The two groups have no difference in rebleeding rates (17.82% vs. 23.41 % , P=0.167); and mortality rate (13.66% vs.11.63%, P=0.537), but a trend of significance was observed for patients needing operations in holiday group (4.66 % vs. 2.11 % , P=0.093)

**Conclusions:** Patients with peptic ulcer bleeding on the holiday did not experience delayed endoscopy or increased adverse outcomes such as recurrent bleeding and mortality although a trend of significance was observed for patients needing operations in holiday group.

In fact, patients received endoscopic hemostasis on the holiday have less waiting time.