

## HOW TO USE ENERGY VEHICLE SET

- The patient is placed on the left side. Insert the endoscope into the patient's oesophagus to assess the degree of esophageal varices, the location of the dilatation, and the associated lesions in the stomach. The doctor observes, finds a suitable ligation position and conducts ligation. The sessions are spaced about 2-3 weeks apart.

### \* Indications for esophageal varices

- Patients with gastrointestinal bleeding due to rupture of esophageal varices.
- Prophylactic treatment: esophageal varices grade 2-3, red mark, currently not bleeding.

### \* Contraindications

- The patient is bleeding profusely affecting hemodynamics
- Severe coagulopathy.
- The patient is showing symptoms of severe and progressive liver failure.
- Varicose veins of gastric aneurysm.

### \* Catastrophe

- The rate of complications due to esophageal varices ligation with rubber is less than sclerotherapy of esophageal varices.
- Due to the mechanism of fibrosis, ulcers and narrowing of the esophagus can occur. However, both in theory and practice, ligation injury is self-limited to the mucosa and submucosa, and the muscle layer is rarely affected. Therefore, ulcers are usually small, shallow, rarely bleed, and heal faster than with sclerotherapy.
- Symptoms of chest pain, difficulty swallowing also rarely occur.
- Other complications such as sepsis, aspiration pneumonia, fever are less common than sclerotherapy.

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