Gastrointestinal Complications

- Acute colonic pseudo-obstruction
  - Possibly prolonged critical illness related
  - Conservative management if stable
  - Electrolyte optimisation and Decompression

- **Mesenteric ischaemia**
  - **Most serious GI complication**
  - **3.8-4% incidence in cohort studies of critically ill patients**
  - **?role of microvascular coagulopathy**
  - **Require surgical intervention**

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Acute Management Principles

- **<u>GI symptoms related to viral infection:</u>**
  - Antiemetics
  - Oral or IV hydration
  - Loperamide
    - "Expert Opinion"
    - In absence of fever bloody stools, *C. difficile* risk factors
    - Low dose

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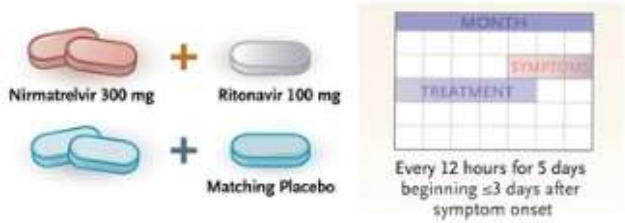
Acute Management Principles

➢ COVID-19 Specific:

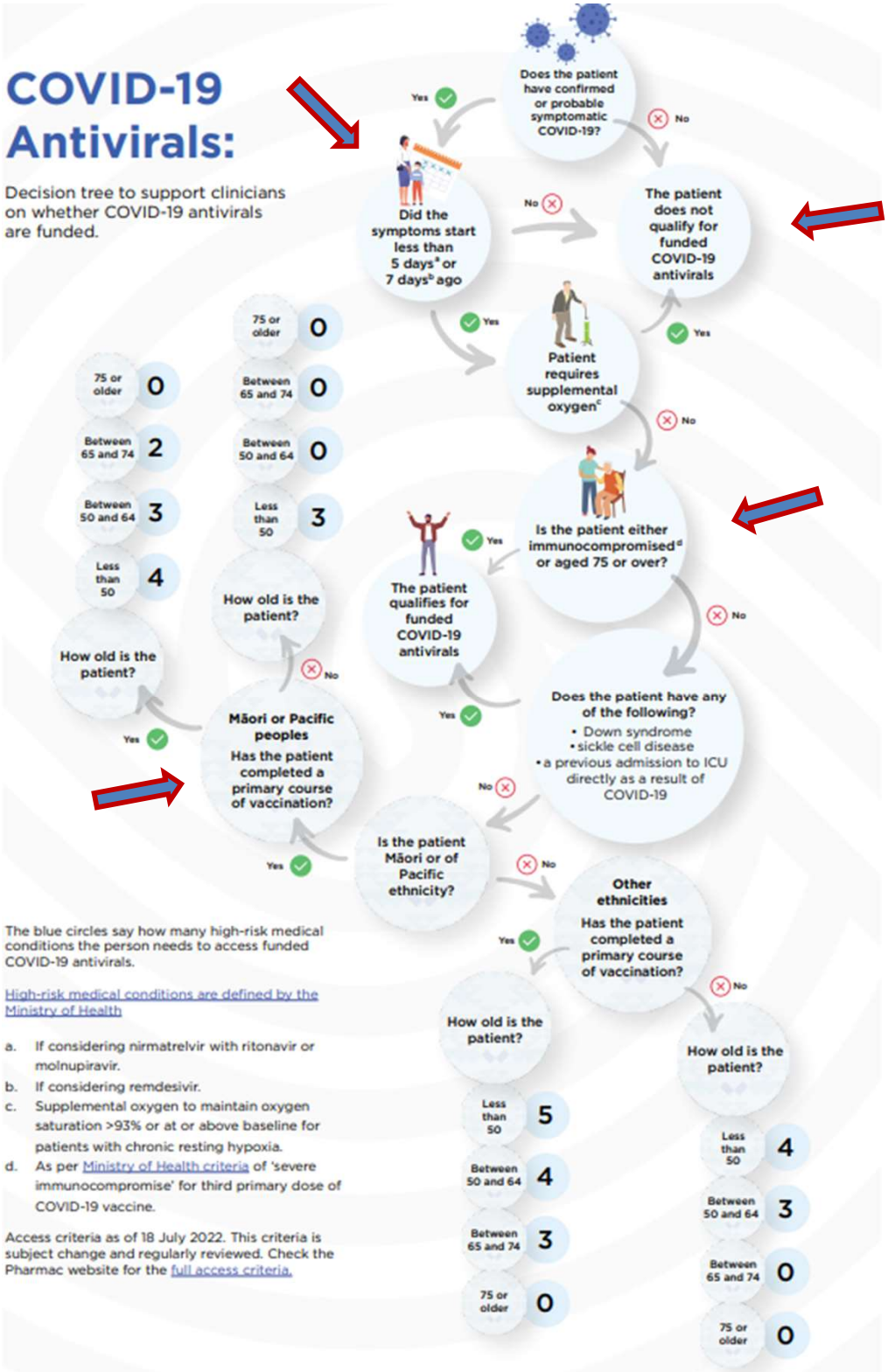
➢ Antivirals[24]

- Paxlovid (Nirmatrelvir with Ritonavir)
  - 5/7 course (three tablets twice daily)
    - » International, Multicentred RCT of 2246 participants
    - » Randomised to Paxlovid vs Placebo for five days
    - » Reduces risk of hospitalisation or death (0.8% vs 6.3%, p<0.001; NNT=18)
  - Contraindications: eGFR <30mL/min, severe hepatic impairment, pregnancy
  - Beware drug-drug interactions
    - » Implications for other medications (e.g OCP, antiepileptics)



COVID-19 Antivirals:

Decision tree to support clinicians on whether COVID-19 antivirals are funded.



The blue circles say how many high-risk medical conditions the person needs to access funded COVID-19 antivirals.

High-risk medical conditions are defined by the Ministry of Health

a. If considering nirmatrelvir with ritonavir or molnupiravir.
b. If considering remdesivir.
c. Supplemental oxygen to maintain oxygen saturation >93% or at or above baseline for patients with chronic resting hypoxia.
d. As per Ministry of Health criteria of 'severe immunocompromise' for third primary dose of COVID-19 vaccine.

Access criteria as of 18 July 2022. This criteria is subject change and regularly reviewed. Check the Pharmac website for the full access criteria.

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Acute Management Principles

Inflammatory Bowel Disease

- **COVID-19 positive (stable disease)[25]**
  - Consider withholding medications which impair T-cell mediated viral clearance
  - Thiopurines, anti-TNF agents, anti-IL23 agents, vedolizumab
  - 2-3 weeks unlikely to precipitate a major flare

- **IBD flare[25]**
  - Treat underlying disease irrespective of COVID-19 status
  - Includes initiation of steroids or anti-TNF agents
  - Exclusive Enteral Nutrition (EEN) could be an alternative in Crohn's disease flares

- **Smoking Cessation, Influenza Vaccinations**

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Acute Management Principles

Inflammatory Bowel Disease

- **Resumption of Medications:**[25]
  - No evidence to guide timing
  - Resume after resolution of symptoms (Expert Consensus)
  - Typically 14 days
  - Low risk of IBD flare if in remission

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Vaccination and IBD

- **Universally recommended[26-29]**
  - Lower risk and severity of infection[26]
    - HR 0.31, 95%CI 0.17-0.56 (n=15,000; USA)
  - Seroconversion >96% after three doses[30]
    - Meta-analysis (31 studies)
  - Safe

- **Three primary doses:**
  - Biologics/Thiopurines/Methotrexate within last three months
  - Prednisone ≥20mg/day within one month

- **No evidence to alter dose or timing of doses around vaccination[25-29]**

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Implications for Endoscopy

➢ Acute Setting:

- Gastrointestinal bleeding most common[31-33]
- COVID-19 inpatients usually anticoagulated
- Risk stratification
  - Gastroscopy: aerosol generating procedure
- Most patients managed conservatively with delayed Endoscopy
- Urgent/Emergent procedures not delayed

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Implications for Endoscopy

Timing of Endoscopy post-COVID-19

Asymptomatic COVID-19 infection	Asymptomatic COVID-19 infection diagnosed on the day[a] of or within 2 weeks prior to scheduled procedure	Defer endoscopic procedure for ≥ 2 weeks after diagnosis
	Asymptomatic COVID-19 infection diagnosed > 2 weeks prior to scheduled procedure	Proceed with endoscopic procedure as scheduled
Mild COVID-19 illness • Mild symptoms and signs[b] • No new dyspnoea • No evidence of LRTI on clinical exam or imaging if available	Mild symptomatic COVID-19 illness diagnosed on the day[a] of or within 2 weeks prior to scheduled procedure	Rebook endoscopy procedure ≥ 2 weeks after diagnosis
	Mild symptomatic COVID-19 illness diagnosed > 2 weeks prior to scheduled procedure	Proceed with endoscopic procedure as scheduled
Moderate COVID-19 illness • Evidence of LRTI on clinical exam such as a. Sa02 92-94% on room air b. Desaturation or dyspnoea with mild exertion • Evidence of LRTI on imaging	Moderate symptomatic Covid-19 illness diagnosed on the day[a] of or within 4 weeks prior to scheduled procedure	Rebook endoscopy procedure ≥ 4 weeks after diagnosis
	Moderate symptomatic Covid-19 illness diagnosed > 4 weeks prior to scheduled procedure	Proceed with endoscopic procedure as scheduled
Severe or Critical COVID-19 illness • Deteriorating respiratory function[c] • Respiratory failure[d] • Other organ failure	Severe or Critical COVID-19 illness within 6 months of scheduled procedure	Defer endoscopic procedure until cleared at medical review

GESA Gastroenterological Society of Australia

Gastrointestinal post-acute COVID-19 Syndrome (G-PACS)

- aka “Long Covid” of the GI Tract…