

# Haemostasis with Xylometazoline Hydrochloride 1% (Trade Name Otriven) during Invasive Endoscopy an Alternative to the Usual Procedures

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## ABSTRACT

The implementation of Xylometazoline hydrochloride 1% (marketed under the trade name Otriven) as a haemostatic agent during invasive endoscopy procedures offers a viable alternative to traditional haemostasis methods. This retrospective study, grounded in four decades of clinical practice, evaluates the efficacy and safety of Xylometazoline hydrochloride 1% in over 32,000 endoscopic procedures, including colonoscopies, gastroscopies, and bronchoscopies. The analysis highlights the agent's success in achieving immediate haemostasis in cases of polyp removal, carcinoma reduction, and treatment of gastric erosive diffuse bleeding, without the occurrence of post-operative bleeding or significant adverse effects. The methodological innovation lies in the use of Xylometazoline hydrochloride 1% for vascular constriction, which mitigates bleeding risks without the need for additional interventions such as the use of clips. The study also underscores the importance of a practical approach to the application of Xylometazoline hydrochloride 1%, detailing the procedure for its use in different scenarios. Our findings advocate for the broader adoption of Xylometazoline hydrochloride 1% in endoscopic practices, emphasizing its potential to enhance patient safety, reduce procedure times, and eliminate the need for secondary referrals, except in cases of Barrett's syndrome. This study contributes significantly to the discourse on optimizing invasive endoscopic and bronchoscopy procedures, proposing a shift towards more efficient and safer haemostatic techniques.

## Introduction

When presenting a method in medicine, it should be tried and tested and statistically proven. Individual statements are often interesting, but since the treatment of patients is individual, the method may be successful in a specific case, but is not universally valid.

In my 40 years of active practice, I have used Xylometazoline hydrochloride 1% in around 15,000 colonoscopies, 15,000 gastroscopies and over 2,000 bronchoscopies. Polyps up to 15 cm in size, polyp turfs were removed, and carcinomas were reduced in size without any post-operative bleeding requiring further intervention. My team and I always completed all examinations in full. There were no secondary referrals to other centres except for Barrett's syndrome [1].

## Development of the Method

Even as a young assistant, I was trained to perform bronchoscopy. I quickly realised that the application of adrenaline in various

preparations, which was common at the time, often led to cardiac side effects. I remembered my time in the surgical outpatient department for epistaxis. My colleagues had given me the tip of spraying Xylometazoline hydrochloride 1% into the nose and, if necessary, soaking the tamponade with it in order to achieve rapid haemostasis. This application turned out to be very helpful later on. I then utilised the pronounced vascular contraction of the substance during the bronchoscopy by spraying Xylometazoline hydrochloride 1% approx. 2 ml through the instrument channel of the bronchoscope onto the planned biopsy site. The effect was convincing, there was no significant bleeding after the biopsy and no side effects were observed. When I underwent further endoscopic training during my training, I continued to apply my experience with Xylometazoline 1%, with the result that not a single bleeding complication occurred in any of the endoscopies that my team and I performed. The use of clips was deliberately avoided over the years as it was completely unnecessary [2].

## Practical Procedure

The use of a vasoconstrictor is not necessary for normal sampling. For polyps, spray 2 to 4 ml Xylometazoline 1% completely over the instrumentation channel, depending on the size, then ablate the loop. Then apply another 2 ml to the ablation site. Same procedure for tumour size reduction. There was never any post-operative haemorrhage requiring intervention. In the case of gastritis erosive diffuse bleeding, e.g. after massive ingestion of anti-rheumatic drugs etc. with suicidal intent, this oozing haemorrhage is stopped immediately. Before injecting bleeding ulcers, the preparation can be sprayed on to improve visibility considerably.

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## Executive Summary

The local application of Xylometazoline 1% is extremely effective in preventing secondary haemorrhage during invasive endoscopy and bronchoscopy without inducing side effects. The simple application saves time during the examination without any potential risk to the patient. Its use in the presence of haemorrhage is also advantageous in many cases.

## References

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