A 52-year-old man with alcoholic cirrhosis presents to the ER following an acute onset of hematemesis. During the upper endoscopy, you find large esophageal varices with a red wale sign and you place 3 bands. You start the patient on propranolol prior to hospital discharge. What is the appropriate timing of the next endoscopy?

A. 6 – 8 weeks
B. 3 months
C. 1 to 4 weeks
D. Repeat only if signs of recurrent upper GI bleeding

**Answer: C**

Combination of non-selective beta-blocker and endoscopy variceal ligation is first-line therapy in the prevention of rebleeding. The goal of the non-selective beta-blocker is to reach a target heart rate of 55 – 60. The goal of endoscopic variceal ligation is to band to eradication with the first repeat EGD to be scheduled within 1 – 4 weeks until eradication.