

Patient information factsheet

Rectal bleeding

This factsheet covers what to expect if you come into hospital with rectal bleeding (bleeding from the bottom) and explains the initial investigations that you may have. We have also included some of the common causes of rectal bleeding for your information.

About rectal bleeding

Bleeding from the rectum is very common and can be caused by a number of conditions. We understand that it can be alarming but it is very rare for rectal bleeding to cause you harm or to be enough to require a blood transfusion. The vast majority of rectal bleeding stops by itself with no treatment required. Most people who come to hospital with rectal bleeding can be treated as an outpatient and do not need to be admitted to a ward.

Initial assessment – what to expect

Following your arrival at hospital you will have some blood tests taken and we will ask you about your health and the type of bleeding you have had. The examination will include examining your back passage (bottom) with a gloved finger, which can help to identify the source of the bleeding.

An assessment will then be made (based on the colour of blood you have passed, any medications that you may take and your blood test results) whether you will be able to go home and be cared for as an outpatient.

Going home after your initial assessment

If we feel it is safe for you to be at home you will be discharged and we will follow up with you the next day either in the acute surgical unit (ASU) clinic or via a telephone consultation. We may ask you to come to the clinic for a repeat blood test.

Before you leave hospital we will arrange any investigations you may require and provide you with any clinic appointments you need.

How do we know it's safe for you to go home?

We conducted an 18 month study on the outcomes of patients admitted with rectal bleeding. We found that a large group of patients did not need urgent investigation or treatment, and therefore we know that if you fit into that group of patients it is safe for you to go home and continue any investigation and treatment as an outpatient.

When you get home

Once at home you may have further bleeding. Passing small amounts of blood in the toilet does not require further action. Remember that just a few drops of blood could make the water in the toilet look very red. However, in the rare event you have more than four bleeds in one day; pass a significantly larger amount of blood than before you were admitted to hospital or become short of breath, dizzy or faint you should return to ASU or the emergency department immediately.

If you have any questions or concerns

If you have any further questions please contact the acute surgical unit (ASU) office on the number at the end of this factsheet.

Possible further investigations

The information below explains the possible investigations that you may have.

Which ones you have will depend on the type and the amount of bleeding you have experienced, as well as on your blood test results and medical history.

Endoscopy

An endoscopy is an investigation that involves a long, thin camera. There are three different types of endoscopy that you may be referred for to investigate rectal bleeding.

Oesophagogastricduodenoscopy (OGD)

This is where an endoscope camera is passed via your mouth into your stomach and small bowel to look for the cause of bleeding. Sedation is available, but not routinely required.

Colonoscopy

This is where an endoscope camera is inserted via your anus into your rectum and around your colon to look for the cause of bleeding. You are usually sedated for this procedure.

Flexible sigmoidoscopy

This is where a shorter endoscope camera is inserted via your anus into your rectum to your sigmoid colon to look for the cause of bleeding.

Common causes of rectal bleeding

Some of the most common causes of visible rectal bleeding in adults are outlined below for your information. However, do not try to diagnose yourself; we will arrange for you to have appropriate investigations in order to establish the diagnosis.

Rectum and anus

- Piles (haemorrhoids)
Piles are swollen blood vessels in and around the anal canal. They can bleed when you have a bowel movement which can leave streaks of bright red blood in your stools and on the toilet paper. Piles may also cause itchiness around your anus. They are due to constipation and if this is treated they often heal on their own.
- Anal fissure
An anal fissure is a small tear in the skin of the anus which can be painful as the skin is very sensitive. The blood is usually bright red and the bleeding soon stops. You may feel like you need to keep passing stools, even when your bowel is empty. It usually heals on its own within a few weeks.

Large bowel/colon

- Angiodysplasia
Angiodysplasia is a condition in which the blood vessels in the colon (part of the large bowel) become enlarged. It is more common in older people and can cause painless rectal bleeding that is often mixed with faeces.

Patient information factsheet

- **Gastroenteritis**
Gastroenteritis is a viral or bacterial infection of the stomach and bowel which your immune system will usually fight off after a few days. It can cause diarrhoea that contains traces of blood and mucus, as well as other symptoms such as vomiting and stomach cramps.
- **Diverticula**
Diverticula is where small bulges form in the lining of your lower bowel. These contain weakened blood vessels that can burst and cause sudden, painless bleeding (you may pass quite a lot of blood in your stools).
- **Bowel cancer and polyps**
Although cancer can cause rectal bleeding only a very small proportion of rectal bleeds are due to bowel cancer.

Less common causes of rectal bleeding

Medication

Anticoagulant drugs such as warfarin or aspirin which are taken to reduce your chance of a blood clot can sometimes cause internal bleeding.

Inflammatory bowel disease

Inflammatory bowel disease such as Crohn's disease or ulcerative colitis are long-term conditions which cause the lining of the bowel to become inflamed. Crohn's disease affects the gut higher up, whereas ulcerative colitis affects the large bowel and rectum, further down. Both tend to cause bloody diarrhoea.

Further information

We hope you have found this leaflet useful. If you have any further questions please contact the acute surgical unit (ASU) office on **023 8120 3810**

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please call 023 8120 4688.