

Emergency admission with bleeding from your bowel

Lots of people get occasional smears or drops of blood in the toilet or on the toilet paper, but if you have a lot of bleeding, especially if you pass the blood separate from your poop, you may need to go into hospital until the bleeding settles.

What causes the bleeding?

The commonest cause of this type of bleeding is diverticular disease. This is a condition where there are small pockets in the wall of the bowel. If one of these wears through into a blood vessel, it causes rectal bleeding. Less commonly, bleeding is caused by ulcers, abnormal blood vessels, piles, polyps or cancers. The risk of a cancer causing rectal bleeding is only about 1 in 20. Rectal bleeding is more common in patients taking medications such as Warfarin to thin the blood.

What test will I need?

Initially, the doctor will ask you questions about your stomach and bowels and what medication you take. They will examine your abdomen and your bottom including examining inside your rectum with a gloved finger to see the type of blood that is there. The doctor will arrange blood tests to rule out anaemia or poor blood clotting and will check your blood group.

If there is a possibility that the blood has come from a stomach ulcer and run through the bowel and out of your rectum, the doctor will advise you to have an endoscopy (see endoscopy leaflet). This involves putting a flexible tube down your throat to examine the lining of the stomach. If a bleeding ulcer is found, it can often be injected to stop the bleeding.

How else can I be treated?

If you have lost a lot of blood, you will be admitted to hospital and advised to stay in bed until you are stable. You will probably have a drip in your arm and may have a catheter tube in your bladder to measure your urine. It may help if you are given oxygen to breath. If you are anaemic, you may be advised to have a blood transfusion. If you have been taking a drug such as Warfarin, this will be stopped and the effect on thinning your blood may need to be reversed temporarily to stop the bleeding.

In 9 out of every 10 people admitted to hospital with rectal bleeding, the bleeding stops by itself. Very occasionally, the bleeding has to be stopped by the doctor, either by an operation or by using a fine tube through one of your blood vessels to seal the bleeding spot.

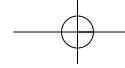
How will I know what has caused my bleeding?

If the bleeding settles promptly, you will be allowed out of hospital and the doctor will arrange a flexible sigmoidoscopy or colonoscopy (flexible tube examination of the bowel, see separate leaflet). This is normally done approximately four weeks after your hospital admission when any inflammation has had time to settle down. If the bleeding does not stop quickly, this test may be done while you are still in hospital to locate the bleeding spot.

What can be done to stop the bleeding happening again?

Bleeding from diverticular disease often settles with no special treatment and it does not return. Ulcers which have bled can usually be treated with medication. Piles, see separate leaflet, can often be treated with injection or banding therapy. Bleeding from abnormal blood vessels may be stopped by injection treatment. Polyps can often be removed during colonoscopy. If a bowel cancer is found, which is unlikely, you will be transferred to the care of the Specialist Cancer Team for treatment.

Overall, most people who come in with rectal bleeding settle down without needing an operation or any special treatment. Please ask the doctor if you have any questions that you want to find out more about this condition.



Patient Information

Rectal Bleeding



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