

facts about...

RECTAL BLEEDING

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What is rectal bleeding?

The rectum is the last portion of the large bowel (colon) that ends just before the anus. Bleeding from this area may result in the appearance of blood in your stools. Rectal bleeding can take any of these forms:

- bright red blood coating the stools or in the stools
- blood in the toilet bowl after you have been for a motion
- dark or black tarry stools
- maroon stools
- blood on the toilet paper.

Where does the blood come from?

Despite the name 'rectal bleeding' blood in the stools does not always originate within the rectum. The source of the bleed could be anywhere along the gastrointestinal tract (even as far up as your stomach).

What should I do if I see blood in my stools?

If you notice any of the above signs of rectal bleeding, please see your doctor.

I have noticed blood in my stools.

Does this mean I have cancer?

Not necessarily, but you do need to see your doctor to have the cause of the bleeding investigated. There are many potential causes of rectal bleeding. More common of these include haemorrhoids, infection, diverticular disease, polyps (growths in the bowel and/or rectum) or peptic ulcers.

Rather than imagining the worst-case scenario it is important to consult your doctor immediately. He/she is medically trained to examine you and if necessary, to refer you to other doctors or for tests that may help to diagnose the cause of the bleeding. Whatever the problem, early detection provides the greatest chance of a better outcome.

Does the amount of blood matter?

No. Irrespective of whether you notice a little or a large amount of blood in your stools, you should always consult your doctor.

Of course, a lot of blood would be very alarming and is likely to create a greater sense of panic.

However, it is important to remember that although many causes of rectal bleeding may be relatively simple medical problems or at least easy to treat or control (such as an infection), even small amounts of blood in the stools can be the first sign of a serious or life-threatening medical problem – so always have it checked.

What will the doctor do?

Your doctor will ask questions about your general health and about the actual problem (eg, when did you first notice the blood, the colour of the blood, any changes in bowel habit, what it feels like when you pass a bowel motion, etc). He/she may want to know about any other symptoms you may be experiencing (eg, cramps or pain in the abdomen or anywhere else) and will need to know about your diet and also if you are taking any prescription or non-prescription medications. It is important to let your doctor know if you take Aspirin, any



medications for arthritis (eg. Brufen, Naprosyn) or blood-thinning tablets (eg. Warfarin, Plavix).

Other questions will determine whether your family has a history of bowel or stomach cancer or any other gastrointestinal problems.

Blood sample

You may also need a blood test to check for anaemia or infection, etc.

Referral

Your doctor may decide to refer you to a specialist (eg, gastroenterologist) or for further investigations (see below). Once the cause of the bleeding has been diagnosed, you can receive the appropriate treatment.

What types of investigations might I need?

In addition to a blood test, you may need to be investigated via endoscopy or sometimes, other procedures.

Endoscopy

An endoscope is a flexible instrument that can be inserted either through your mouth or the rectum. The tube is inserted slowly until the desired area is reached and allows the practitioner to see inside your gastrointestinal tract to locate the site of the bleeding. The specialist may take pictures of the area, take small tissue samples (biopsies) and he/she may use the endoscope to stop the cause of the bleeding.

The endoscopic procedure is given different names depending on which part of the tract is being investigated.

- Endoscopy – oesophagus or stomach
- Duodenoscopy – duodenum
- Enteroscopy – small intestine
- Colonoscopy – colon
- Sigmoidoscopy – rectum

Capsule endoscopy

Here the camera is within a 'capsule' which when swallowed transmits images to a video monitor. Capsule endoscopy is used to find bleeding in portions of the small intestine that are not easily reached with a conventional endoscope.

What other tests are available?

Endoscopy is the preferred method of locating the source of bleeding, but sometimes your doctor may suggest other procedures such as:

- barium x-rays
- CT scan
- angiography
- radionuclide scanning

How is rectal bleeding treated?

If the problem happens to be constipation or say, haemorrhoids, your doctor will advise you of ways to increase your intake of fibre and/or liquids and may prescribe the use of laxatives or creams, etc as necessary to help alleviate the problem.

Endoscopy is often used to diagnose and treat rectal bleeding. In the upper gastrointestinal tract, injecting medications directly into site of the bleed may control bleeding. A bleeding site may be cauterised or heat-treated and sometimes laser therapy is used. After the bleeding is controlled, you may receive a prescription for medications to prevent the recurrence of bleeding.

In the lower intestinal tract, colon polyps may be endoscopically removed to control bleeding, or if you have haemorrhoids, they may be removed by banding or other procedures. Cauterisation or injection of medicines to stop bleeding also can be performed.

Sometimes you may require angiography or surgery to control active, severe bleeding. Your doctor also may suggest that you stop taking certain medications (such as anti-inflammatory tablets) or that you change your diet or other aspects of your lifestyle.

What if I continue to see blood in my stools even after undergoing treatment?

This could happen due to a number of reasons, such as:

- a new and different source of bleeding may have developed
- your current problem has flared
- the original diagnosis was incorrect

- an additional source of bleeding was missed
- you are not taking your medicines correctly
- you are not following the appropriate lifestyle advice (eg, high fibre diet or increased fluid intake for constipation).

It is important that you follow your doctor's instructions carefully and if the bleeding continues or starts again, please return to your doctor immediately.

Further questions

The information given here is current in 2006, but may change in the future. If you have further questions you should raise them with your own doctor.

This information booklet has been designed by the Digestive Health Foundation as an aid to people who have rectal bleeding or for those who wish to know more about it. This is not meant to replace personal advice from your medical practitioner.

The Digestive Health Foundation (DHF) is an educational body committed to promoting better health for all Australians by promoting education and community health programs related to the digestive system.

The DHF is the educational arm of the Gastroenterological Society of Australia, the professional body representing the Specialty of gastrointestinal and liver disease in Australia. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialties with an interest in GI disorders.

Since its establishment in 1990 the DHF has been involved in the development of programs to improve community awareness and the understanding of digestive diseases.

Research and education into gastrointestinal disease are essential to contain the effects of these disorders on all Australians.

Further information on a wide variety of gastrointestinal conditions is available on our website.



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This brochure is promoted as a public service by the Digestive Health Foundation. This leaflet cannot be completely comprehensive and is intended as a guide only. The information given here is current at the time of printing, but may change in the future.

If you have further questions you should raise them with your own doctor.

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July 2006.