Rectal Bleeding

Rectal bleeding is a sign that something is wrong. It is usually something minor that can be easily *diagnosed* (find the cause), but not always. It is important that the cause of rectal bleeding be identified so treatment can be started and the problem corrected. Rectal bleeding may not be serious, but you should not assume. Rectal bleeding can be a sign of cancer.

CAUSES OF RECTAL BLEEDING

- **Hemorrhoids** are *dilated* (enlarged) blood vessels or veins in the anal or rectal area. They can occur on the outside of the rectal area. You may feel them as small bumps when wiping. They may also be on the inside. Hemorrhoids on the inside of the rectal area are usually painless. Hemorrhoids often develop with *chronic* (longstanding) constipation, and during pregnancy. Hemorrhoids are usually treated with stool bulking agents. These soften the stool and reduce straining.
- **Fistulas** are abnormal, burrowing channels that usually run from inside the rectum to the skin around the anus. They may drain a whitish discharge, but can also bleed. While it is usually a local problem, a fistula can be associated with chronic *inflammation* (soreness) in other parts of the intestinal *tract* (gut). An example of this is Crohn's disease. Fistulas are treated with *antibiotics* (medications that kill germs). They are also treated with hot baths. If they persist, surgery may be required.
- **A Fissure** may occur with the passage of a hard stool or with severe diarrhea. The tissue lining the anus is torn. Nerve endings and blood vessels are exposed. Pain and bleeding occur with bowel movements. Frequent warm baths and bulking agents, used to keep stools soft, usually correct this problem. Sometimes surgery is needed.
- **Diverticulosis** is a condition in which pockets, or sacs, project from the bowel wall. The sacs balloon out over the years due to recurrent, high-pressure spasms of the colon. Occasionally they can bleed. They usually produce a lot of blood. The blood comes all at one time. The blood normally does not continue in small amounts with bowel movements over days or weeks. Serious, persistent diverticular bleeding usually requires hospitalization. It may also require surgery.
- **Proctitis and Colitis** are conditions in which the rectum, colon, or both, can become *inflamed* (red and sore) and *ulcerated* (pitted). There are a number of disorders that cause the inside surface of the bowel to become ulcerated and bleed. There may be rectal urgency, cramps, or diarrhea associated with the bleeding. When the inflammation is restricted to the rectum, the condition is called proctitis. When the colon is involved, it is called colitis. It is important to identify the specific cause of the inflammation, so you can start treatment.
- **Polyps and Cancer.** Polyps are *benign* (non-cancerous) growths in the colon that may bleed. Certain types of polyps turn into cancer. Colon cancer is often curable when discovered early. It most often occurs in people over the age of 50, but may occur in younger individuals. It can occur in those in their 30's or younger. Because colon cancer is such a common cancer, it is always considered a possible cause of bleeding.
- **Protrusion of the Rectum**. Part of the rectum can project from the anus and bleed. This happens as older individuals develop weakened rectal support tissues. This condition is called *rectal prolapse*. It can be felt as an abnormal bulging from the rectum when wiping. Surgery is the only effective treatment.

DIAGNOSING RECTAL BLEEDING

- **The Medical History.** Age is important. Older people tend to develop polyps and cancer more often. If there is anal pain and a hard, large stool associated with bleeding, a tear of the anus may be the cause. If blood drips into the toilet after a bowel movement, bleeding hemorrhoids may be the problem. The color and frequency of the bleeding are additional considerations. In most cases, the medical history provides clues, but seldom the final answer.
- **The Visual and Digital Exam.** The caregiver will inspect the anal area to look for tears and hemorrhoids. A finger exam can provide information when there is tenderness or a tumor inside. In men, the prostate is also examined.
- **Endoscopy.** There are several types of *endoscopes* (small, long viewing scopes) used to view the colon. In

the office, the caregiver may use a rigid or, more commonly, a flexible viewing sigmoidoscope. This exam is called flexible sigmoidoscopy. It is performed in 5 to 10 minutes. A more thorough exam is accomplished with a colonoscope. This allows the caregiver to view the entire 5 to 6 foot long colon. *Sedation* (to make the patient sleep) is usually given for this exam. Frequently, a bleeding lesion may be beyond the reach of the sigmoidoscope. In these cases, a colonoscopy may be the best initial exam. Both exams are usually done on an outpatient basis. This means the patient does not stay overnight in the hospital or surgery center.

- **Barium Enema X-ray.** This is an x-ray exam that uses liquid barium inserted by enema into the rectum. X-rays highlight abnormal shadows, such as *tumors* (lumps), diverticuli and colitis. By itself, however, it may not identify an actual bleeding point.

Rectal bleeding always means that there is a problem. It is usually not a serious problem, but it should always be evaluated to make sure. The diagnosis is made easily, and effective treatment is almost always available.

SEEK IMMEDIATE MEDICAL ATTENTION IF:

- Bleeding is ongoing or severe.
- You feel dizzy or faint.
- You develop severe abdominal pain or tenderness.
- An oral temperature above 102° F (38.9° C) develops, or as your caregiver suggests.

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