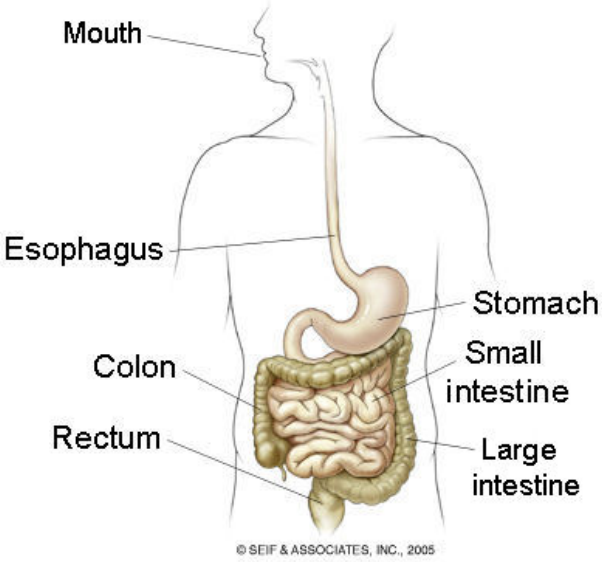
Bloody Stools

Bloody stools (*feces*) often mean that there is a problem in the digestive tract. Your caregiver may use the term "melena" to describe black, tarry and bad smelling stools or "hematochezia" to describe red or maroon-colored stools. Blood seen in the stool can start anywhere along the intestinal tract.



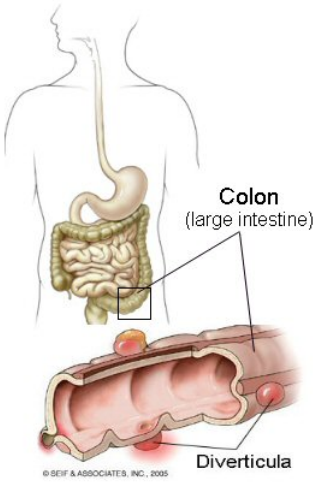
A black stool usually means that blood is coming from the upper part of the gastrointestinal (GI) tract (esophagus, stomach, or small bowel). Passing maroon-colored stools or bright red blood (*hematochezia*) usually suggests that blood is coming from lower down in the large bowel or the rectum. However, sometimes massive bleeding in the stomach or small intestine can cause bright red bloody stools.

The ingestion of black licorice, lead, iron pills, medications containing bismuth subsalicylate, or blueberries can also cause black stools. Your caregiver can test black stools to see if blood is present.

It is important that the cause of rectal bleeding be found. Treatment can then be started, and the problem corrected. Rectal bleeding may not be serious. But you should not assume everything is well until you know the cause.

SOME CAUSES OF RECTAL BLEEDING

- **Hemorrhoids** are larger (*dilated*) blood vessels or veins in the anal or rectal area. They can occur on the outside where they are felt as small bumps when wiping, or they may be on the inside where they are usually painless. They often develop with longstanding (*chronic*) constipation and during pregnancy. Hemorrhoids are usually treated with stool softeners to reduce straining.
- **Fistulas** are abnormal, burrowing channels. They usually run from inside the rectum to the skin around the anus. They may drain a whitish discharge. But they can also bleed. It is usually a local problem. But a fistula can be associated with chronic inflammation in other parts of the gut (*intestinal tract*) such as Crohn's disease. Fistulas are treated with medications that kill germs (*antibiotics*) and hot baths. If they persist, surgery may be needed.
- **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. So 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. Sometimes, they can bleed. They usually produce a lot of blood, and it comes all at one time. Serious, persistent diverticular bleeding usually requires hospitalization and at times, surgery.



- **Proctitis and Colitis** are conditions in which the rectum, colon or both can become red and sore (*inflamed*) and pitted (*ulcerated*). There are a number of disorders that cause the inside bowel surface 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 find the specific cause of the inflammation so that treatment can be started.

- **Polyps and Cancer** - Polyps are non-cancerous (*benign*) 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 happens in people over the age of 50. But it may happen in younger people, even those in their 30's or younger. Because colon cancer is such a common cancer, it is always considered a possible cause of bleeding.
- **Rectal Prolapse** - Often, as older individuals develop weakened rectal support tissues, part of the rectum can fall down from the anus and bleed. 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.
- **Gastritis and Ulcers** – Gastritis is inflammation and irritation of the stomach. Ulcers are pits in the lining of the stomach. Both can cause bleeding, sometimes in large amounts. Usually this bleeding appears as black, tarry and bad smelling stools (*melena*). Medications are usually used to treat the condition.

SYMPTOMS

You may have stools that are bright red and bloody, that are normal color with blood on them, or that are dark black and tarry. You may only have blood in the toilet bowl. Any of these need medical care. You may also have:

- Pain at the rectum or anywhere in the rectum.
- Lightheadedness or feel faint.
- Extreme weakness.
- Nausea or vomiting.
- Fever.

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 Finger (*digital*) Exam** - Your caregiver will inspect the anal area looking for tears and hemorrhoids. A finger exam can provide information when there is tenderness or a growth inside. In men, the prostate is also examined.
- **Endoscopy** - Several types of small, long viewing scopes (*endoscopes*) are 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. It allows the caregiver to view the entire 5 to 6 foot long colon. Medicine to make the patient sleep (*sedation*) is usually given for this exam. Frequently, a bleeding lesion may present beyond the reach of the sigmoidoscope. So a colonoscopy may be the best exam to start with. Both exams are usually done on an outpatient basis. This means the patient does not stay overnight in the hospital or surgery center.
  - An upper endoscopy may be needed to examine your stomach. Sedation is used and a flexible endoscope is put in your mouth down to your stomach.
- **Barium Enema X-ray** - This is an x-ray exam. It uses liquid barium inserted by enema into the rectum. This test alone may not identify an actual bleeding point. X-rays highlight abnormal shadows, such as those made by:
  - Lumps (*tumors*).
  - Diverticuli.
  - Colitis.

TREATMENT

Treatment depends on the cause of your bleeding.

- For bleeding from the stomach or colon, the specialist doing your endoscopy or colonoscopy may be able to stop the bleeding as part of the procedure.

- Inflammation or infection of the colon can be treated with medications.
- Many rectal problems can be treated with creams, suppositories, and/or warm baths.
- Surgery is sometimes needed.
- For any bleeding problem, let your caregiver know if you take aspirin or other blood thinners regularly.
- Blood transfusions are sometimes needed if you have lost a lot of blood.

HOME CARE INSTRUCTIONS

- Take any medications exactly as prescribed.
- Keep your stools soft by eating a diet high in fiber and drinking lots of fluid. Prunes (one to three a day) work well for many people.
- Take sitz baths if advised. A sitz bath is when you sit in a bathtub with warm water for 10-15 minutes to soak, sooth and cleanse the rectal area.
- If enemas or suppositories are advised, be sure you know how to use them. Tell your caregiver if you have problems with this.
- Monitor your bowel movements to look for signs of improvement (or worsening).

SEEK MEDICAL CARE IF:

- You do not improve in the time expected.
- Your condition worsens after initial improvement.
- You develop any new symptoms.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop severe or prolonged rectal bleeding.
- You vomit blood.
- You feel weak or faint.
- You develop a fever over 102° F (38.9° C).

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