

# Rectal Bleeding



*Exceptional healthcare, personally delivered*

# Content

- The surgical team has assessed you because you have had bleeding from the back passage (rectal bleeding).
- But your condition needs further investigation, our assessment shows that you do not require immediate admission to hospital.

## What is rectal bleeding?

- Bleeding from the back passage is known as rectal bleeding.
- Rectal bleeding almost always settles down without the need for any surgical treatment.

## What causes rectal bleeding?

There are many common causes of rectal bleeding:

- Diverticular disease is caused when small pockets form in the lining of the bowel wall. These pockets contain small blood vessels that can burst causing painless bleeding.
- Haemorrhoids/piles are another name for swollen blood vessels in and around the back passage. Haemorrhoids can sometimes bleed when you open your bowels. You may notice streaks of bright-red blood on the toilet paper or in your stools.
- Anal fissures are small tears that occur in the skin of the anus. They can be particularly painful especially when trying to pass a motion. You will usually see bright red blood on the toilet paper. You sometimes feel like you need to keep passing stools even when your bowel is empty. Anal fissures usually heal within a few weeks.

- Gastroenteritis is a bacterial or viral infection in the lining of the stomach and bowel. It often causes diarrhoea and you may notice some blood and mucus in your stools.
- Other rare causes are bowel polyps, bowel cancer and sometimes abnormalities of the blood vessels lining the bowel.
- It is extremely rare for bowel cancer to present with rectal bleeding alone. Usually there would be other symptoms such as a change in bowel habit. However, even though it is not a common cause for this reason it is very important to find out the cause of your rectal bleeding.

## Bowel cancer

- Many people with rectal bleeding worry they may have bowel cancer.
- Rectal bleeding can be an early sign of bowel cancer but there are usually other symptoms present.

### **You will be urgently referred to a specialist if you have rectal bleeding and if:**

- You are over the age of 40 and have been passing loose stools or passing more frequent stools for a few weeks
- You are over the age of 60 and have had rectal bleeding for more than six weeks
- Your general practitioner/hospital doctor has found a lump in the back passage
- You have a condition called anaemia (which means a reduced number of red cells present in your blood).

## What happens today?

- Bleeding can be more serious in a small proportion of cases (1 in 100).
- We have assessed you by performing a blood test and measuring your blood pressure and pulse and are confident that your bleeding is not serious and will settle down.
- It is usual for patients to continue to suffer from rectal bleeding after being sent home and you may continue to see blood on the toilet paper and in the water when you open your bowels for several days or even 1-2 weeks.
- When the bleeding has settled down if you have not already had any tests, we will arrange for you to have a flexible sigmoidoscopy within the next 6 weeks.

## What is a sigmoidoscopy?

- This test involves examining the lower part of the bowel with a telescope.
- It will be performed as a day case and you will be told the result on the same day.
- If the cause of the bleeding turns out to be piles we can sometimes offer some treatment for this at the same visit.
- The procedure takes about 20 minutes.
- The procedure itself should not be painful, but you might find it uncomfortable and you may have a cramping in the lower abdomen.
- You will need to lie on your side on an examination table. The doctor will insert a tube into the back passage to visualise the back passage and the bowel. This allows the doctor to visualise your back passage and the tube also blows air into the bowel to open it up.

- If the doctor sees anything unusual they will take a biopsy (a small piece of tissue) and send it to the lab for testing.
- You can go home when the procedure is finished.

## What happens if I become worse once I get home?

- If the bleeding you experience at home is similar to the initial symptoms that brought you to hospital, then there is likely to be no need for concern.
- However, if the bleeding becomes heavier, you start to pass clots and/or you feel faint and dizzy you should contact the Seated Assessment Area on 0117 4144120 and they will either give you advice or tell you to come back to the ward for admission.

**PATIENT  
APPROVED** 

**For further information, please speak to  
the staff looking after you**



**[www.nbt.nhs.uk](http://www.nbt.nhs.uk)**

If you or the individual you are caring for need support reading  
this leaflet please ask a member of staff for advice.

© North Bristol NHS Trust. This edition published May 2017. Review due May 2019. NBT002645

---

## Help to support North Bristol NHS Trust:



**[www.southmeadhospitalcharity.org.uk](http://www.southmeadhospitalcharity.org.uk)**

Registered Charity Number 1055900



Join us as a foundation trust member and help shape  
the future of your local healthcare. Find out more:

**[www.nbt.nhs.uk/ft](http://www.nbt.nhs.uk/ft)**