

PATIENT INFORMATION

Rectal Bleeding

The term rectal bleeding is used by doctors to mean any blood that is passed out of your bottom when you go to the toilet. There are many different causes of rectal bleeding, most of which are mild and intermittent. Sometimes bleeding can be severe and you should see a doctor urgently if there is a lot of blood, if the stools are black, or if you feel unwell.

What causes blood in the stools?

- Piles (haemorrhoids) – a very common cause of bleeding from the back passage caused by swelling of the blood vessels in the anus. They most commonly cause bright red bleeding after going to the toilet, and are usually painless. Larger haemorrhoids can be painful or itchy.
- Anal fissure – a small tear in the skin of the anus. This can be very painful and will often cause a small amount of bright red bleeding after opening your bowels.
- Diverticular disease – a diverticulum is a small pouch in the wall of the gut which usually develops in the colon over time. They are very common, and can cause a large amount of painless bright red bleeding due to a burst blood vessel.
- Inflammatory bowel disease – includes ulcerative colitis and Crohn's disease, which cause inflammation in the lining of the bowel, which can cause bleeding, tummy (abdominal) pain, diarrhoea, and feeling unwell.
- Cancer – cancers of the colon and rectum are common in older people, and may cause rectal bleeding. Sometimes the bleeding is not visible because it is mixed with the stool. Other symptoms may include weight loss, anaemia (low blood count), and a change in bowel habit.
- Stomach and duodenal ulcers – bleeding from ulcers can cause dark black and sticky stools as it changes colour as it moves through the gut. You should see your doctor urgently or go to the emergency department if you see this kind of stool.

How do you find the cause of rectal bleeding?

Your doctor will take a thorough history and perform an examination to identify the cause of the bleeding. This will most likely include an examination of the back passage, where the doctor will feel inside the rectum with a finger to look for any sources of bleeding. Other investigations might include blood tests, a stool sample, a CT scan, or a colonoscopy, which is an examination of the bowel using a telescopic camera passed through the back passage.

What is the treatment for rectal bleeding?

The recommended treatment will depend on the cause of the bleeding. Rectal bleeding often settles within a few days and treatment may start with a period of observation to see if it resolves on its own. We may also use medications which help to slow down bleeding, and stop any medications which thin the blood. For haemorrhoids, topical creams can be purchased over the counter which will help settle your symptoms.

How can I prevent it from happening again?

Keeping the stools soft and preventing constipation will help to prevent rectal bleeding if it is caused by haemorrhoids or a fissure. If you have diverticular disease a high fibre diet can help to prevent symptoms and may reduce the risk of it getting worse. Drinking plenty of fluids can also help.

Developing good bowel habits is also important. This includes having a regular routine, going to the toilet or passing wind when you feel the need to (don't hold it), not straining, and not sitting on the toilet for long periods of time. These steps will help to keep your bowels moving healthily and prevent some of the problems listed above.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.