

UOA MS

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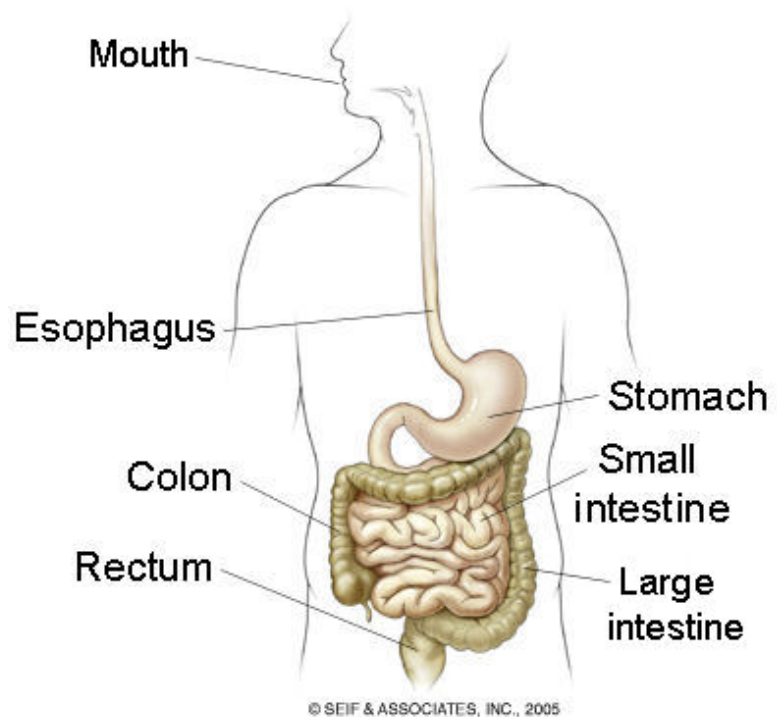
Special Instructions:

Follow Up:

Bloody Stools

Bloody stools 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 be caused by bleeding anywhere along the intestinal tract.

A black stool usually means that blood is coming from the upper part of the gastrointestinal tract (esophagus, stomach, or small bowel). Passing maroon-colored stools or bright red blood usually means 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.



Consuming black licorice, lead, iron pills, medicines 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 the bleeding be found. Treatment can then be started, and the problem can be corrected. Rectal bleeding may not be serious, but you should not assume everything is okay until you know the cause. It is very important to follow up with your caregiver or a specialist in gastrointestinal problems.

CAUSES

Blood in the stools can come from various underlying causes. Often, the cause is not found during your first visit. Testing is often needed to discover the cause of bleeding in the gastrointestinal tract. Causes range from simple to serious or even life-threatening. Possible causes include:

- Hemorrhoids. These are veins that are full of blood (*engorged*) in the rectum. They cause pain, inflammation, and may bleed.
- Anal fissures. These are areas of painful tearing which may bleed. They are often caused by passing hard stool.
- Diverticulosis. These are pouches that form on the colon over time, with age, and may bleed significantly.
- Diverticulitis. This is inflammation in areas with diverticulosis. It can cause pain, fever, and bloody stools, although bleeding is rare.
- Proctitis and colitis. These are inflamed areas of the rectum or colon. They may cause pain, fever, and bloody stools.
- Polyps and cancer. Colon cancer is a leading cause of preventable cancer death. It often starts out as precancerous polyps that can be removed during a colonoscopy, preventing progression into cancer. Sometimes, polyps and cancer may cause rectal bleeding.
- Gastritis and ulcers. Bleeding from the upper gastrointestinal tract (near the stomach) may travel through the intestines and produce black, sometimes tarry, often bad smelling stools. In certain cases, if the bleeding is fast enough, the stools may not be black, but red and the condition may be life-threatening.

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. In some cases, you may only have blood in the toilet bowl. Any of these cases need medical care. You may also have:

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

DIAGNOSIS

Your caregiver may use the following methods to find the cause of your bleeding:

- Taking a 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.
- A 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 scopes (*endoscopes*) are used to view the colon.
- In the office, your 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 your caregiver to view the entire 5 to 6 foot long colon. Medicine to help you relax (*sedative*) is usually given for this exam. Frequently, a bleeding lesion may be 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.
- A 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, or colitis.

TREATMENT

Treatment depends on the cause of your bleeding.

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

HOME CARE INSTRUCTIONS

- Take any medicines exactly as prescribed.
- Keep your stools soft by eating a diet high in fiber. Prunes (1 to 3 a day) work well for many people.
- Drink enough water and fluids to keep your urine clear or pale yellow.
- Take sitz baths if advised. A sitz bath is when you sit in a bathtub with warm water for 10 to 15 minutes to soak, soothe, 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 have a fever.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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