Indian Association of Pediatric Surgeons

Patient Information Sheet

BLEEDING PER RECTUM

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What is bleeding per rectum ?

Bleeding per rectum, as the name suggests, is passage of blood from the back passage.
This is inclusive of fresh blood coming out of the anus either as a voluminous flow, in drops or just streaking the stool. When the blood is mixed with stool it is termed as hematochezia.

What causes this problem and how common is it ?

This is a fairly common problem but seldom is it alarming. Different age groups have different causes for bleeding. In newborns or infants anal fissures are the most common; intussusception is also common around the time of weaning. In toddlers and older children intestinal polyps should be suspected as the most common cause. In older children and adolescents inflammatory bowel disease (eg ulcerative colitis) or syndromes in which intestinal polyps and rarely neoplastic growths, congenital anomalies or vascular malformations may cause the bleeding.

What are the symptoms ?

Bleeding is very obvious; it can be bright red or dark red or black tarry stool. The undergarments can be soiled with blood. Associated symptoms can include constipation (there will be straining during defecation and passage of hard stool), colicky abdominal pain with red currant jelly stool is suggestive of intussusception whereas local pain while passing stool with blood as streaks or drops are suggestive of local causes eg anal fissures. Painless bleeding may suggest polyps or vascular malformations.

When to see your doctor ?

Whenever a child passes blood in stool, with or without associated symptoms, a doctor should be consulted.

How is it diagnosed ?

Passage of blood is obvious. Diagnosis of the cause of the bleeding requires :
1. A good understanding of the spectrum of causes based on history and physical examination – this will help the doctor in

choosing the correct means of investigations.
2. A good physical examination in a well lit room is enough to diagnose anal fissures.
3. Per rectal examination - putting a finger in the back passage - is necessary to diagnose a rectal polyp.
4. Proctosigmoidoscopy or colonoscopy - done with an endoscope - is required when lesions are suspected to be multiple or beyond the reach of the finger during per rectal examination.
5. Findings of endoscopy can also be seen on real time double contrast enema imaging if endoscopy is not available.
6. Ultrasound scans - are very valuable to diagnose conditions like intussusception or any other intra-abdominal mass lesions.
7. CT scans with oral contrast are useful in syndromic polyposis.
8. Angiography or nuclear blood pool scans can identify active bleeding sites especially when vascular malformations are suspected.
9. The latest in the series of investigations is capsule endoscopy. This is a small capsule - like a medicine capsule - which is equipped with a camera. When swallowed it passes through the entire gut and keeps recoding images. It is recovered from the stool and images are retrieved. It is expensive but very useful in multiple lesions scattered through out the gut.

What are the treatments available ?

The treatment is directed towards identifying and then eliminating the source of bleeding.
Different methods are required for the varied causative lesions. Broadly, all internal causes of bleeding need to be resected either by endoscopic means (including laparoscopy) or by open surgery.

Are there any alternatives to surgery ?

Surface lesions eg fissures do not require any surgical procedure. They can be managed with local measures which give relief to pain and keep the stools soft. Intussusceptions

can also be managed in the radiology department using gas (pneumatic) or fluid (hydrostatic) for the reduction under fluoroscopic guidance.

What does the operation involve ?

Since the cause of bleeding can be so variable, different lesions will require specific operative procedures. In general, most internal lesions need to be excised (these would include mass lesions, polyps, Meckel's diverticulum, vascular lesions etc.) but some eg intussusceptions can be reduced in the early stages. Major resections or stomas may be required in inflammatory bowel disease or the rare malignancy.

What are the possible complications / what happens after the operation ?

The treatment of bleeding per rectum is generally safe and recovery is almost immediate. Perforations are known to have happened during endoscopic procedures. In long standing cases with anemia and malnutrition, wound site infections/dehiscence is possible with major surgical procedures. In some syndromic polyposis there is a risk of some polyps turning malignant.

What is the outlook or future of these children ?

The outlook depends on the underlying cause. Diseases like single rectal or colonic polyp Meckel's diverticulum are totally curable. Disease like polyposis coli and vascular malformation may be managed conservatively but will eventually need operation; chances of recurrences are there and needs lifelong surveillance. Few disease like Crohns disease, ulcerative colitis have waning and waxing type disease and need lifelong surveillance.