

# Gastrointestinal Bleeding

more prevalent in men and also have a common history of aspirin or NSAID use. The mean age for lower GI bleeding is 63 to 77 years with mortality around 4% (even serious cases have rarely resulted in death). Common causes include:

## Diverticular disease

- Diverticular bleeding accounts for up to 55% of cases. Patients commonly present with an abrupt but painless PR bleed. The incidence of diverticular bleeding increases with age.

## Inflammatory bowel disease

- Major bleeding from ulcerative colitis and Crohn's disease is rare. Inflammatory bowel disease accounts for less than 10% of cases.

## Haemorrhoids

- Haemorrhoids account for less than 10% of cases. Bleeding is bright red and usually noticed on wiping or in the toilet bowl. The incidence is high in pregnancy, a result of straining associated with constipation and hormonal changes. Further evaluation may be needed if the patient complains of an alteration of bowel habit and blood mixed with the stool.

## Tumour

- Tumour in the large bowel can cause bleeding.

## Differential Diagnosis

- Post rectal bleeding can cause significant embarrassment for the patient and care must be taken when assessing female patients that PV bleeding is excluded.

## 5. Assessment and Management

For the assessment and management of gastrointestinal bleeding refer to Table 3.56.

## Methodology

For details of the methodology used in the development of this guideline refer to the guideline webpage.

## KEY POINTS

### Gastrointestinal Bleeding

- **Haematemesis or melaena indicates an upper GI source.**
- **Bright red or dark blood with clots per rectum indicates a lower GI source.**
- **Almost all deaths from GI bleeds occur in the elderly.**
- **Approximately 80% of all GI bleeds stop spontaneously or respond to conservative management.**