Rectal Bleeding

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Rectal bleeding

- Colorectal cancer
  - 20,000 deaths per year in UK
  - males = females in 60s and 70s
  - incidence unchanged in last 20 years
  - 30% present as emergencies
  - <50% five year survival overall
Rectal bleeding

- Colorectal cancer - key symptoms
- over 60 years of age
- change bowel habit >6 weeks + blood PR
- palpable mass in abdomen
- bleeding PR (blood mixed with stool)
- unexplained anaemia
Polyp - cancer sequence
How the Cancer Forms...

Scientists know more about the molecular biology of bowel tumors than about almost any other malignancy.

1. Cells that line the colon are very active, constantly dividing and creating buds, known as polyps. Most polyps are small, benign growths that eventually stop growing.

2. But a tiny percentage of these polyps keep growing, sometimes for 10 years or more. Various genetic mutations can transform them into cancerous tumors.

3. As these tumors grow larger, they gather more mutations and begin to burrow deeper and deeper into the muscle wall that surrounds the colon.

4. Once the cancer invades the blood and lymph systems, malignant cells can break off and spread to other organs, such as the liver, lungs, and stomach.
Polyp - cancer sequence
Rectal bleeding

• When to refer?
• Over age 60 yrs with increased looseness
• >6/52 change in bowel habit + blood PR
• rectal bleeding but no perianal symptoms
• unexplained weight loss
• Palpable abdominal mass or mass PR
Rectal bleeding

• Who not to refer?

• All rectal bleeders!
  – Fit young men and women <40 yrs
  – Painless occasional anal bleeding
Rectal bleeding

• How to separate rectal and anal bleeding?
• Anal
  – bright red
  – on paper/ drips
  – painless (h’oids) or painful (fissure)
Haemorrhoids

• Treatment
  – I Diet, ointments etc.
  – II Banding
  – III+ IV Haemorrhoidectomy

  – bleeding less than 2 x week acceptable?
Haemorrhoids
Haemorrhoids
Haemorrhoids

• Old fashioned haemorrhoid treatment?
Anal Fissure

• Split in anal canal
  – acute
  – very common
  – Young adults & children

  – Acute - very common
    • treat laxatives and sitz baths
  – most will heal in a week or two
Anal Fissure
Anal Fissure

- Split in anal canal
  - Chronic
  - common
  - Young adults & children

- Chronic fissure - more difficult to treat
- Chemical sphincterotomy, 0.2% GTN
- Lateral sphincterotomy (not anal dilatation)
Anal Fistula

• Beware - recurrent perianal abscess
  – fistula underlying
  – Crohn’s disease
    • Antibiotics?

• Treatment may be complex
  – lay open, setons
  – advancement flaps
Anal Stretch

– An operation past its sell by date
Anal Fistula

– Park’s classification of anal fistula
Pilonidal disease

• Jeep rider’s bum
  – Implantation of human hair
  – recurrent abscesses
  – pits in natal cleft

• Treatment is often protracted
  – less aggressive surgery