

Greenwich Hospital

What is GI Bleeding?

PATIENT/FAMILY INFORMATION SHEET

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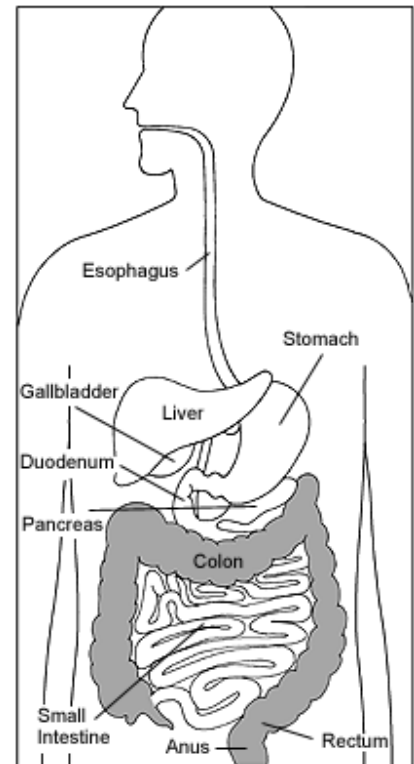
GI bleeding is bleeding in the gastrointestinal tract. This is a symptom of a condition or disease; it is not a disease by itself. In many instances, the cause of the GI bleeding is not serious, but it is important to determine the cause of the bleeding and to treat it.

What part of the GI tract is involved?

Bleeding can come from one or more of the organs of the GI tract. These organs include the esophagus, stomach, small intestine, large intestine/colon, rectum, and anus (see diagram).

What causes GI bleeding?

Bleeding can come from a small area, such as an ulcer on the lining of the stomach or small intestine, or from a large surface area, such as inflammation of the whole colon. You may have GI bleeding and not even notice it. This is referred to as "occult." Some conditions/diseases that may cause GI bleeding in each of the GI tract organs are listed below:



Source: National Digestive Diseases Clearinghouse @ <http://digestive.niddk.nih.gov>

Esophagus:

- Inflammation (esophagitis)
- Enlarged veins (varices)
- Tears in the lining
- Cancer

Stomach:

- Ulcers
- Inflammation (gastritis)
- Cancer

Small Intestine:

- Ulcers
- Irritable bowel syndrome
- Cancer

Large Intestine/Colon:

- Hemorrhoids
- Infections
- Irritable bowel syndrome
- Inflammatory Bowel Disease (ulcerative colitis, Crohn's)
- Infectious enteritis
- Post infection irritable bowel syndrome
- Polyps/benign growths
- Diverticulosis/diverticulitis
- Cancer

What are the signs and symptoms of GI bleeding?

The signs and symptoms of GI bleeding vary depending upon where the bleeding is coming from and the severity of the bleeding. Sometimes you may not have any visible signs of bleeding. If blood is coming from the lower large intestine/colon, rectum, or anus, you will see bright red blood in your bowel movements. If the bleeding is higher up in the GI tract, your bowel movements will be very dark or black in color and they will have a tarry consistency to them. Vomiting bright red blood is a sign of bleeding in the esophagus and/or stomach. Vomiting coffee-ground material is a sign of bleeding in the stomach, also. You may also have burning pain in the chest with esophageal or stomach involvement; and cramping abdominal pain with stomach or intestinal involvement. If bleeding is slow and occurs over a long period of time, you may experience a feeling of tiredness (fatigue), gradual shortness of breath, and your skin may become pale in color.

The signs and symptoms of sudden massive bleeding may include:

- Sudden weakness
- Faintness
- Pain
- Dizziness
- Shortness of breath
- Diarrhea

If massive bleeding continues without treatment, this may lead to shock. In addition to the above symptoms, the signs of someone going into shock include:

- Pale or blue color to skin
- Drop in blood pressure
- Rapid pulse rate
- No urine production

How is GI bleeding diagnosed?

The site of the bleeding must be identified. Your doctor will take a complete medical history and will do a physical assessment. He/she will also order bloodwork and may ask for a bowel movement (stool) sample to send to the lab to be analyzed. The doctor may also order diagnostic tests to locate the exact site of the bleeding.

How is GI bleeding treated?

Treatment varies depending upon the site of the bleeding. Active bleeding of the upper GI tract may be treated through endoscopy and cautery. This is a procedure in which a special scope is passed into your esophagus with a heat probe inserted to heat treat the bleeding area. Lower endoscopy procedures can be used to remove colon polyps. Surgical procedures are also used depending upon the cause of the bleeding.

Once bleeding is controlled, medicines are often prescribed to prevent recurrence of bleeding in conditions such as ulcers. Medical treatment of ulcers is used for both healing and maintenance therapy to prevent ulcer recurrence and to minimize further bleeding episodes.

Source: National Digestive Diseases Information Clearinghouse @ <http://digestive.niddk.nih.gov> Retrieved April 05.

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