Lower GI bleeding

Lower GI bleeding is defined as bleeding distal to the ligament of Treitz, the majority of which occurs in the colon. The main symptoms are: hematochezia (bright red blood per rectum) with or without abdominal pain, melena, anorexia, fatigue, syncope, shortness of breath, and shock. The signs will consist of a positive hemoccult, hypovolemic shock, orthostatics. The two most common causes of lower GI bleeding are diverticulosis (usually right-sided in case of severe hemorrhage) and vascular ectasia. Other possible causes include: colon cancer, hemorrhoids, trauma, hereditary hemorrhage telangiectasia, intussusceptions, volvulus, ischemic colitis, inflammatory bowel disease (especially ulcerative colitis), anticoagulation, rectal cancer, Meckel's diverticulum, stercoral ulcer, infectious colitis, aortoenteric fistula, chemotherapy, irradiation injury, infracted bowel, strangulated hernia, or anal fissure. Make sure to rule out upper GI bleeding as well.

Algorithm for diagnosing lower GI bleeding (Blackbourne, 334-337):

History, physical exam, labs				
NGT	Blood	EGD	Positive	Rx
			Negative	Anoscopy/proctoscopy
	Bile, no blood	Anoscopy/proctoscopy		
	Clear (no bile or blood)	EGD	Positive	Rx
			Negative	Anoscopy/proctoscopy

Anoscopy/proctoscopy	Positive	Rx			
	Negative	Significant bleed	tagged RBC scan	Arteriogram	
		Slow bleed	colonoscopy	Positive	Rx
				Negative	tagged RBC study

Reference:

Blackbourne, Lorne H. *Surgical Recall*. 5th Ed. Lippincott Williams & Wilkins: Baltimore, MD, 2009.