Lower Gastrointestinal Bleeding Management

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- CONSULTANT COLORECTAL SURGEON

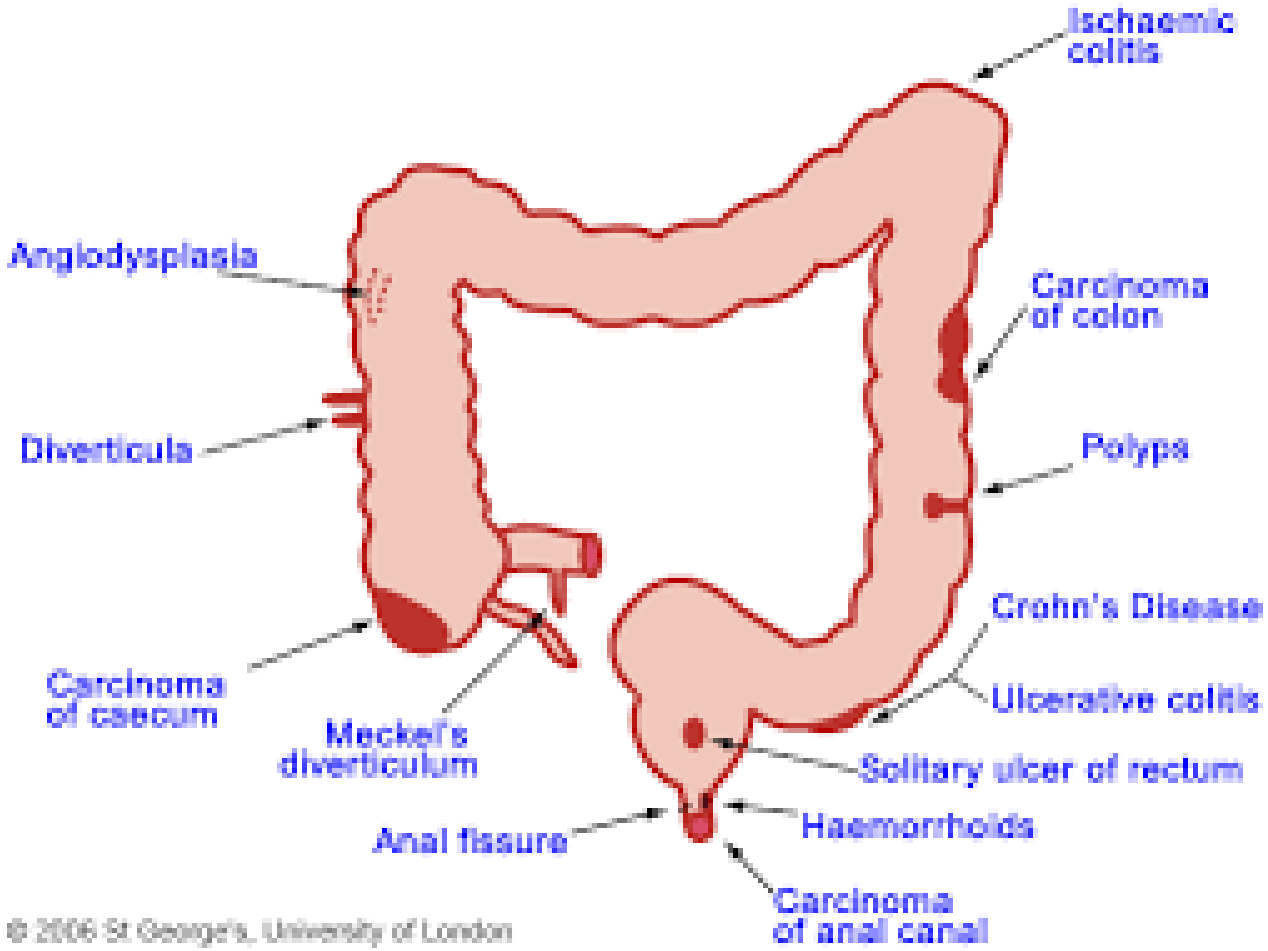
DEFINITION

- Any bleeding in the GI tract distal to the Ligament of Treitz.
- Commonly used for colonic bleeding.
- 20 % of the GI bleeds.
- Can present as fresh blood, mixed, changed or melena.

Causes

- Diverticulosis
- Angiodysplasia
- IBD
- Ischaemic colitis
- Cancer colon or rectum
- Aorto-enteric fistula
- Anorectal conditions : hemorrhoids, fissure, fistula…

Causes


Ischaemic colitis
Angiodysplasia
Carcinoma of colon
Diverticula
Polyps
Crohn's Disease
Carcinoma of caecum
Ulcerative colitis
Meckel's diverticulum
Solitary ulcer of rectum
Haemorrhoids
Anal fissure
Carcinoma of anal canal
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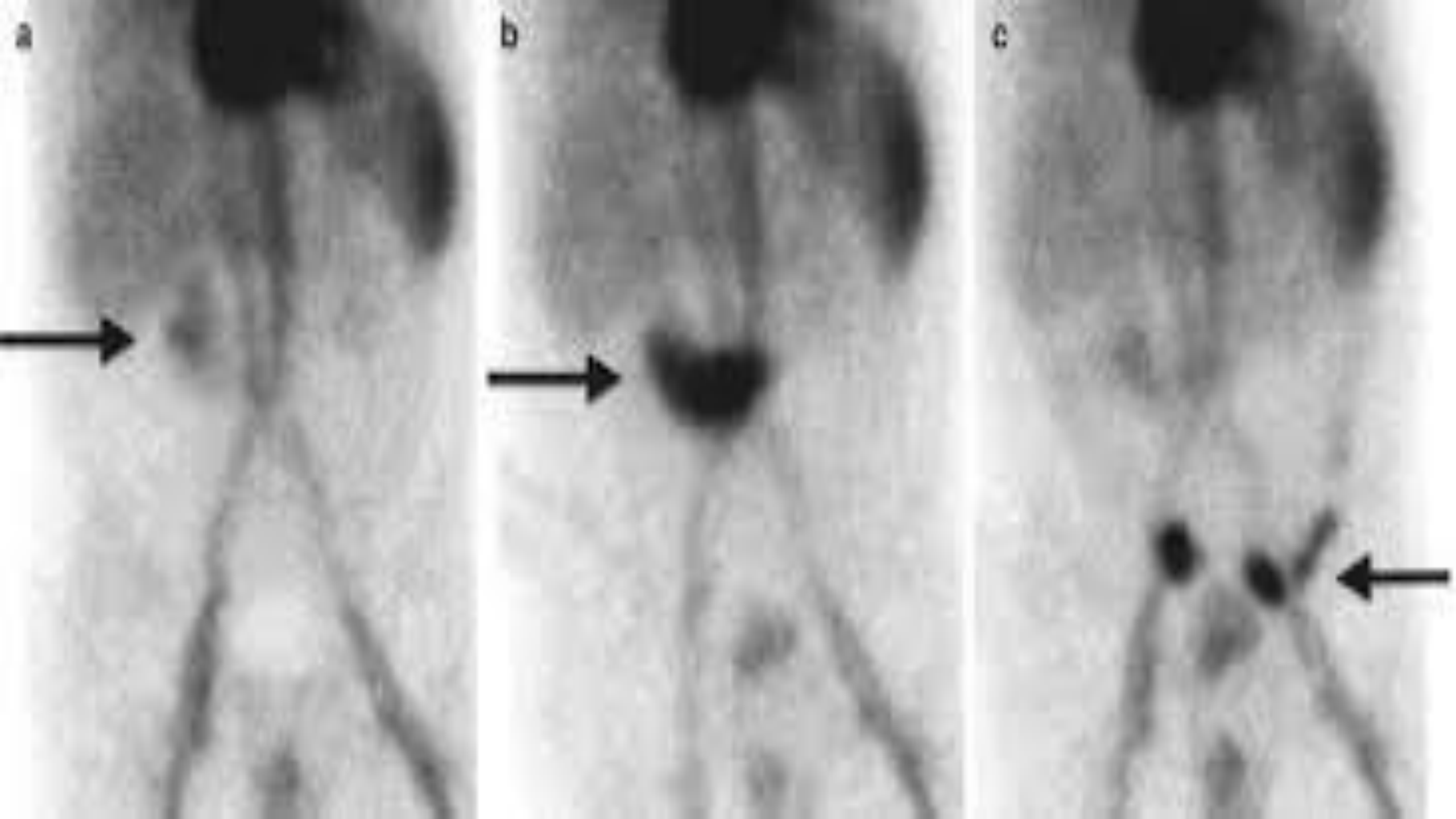
Diagnosis

- Tests depend on institutional availability, patient characteristics and the provider experience.

1- Radionuclide imaging
2- Colonoscopy
3- CT angiography
4- Selective angiography

Radionuclide imaging

- 99mTc pertechnetate tagged RBCs
- Can detect slow bleeding (0.1-0.5 ml/minute)
- No localization of the site
- Blush in the first 2 mins is the most important indicator
- If no blush, patient can have colonoscopy.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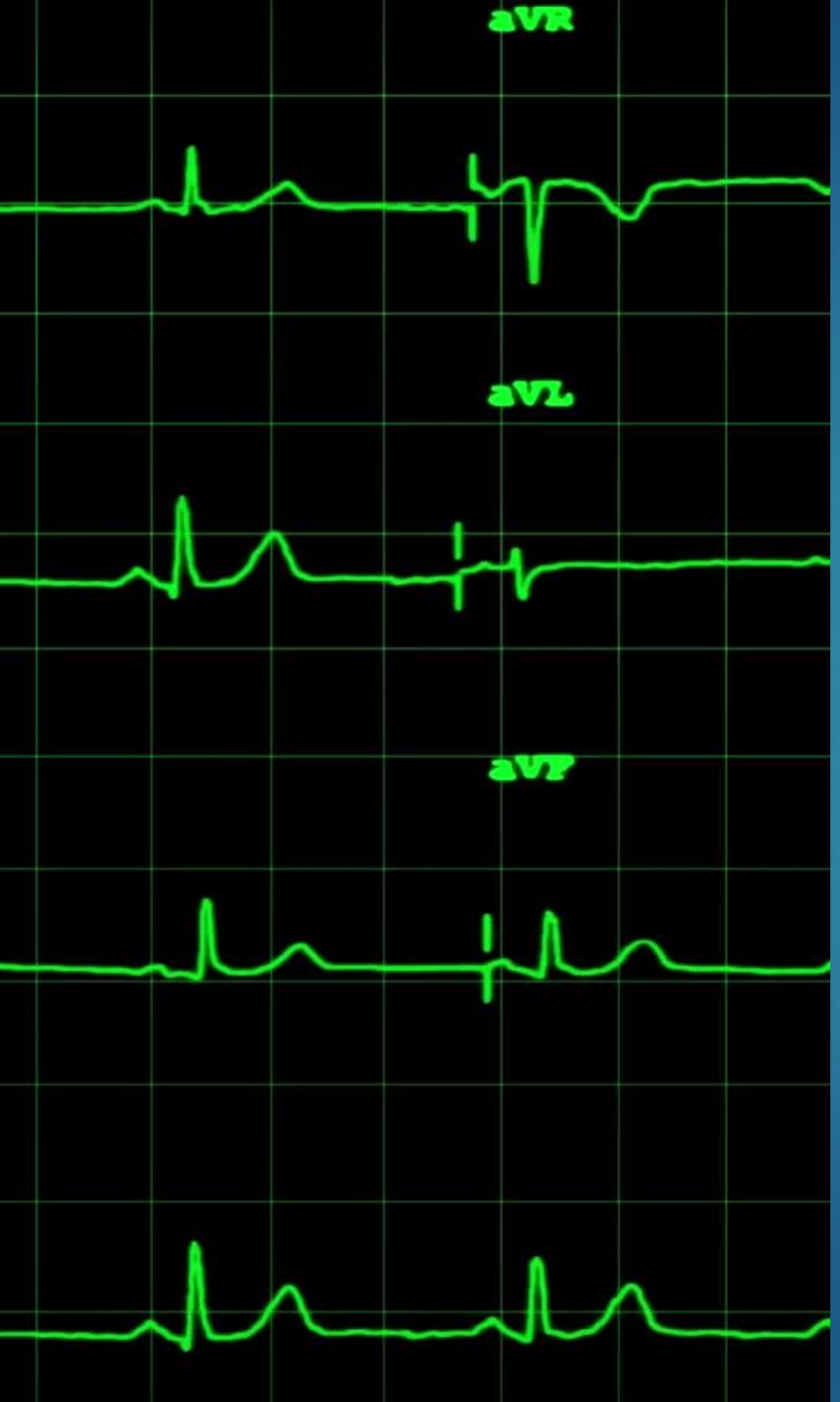
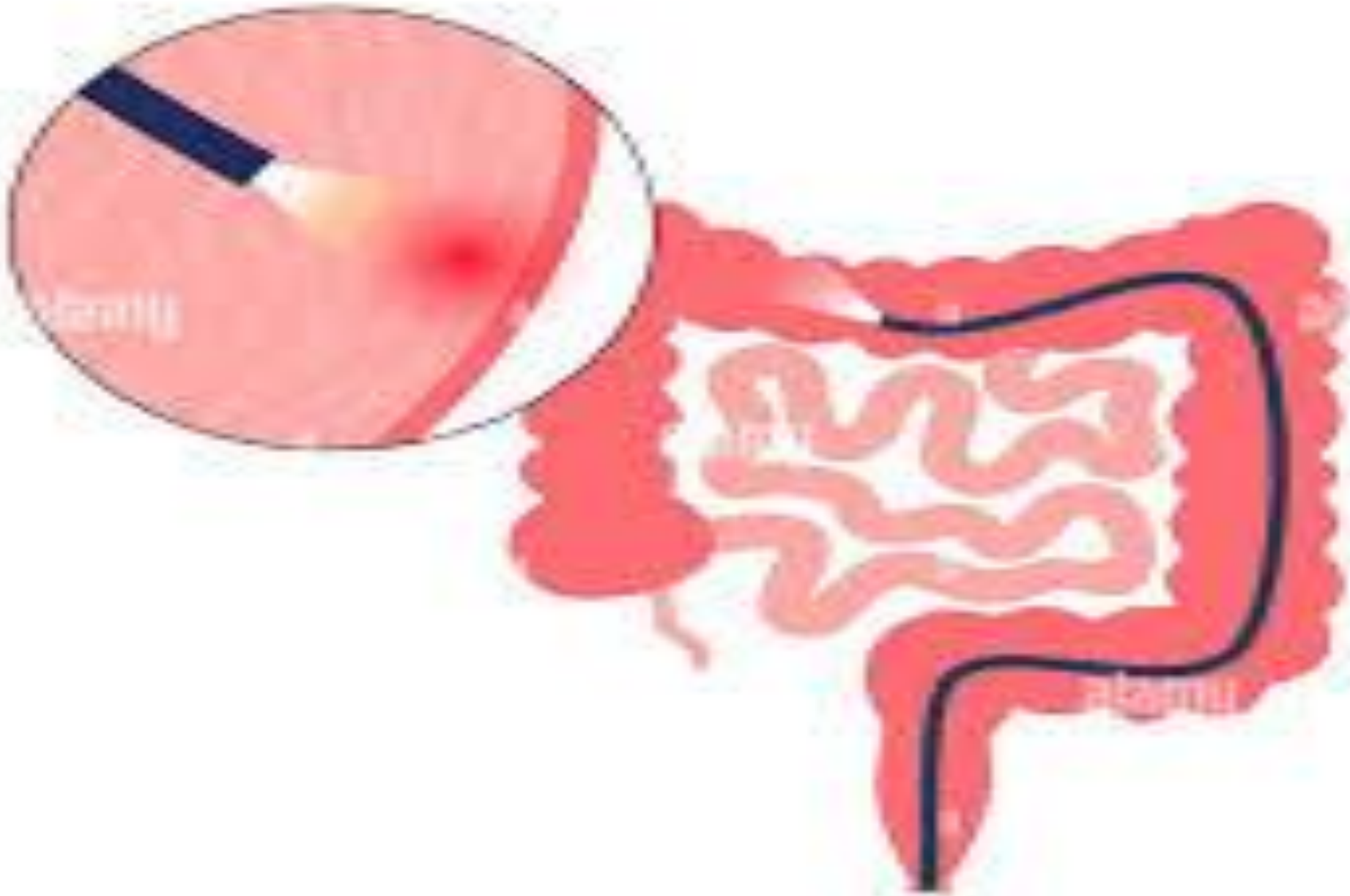
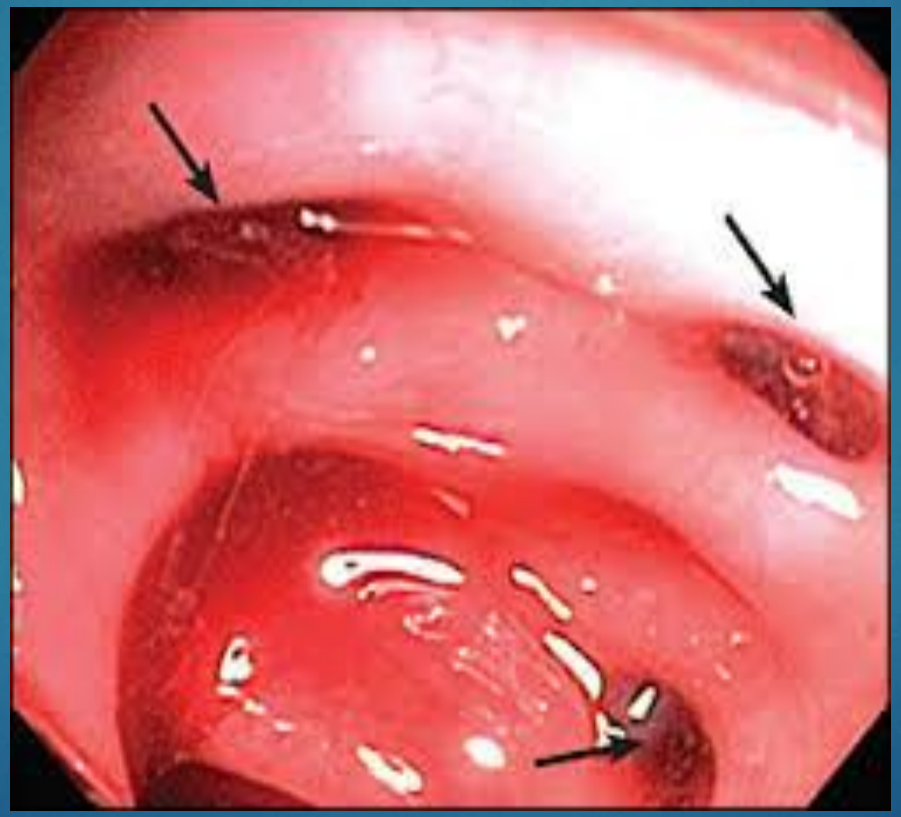
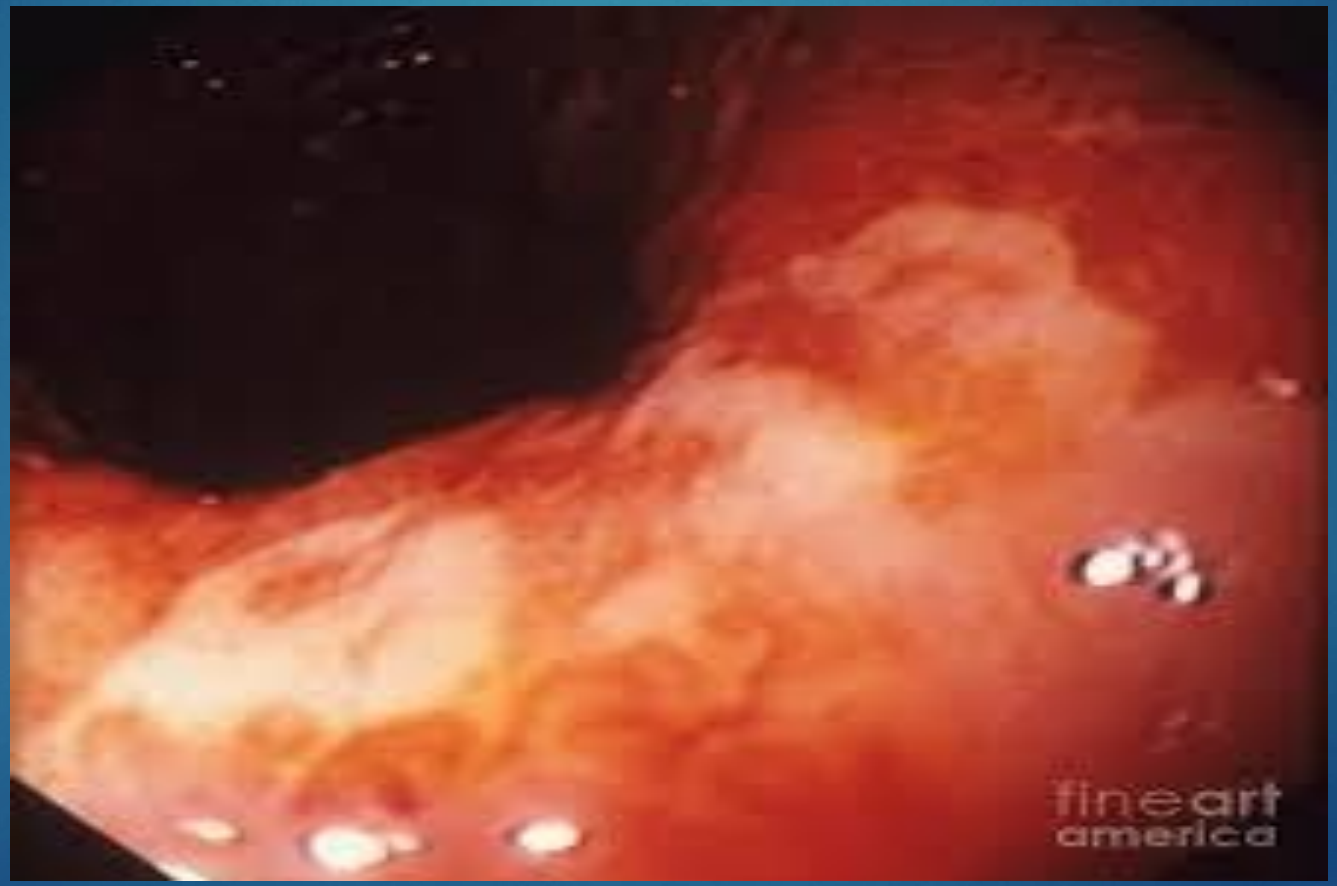


Colonoscopy

- Emergent : without prep.
- Urgent: within 24 hours, after prep
- In unstable patient, don't consider before angiography or surgery
- Useful in slow bleeding from CA bowel, IBD and ischaemic colitis.
- Keep in mind the risk of perforation and the need of sedation in a bleeding patient.
- Adrenaline injection, endoscopic clips, monopolar and bipolar diathermy or heater probes.



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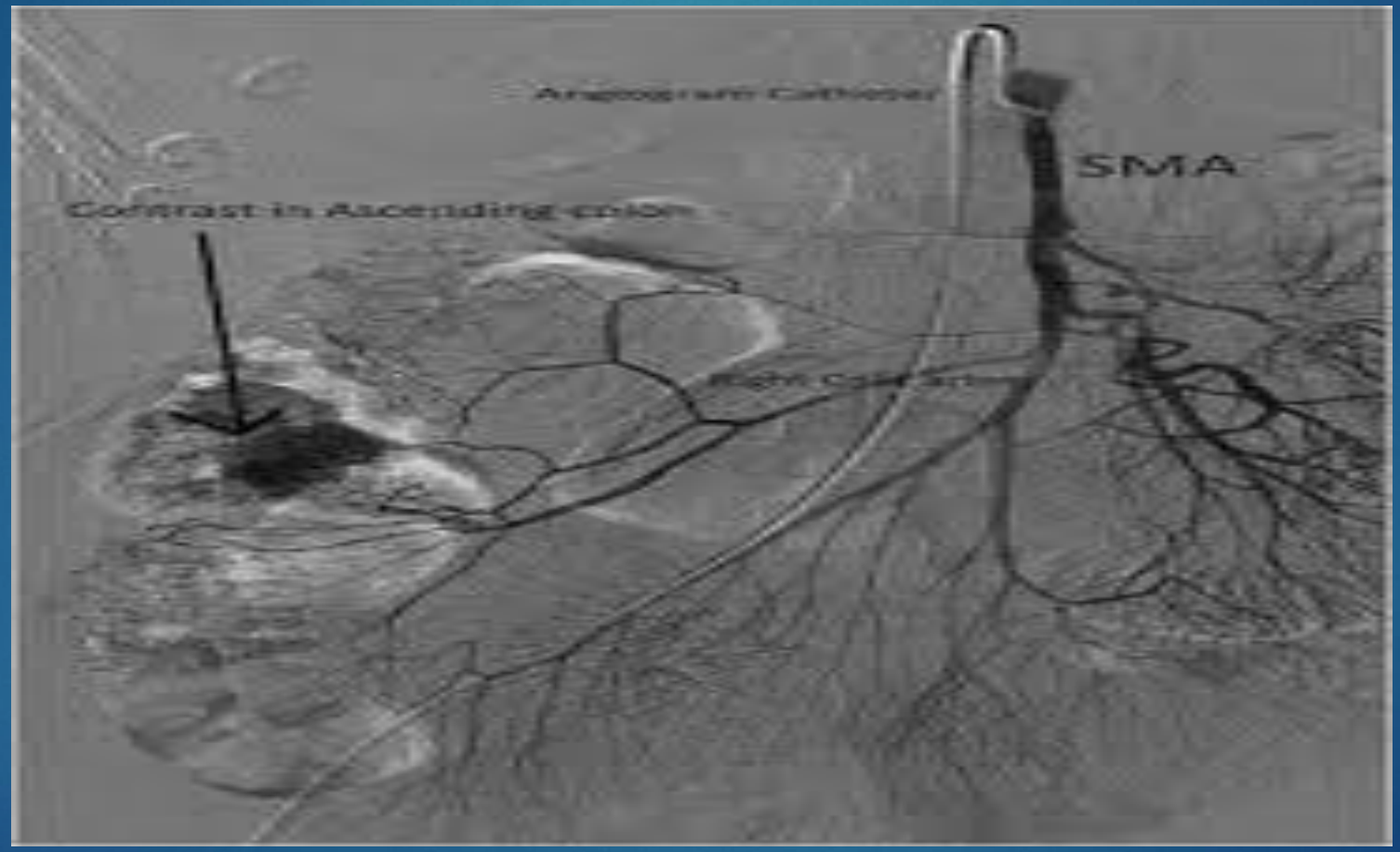
Angiography

- Diagnostic and therapeutic
- Patients with blush on nuclear imaging should go for angio
- To be detected, it should be 1-1.5 ml/min
- Arterial and venous phases
- Complication: arterial thrombosis, embolization and renal failure.
- Vasopressors injection can help in 91% but recurrence is 50%
- Superselective embolization to avoid intestinal ischaemia (20%) down to 1 mm vessels (vasa recta)
- Gelfoam, alcohol or coils can be used.
- More successful in diverticular bleeds than angiodysplasia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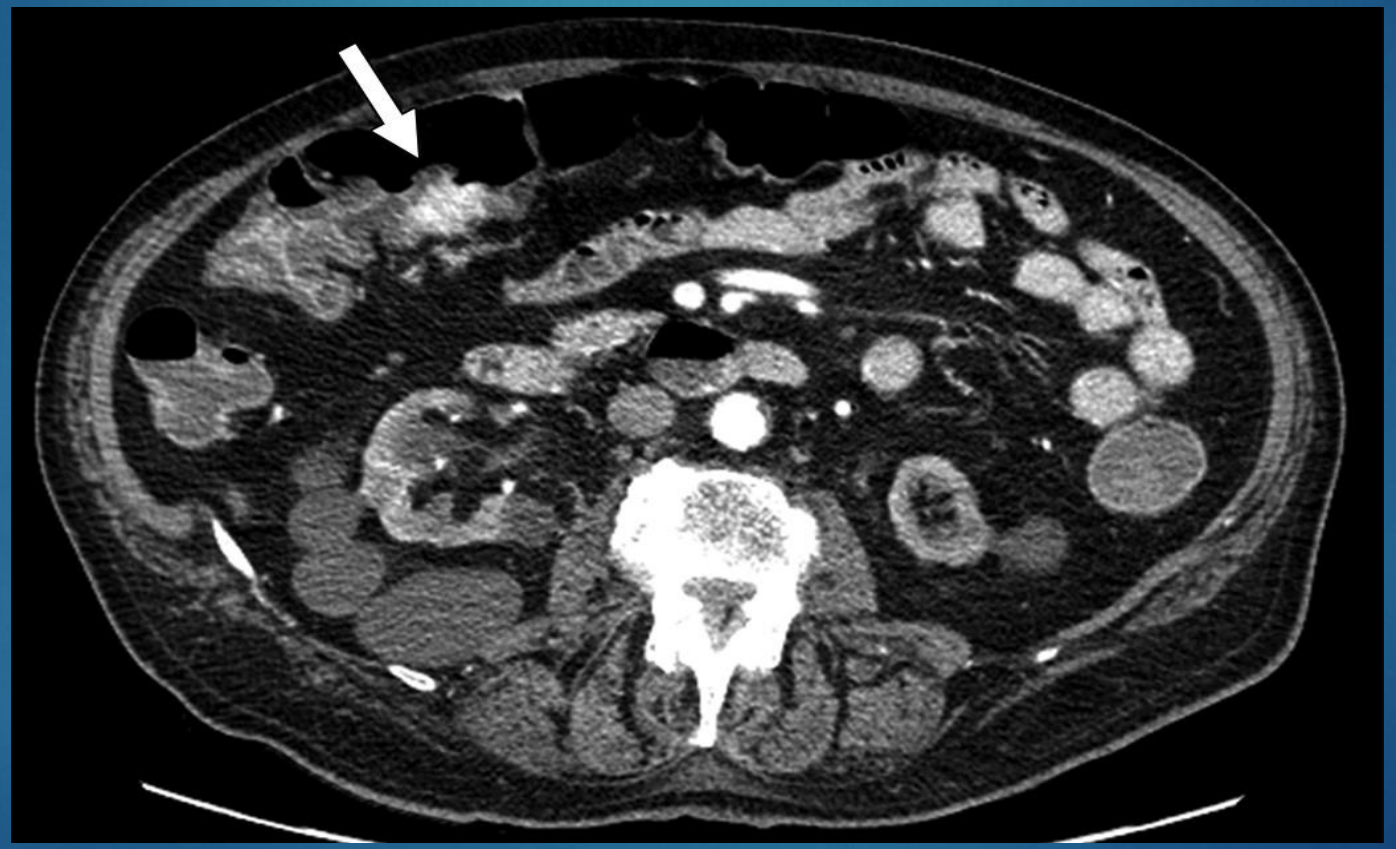
CT Angiography

No known sensitivity and specificity

Useful in IBD and mesenteric ischaemia

Thin slice 3-D reconstruction.



Surgical management

- If medical, angiographic and endoscopic intervention fail.
- Rarely needed.
- High mortality, related to transfusion requirement
- Non responders to fluid management
- Patients requiring 6-7 units of blood should go for surgery
- Generous midline laparotomy
- On table endoscopy
- Segmental resection or total/subtotal colectomy with end ileostomy or anastomosis.
- Total colectomy if no site identified.

Questions?????