

Lower GI Bleed

A plain-English guide for you and your family

WHAT IS HAPPENING

Your colon and lower intestine have tiny blood vessels running through their walls, just like pipes delivering water through a building. These vessels branch off bigger blood highways (the superior and inferior mesenteric arteries) that supply the whole gut. The rectal veins at the very end drain into two different blood systems, which is why problems higher up can sometimes show up as bleeding from the rectum. When those tiny vessels get weak spots (pouches called diverticula, common in older adults), or when abnormal tangles of vessels form (angiodysplasia), or when a growth or ulcer opens up, blood leaks into the intestine and comes out in your stool. Sometimes the bleeding is bright red (hematochezia) because it moved through quickly, and sometimes it is dark and tarry if it sat longer or came from higher up. Your heart tries to help by beating faster to keep oxygen moving, but if you lose blood quickly, your blood pressure can drop and you may feel dizzy, weak, or confused. Some causes (like diverticula or abnormal vessels) do not hurt at all, while others (like infection or starved blood flow (ischemia), when part of the colon does not get enough blood) cause cramping and pain. Most lower GI bleeds stop on their own, but doctors need to figure out the source with scopes, scans, or special tests to make sure it does not come back and to rule out serious causes like cancer.

What you might feel

- Bright red or dark red blood in the stool (hematochezia)
- Racing heart (tachycardia) and low blood pressure when a lot of blood is lost quickly
- Feeling dizzy, weak, or like you might faint (orthostatic symptoms)
- Pale skin and inside of the eyelids look less pink (pallor)
- Tiredness and shortness of breath, especially if the bleed has been slow and steady
- Cramping or belly pain, sometimes on the left side
- Black, tarry stool (melena) if the bleed is in the right colon and moves slowly
- Blood mixed into diarrhea, or bloody mucus

Call the doctor right away if...

- Blood pressure under 100 systolic, heart rate over 100, or feeling faint when you stand — signs you have lost a dangerous amount of blood and need emergency fluids or transfusion
- Steady, heavy bleeding that does not slow down — this can empty your blood volume fast and needs urgent colonoscopy or angiography (dye X-ray of blood vessels) to find and stop the source
- New confusion, chest pain, or very pale, cold, clammy skin — your brain and heart are not getting enough oxygen because blood volume is too low; this is shock and requires immediate resuscitation
- Blood in the stool plus a recent colonoscopy or colon surgery — you may have a tear or bleeding vessel at the procedure site that needs urgent follow-up

What the care team will do

- Establish large-bore intravenous access with at least one 18-gauge or larger IV catheter and start isotonic crystalloid fluid bolus.
- Obtain orthostatic vital signs (blood pressure and heart rate lying flat and then standing) and monitor continuously if patient shows a fast heart rate (tachycardia) or low blood pressure (hypotension).
- Send blood samples immediately for type and crossmatch, complete blood count, coagulation panel (PT, PTT, INR), and basic metabolic panel including blood urea nitrogen.
- Keep the patient NPO (nothing by mouth) in preparation for possible urgent colonoscopy or angiography.
- Perform a digital rectal exam and inspect the stool color and consistency.
- Hold anticoagulant and antiplatelet medications and prepare reversal agents based on pharmacy and provider orders.
- Transfuse packed red blood cells to maintain hemoglobin at 7 to 8 grams per deciliter unless the patient has active chest pain or severe heart disease.
- Document the volume and frequency of bloody stools and monitor for signs of ongoing bleeding such as worsening a fast heart rate (tachycardia) or new dizziness.

Medicines you may be given — and why

Packed red blood cells (PRBCs)

These are bags of donated red blood cells that replace what was lost in the bleed. Red blood cells carry oxygen to every organ. When you lose a lot of blood, your oxygen delivery drops and

organs suffer. Giving PRBCs brings your hemoglobin (the oxygen-carrying protein inside red cells) back up so your heart, brain, and kidneys get the oxygen they need.

Intravenous (IV) crystalloid fluids (normal saline or lactated Ringer's)

These are sterile saltwater solutions given through an IV to refill the blood vessels quickly. When you bleed, you lose volume — the total amount of liquid in your pipes. Low volume means low blood pressure and poor flow to organs. Crystalloids spread through your vessels fast, prop up blood pressure, and keep organs perfused (fed with blood) while you prepare blood products or stop the bleed.

Proton pump inhibitor (PPI) — e.g. pantoprazole IV, omeprazole oral

PPIs shut down the pumps in the stomach lining that make acid. Stomach acid can prevent clots from forming on bleeding ulcers or eroded spots. By blocking acid, PPIs let the clot stay stable and the tissue heal. They are routine in upper GI bleeds (stomach, esophagus) but are also given in lower GI bleeds if there is ANY chance the bleed could be from the upper tract (about 10–15 % of 'lower' bleeds turn out to be brisk upper bleeds that reach the colon).

Reversal agents for anticoagulants — e.g. vitamin K (for warfarin), idarucizumab (for dabigatran), andexanet alfa (for apixaban/rivaroxaban), protamine (for heparin)

Many patients with lower GI bleeds are on blood thinners for atrial fibrillation (an irregular, quivering heartbeat) or clot prevention. These drugs block clotting on purpose, but during active bleeding that becomes dangerous. Reversal agents restore the body's ability to clot by either supplying the missing clotting factor (vitamin K) or directly neutralizing the blood thinner (idarucizumab, andexanet, protamine). The choice depends on which blood thinner the patient is taking.

Epinephrine (adrenaline) injection during colonoscopy

Epinephrine is the body's fight-or-flight hormone, but when injected directly into bleeding tissue through a colonoscope, it squeezes the tiny blood vessels shut. This stops or slows the bleeding long enough for the doctor to place a clip, band, or cautery (heat burn) to seal the vessel permanently. It is used for active bleeding from diverticula, angiodysplasia, or post-polypectomy sites.

Where this information comes from

- ACG Clinical Guideline: Management of Patients with Acute Lower Gastrointestinal Bleeding (2016)
- American Society for Gastrointestinal Endoscopy (ASGE) guideline on lower GI bleeding

- American College of Gastroenterology (ACG)
- UpToDate / NEJM clinical reviews

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