

**R****Restricted criteria**

Rectal Bleeding



What is rectal bleeding?

Rectal bleeding is loss of blood from the bottom or anus. It is a very common and usually occurs at irregular intervals and will often resolve on its own.

Sudden heavy blood loss, requiring emergency hospital admission and intervention, can occur, but is uncommon.

Most cases of painless rectal bleeding are due to non-cancerous (benign) anal conditions such as piles (hemorrhoids) or anal tears (fissures).

However, in some cases, bowel and colon cancer (colorectal) could be the cause of unexplained rectal bleeding for patients aged over 50 years. In adults under 50, rectal bleeding with abdominal pain, changes in bowel habit, sudden weight loss, or iron deficiency anaemia, should also be treated as suspected cancer.

Bowel and colon cancer (colorectal) is the third most common cancer in the UK after breast and lung cancer and the second most common cause of death, with approximately 41,265 new cases diagnosed in 2014 in the UK (Cancer Research UK).

Patients with long standing inflammatory diseases of the bowel, such as Crohn's disease or ulcerative colitis, may also have an increased risk of developing colorectal cancer.

People who have a rare genetic conditions in which benign tumours called polyps are found in the lining of the colon, have an increased risk of developing bowel cancer.

Occurrence of colorectal cancer is strongly related to age, with almost three-quarters of cases occurring in people aged over 65 years, although people under 40 with a strong family history of colorectal cancer have an increased risk of developing the disease.

For all patients with suspected bowel or colon cancer an appointment for further investigations will be made within two weeks of visiting your GP.

Patient eligibility criteria:

The patients local NHS commissioning organisation will therefore fund further investigation of rectal bleeding in the following circumstances:

- The patient is 50 years old or older and has unexplained rectal bleeding.
- The patient is **UNDER** the age of 50 years, has rectal bleeding **AND**
- Abdominal pain, **OR**
- Change in bowel habit, **OR**
- Sudden weight loss, **OR**
- Iron-deficiency anaemia.

This means (for patients who **DO NOT** meet the above criteria) the CCG will **ONLY** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

Advice and further guidance:



The patient should speak to their GP if:

- If there has been blood in the patient's poo for three weeks
- If there has been blood in the child's poo
- If the patient's poo has been softer, thinner or longer than normal for three weeks
- If the patient has a lot of pain around the bottom
- If the patient has a pain or lump in their tummy
- If the patient has been more tired than usual
- If the patient has lost weight for no reason.

Get an urgent appointment or call 111 if:

- If the patient's poo is black or dark red
- If the patients have bloody diarrhoea for no obvious reason.

Go to A&E or call 999 if:

- If the patient is bleeding non-stop
- If the patient passes a lot of blood – for example, the toilet water turns red or large blood clots can be seen.

For more information, search for 'bleeding from the bottom' at www.nhs.uk