

Rectal Bleeding

Information Required

- Duration of symptoms
- Frequency of bleeding
- Nature - fresh blood or dark
- Mixed with stools or not
- Presence of anal or abdominal pain
- Presence of tenesmus
- Presence of mucus
- Family history of colorectal cancer/IBD
- Rectal examination findings

Investigations Required

- FBE, iron studies

Fax Referrals to

- **Gastroenterology Outpatient Clinic**
Flinders Medical Centre 8204 5555
- **Colorectal Surgery Unit**
Flinders Medical Centre 8204 5555

Red Flags

- Additional symptoms (eg change in bowel habit)
- Abdominal or rectal mass
- Iron deficiency anaemia

Suggested GP Management

Patients ≥40yrs

- All patients ≥40yrs with rectal bleeding should be referred for colonoscopic investigation
- Refer to Colorectal Surgery if a mass is palpable or haemorrhoidal aetiology is suspected

Patients <40yrs with haemorrhoidal bleeding

- Digital rectal examination to exclude a mass
- Treat with Metamucil / stool softeners & topical haemorrhoidal cream
- Refer if bleeding recurrent or persistent beyond 6 weeks

Clinical Resources

- NICE guideline- Referral for suspected cancer.
<http://www.nice.org.uk/nicemedia/pdf/cg027niceguideline.pdf>

General Information to assist with referrals and the and Referral templates for FMC are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
2.1	Nov 2017	Nov 2019	Removed all RGH details