

GI Bleeding (COLON-9)

Lower GI bleeding (LGIB) accounts for 20-30% of major GI bleeding cases. Blood loss from LGIB can range from minor to life-threatening. The incidence of LGIB increases with age. As such, age as an important factor in determining the appropriate management of LGIB. The nature of rectal bleeding should be specified. For symptoms suggesting outlet-type bleeding, sigmoidoscopy may be performed initially in patients under age 40 years in the absence of alarm symptoms or high risk criteria. Colonoscopy may be performed if sigmoidoscopy does not reveal a source of bleeding, or if findings warrant additional evaluation. In individuals over age 40 years, colonoscopy should be performed as the initial test. Colonoscopy is indicated in patients with melena, hematochezia or occult positive stools not suggestive of outlet-type bleeding as well as iron deficiency anemia, regardless of age.

References

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