

Dr. Andrew Renaut

The one stop rectal bleeding clinic

This is specifically designed for patients, under the age of 40, presenting with isolated rectal bleeding.

Studies have shown that, in the vast majority of cases, for bleeding to be visible the source must be distal to the splenic flexure. It is therefore safe to confine the examination to a flexible sigmoidoscopy rather than subjecting the patient to an unnecessary colonoscopy.

There are distinct advantages in doing this: The patient does not need a full bowel prep – they simply require an enema just before their visit. Additionally no sedation is required – they can therefore resume their normal daily routine immediately after the procedure.

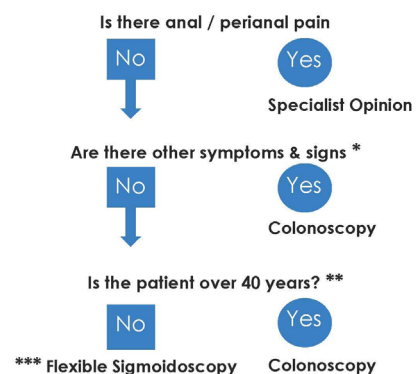
Age 40 is used as a cut-off, simply because coexistent proximal pathology is more likely in this age group and therefore the opportunity should be taken in performing a colonoscopy.

The one-stop facility permits a consultation, examination (including a flexible sigmoidoscopy as necessary) and treatment, such as banding of haemorrhoids, all in the one 30 minute visit.

Please see the simple algorithm below for help in deciding if this facility is appropriate.

Isolated Rectal Bleeding

Algorithm for investigation



*Change in bowel habit, abdominal pain/mass, weight loss, anorexia or anaemia

** Colonoscopy is advised in anyone over the age of 40

***Flexible sigmoidoscopy: examines distal 60 cms of rectum and colon. Enema required but no sedation. Refer patient to One-stop rectal bleeding clinic