



Oxford University Hospitals  
NHS Foundation Trust

# Going home with rectal bleeding

Information for patients



You have been given this leaflet because you have been assessed for uncomplicated rectal bleeding (bleeding from the bottom) and been deemed safe to go home. It explains the next steps, symptoms to look out for, and investigations you may need as an outpatient.

## **About rectal bleeding**

Bleeding from the rectum is very common and can be caused by a number of conditions. We understand that it can be alarming but it is very rare for rectal bleeding to cause you harm or require surgery. The vast majority of rectal bleeding stops by itself with no treatment required. Most people who come to hospital with rectal bleeding can be treated as an outpatient and do not need to be admitted to a ward.

## **Initial assessment**

Following your arrival at hospital you will have had some observations, blood tests and been examined by a doctor. Based on this information, your doctor has determined that you are safe to go home and be looked after as an outpatient.

## **Going home after your initial assessment**

You may have been discharged physically from the acute ambulatory unit but you are not discharged from our care – For 72 hours after your attendance you are free to return and see us again if you feel that you are concerned about your PR bleeding symptoms. We can then re-review you and provide any additional care you may require.

## **How do we know it's safe for you to go home?**

A recently published, nationwide, study of patients admitted with rectal bleeding demonstrated that the vast majority of patients did not need urgent investigation or treatment to manage their rectal bleeding. From this evidence it is now clear that if you fulfil certain criteria it is safe for you to go home and continue any investigation and treatment as an outpatient.

## **When you get home**

Once at home you may have further bleeding. Passing small amounts of blood in the toilet does not require further action. Remember that just a few drops of blood could make the water in the toilet look very red. However, in the rare event you:

- have more than four bleeds in one day;
- pass a significantly larger amount of blood than before you were admitted to hospital;
- become short of breath, dizzy or faint;

you should return to the Emergency Department immediately.

## **What to expect at the Ambulatory Assessment Unit**

The AAU offers the assessment, treatment and care you require, without the need to be admitted to hospital. You will have your heart rate and blood pressure measured and be seen by a doctor who may adjust some of your medications and arrange for any investigations and support you may need. You may have repeat blood tests.

## **Possible further investigations**

The information below explains the possible investigations that you may be offered. Which ones you have will depend on the type and the amount of bleeding you have experienced, as well as on your blood test results and medical history.

### **Endoscopy**

An endoscopy is an investigation that involves a long, thin camera being placed into the anus and advanced to visualise the exact site of bleeding and treat it. There are two different types of endoscopy that you may be referred for to investigate rectal bleeding.

### **Colonoscopy**

This is where an endoscope camera is inserted via your anus into your rectum and around your colon to look for the cause of bleeding. You are usually sedated for this procedure. Sometimes treatment can be performed via the telescope and biopsies can be taken. You will be given strong laxatives to empty the bowel before the procedure.

### **Flexible sigmoidoscopy**

This is where a shorter endoscope camera is inserted via your anus into your rectum to your sigmoid colon to look for the cause of bleeding. You may be given laxatives before the procedure and/or have an enema on the day.

### **CT colon**

Uses X-rays and a computer to create multiple detailed images of the colon. It is non-invasive and does not require bowel preparation or sedation.

## **Further information**

If you have any further questions please contact:

### **Surgical Emergency Unit**

Telephone: **01865 221 821** or **01865 221 822**

(Lines open 24 hours a day, 7 days a week)

# **My Ambulatory Assessment Unit (AAU) appointment:**

Date: .....

Time: .....

## **Ambulatory Assessment Unit (AAU)**

Ward 5B, Level 5  
John Radcliffe Hospital  
Headley Way  
Oxford  
OX3 9DU

Telephone: **01865 221 812** or **01865 221 814**  
(Weekdays 8am to 9pm. Weekends 9am to 7pm)

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Giles Bond Smith  
January 2025  
Review: January 2028  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)

Adapted from Patient Information Factsheet: Rectal Bleeding,  
University Hospital Southampton NHS Foundation Trust



*Making a difference across our hospitals*

[charity@ouh.nhs.uk](mailto:charity@ouh.nhs.uk) | 01865 743 444 | [hospitalcharity.co.uk](http://hospitalcharity.co.uk)

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

