H&E BLEEDING PER RECTUM

PART I — HISTORY

1️⃣ Chief Complaint

"Bleeding per rectum × duration"

Always clarify:

- Since when?
- Frequency?
- Quantity?

2️⃣ CHARACTER OF BLEEDING

Ask:

- 🔹 Color of blood?

Finding	Suggests
Bright red	Hemorrhoids / fissure / low rectal lesion
Dark red	Higher rectal/sigmoid lesion
Mixed with stool	Carcinoma / colitis
Blood on toilet paper	Fissure
Blood dripping after stool	Hemorrhoids

- Relation to Defecation
  - Before stool?
  - During stool?
  - After stool?

Hemorrhoids → after defecation

Fissure → during defecation + pain

Carcinoma → mixed with stool

- Pain Associated?
  - Severe pain during defecation → fissure
  - Painless bleeding → hemorrhoids or carcinoma

Important differentiator.

- Quantity
  - Streaks
  - Drops
  - Clots
  - Massive bleeding

Massive bleeding → malignancy / IBD.

3️⃣ Associated Symptoms

A. Altered Bowel Habits

Very important for carcinoma.

Ask:

- Constipation?
- Diarrhea?
- Alternating?
- Narrow stools?

Carcinoma → change in bowel habit.

B. Tenesmus

Feeling of incomplete evacuation.

Suggests:
Rectal growth.

C. Mucus Discharge

Suggests:

- Ulcerative colitis
- Rectal carcinoma

D. Prolapse

Mass coming out while passing stool?

Suggests:

- Internal hemorrhoids
- Rectal prolapse

E. Weight Loss / Loss of Appetite

Suggest malignancy.

F. Fever

Suggests:

- IBD
- Infective colitis

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4 Past History

- Hemorrhoids?
- IBD?
- Radiation therapy?
- Previous colorectal surgery?

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5 Drug History

- Anticoagulants
- NSAIDs

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6 Family History

Colorectal cancer.

PROVISIONAL DIFFERENTIALS FROM HISTORY

- Hemorrhoids
- Anal fissure
- Carcinoma rectum
- Ulcerative colitis
- Polyps

PART 2 — EXAMINATION

A. GENERAL EXAMINATION

Look for:

- Pallor → chronic blood loss
- Cachexia → malignancy
- Lymphadenopathy

B. ABDOMINAL EXAMINATION

Look for:

- Distension
- Mass
- Organomegaly
- In carcinoma: May feel abdominal mass.

C. LOCAL EXAMINATION OF ANORECTAL REGION

Preparation

- Ensure privacy
- Explain procedure

- Take informed consent
- Ask patient to empty bladder
- Good lighting
- Gloves + lubricant ready

Position

✅ Gold Standard: Left Lateral (Sim's Position)

- Patient lies on left side
- Buttocks at edge of couch
- Right hip and knee flexed
- Left leg slightly flexed

Other Positions (Mention in Viva)

- Standing, bent forward (commonly for prostate)
- Lithotomy position (gynecology)
- Knee-chest position

❑ INSPECTION

Method:

- Separate buttocks gently
- Observe perianal region carefully
- Ask patient to strain

Look For:

• External Hemorrhoids

- Bluish swelling
- May be thrombosed

• Fissure-in-ano

- Linear tear
- Usually at 6 o'clock (posterior midline)
- Severe pain
- May see sentinel pile

• Sentinel Pile

- Skin tag at outer end of chronic fissure

- Fistula Opening
  - External opening
  - May show discharge

- Prolapse
  - Rectal mucosa protruding
  - Ask patient to strain

- Blood stains
  - Suggest active bleeding

- Skin changes
  - Warts
  - Ulcers
  - Pigmentation
  - Excoriation

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2 PALPATION (Perianal Region)

Use gloved hand.

Assess:

- Tenderness
  - Severe → fissure
  - Localized + throbbing → abscess
- Induration
  - Chronic inflammation
  - Malignancy
- Fluctuation
  - Suggests perianal abscess

D. DIGITAL RECTAL EXAMINATION (DRE)

HOW TO PERFORM DRE

1. Explain procedure
2. Take consent
3. Position patient (Left lateral)
4. Wear gloves
5. Apply water-soluble lubricant (e.g., KY Jelly)
6. Inspect finger (injuries, nails trimmed)
7. Place pulp of index finger on anal verge
8. Ask patient to strain
9. Gently insert finger pointing towards umbilicus
10. Rotate finger 360°
11. Systematically examine
12. Withdraw finger
13. Inspect glove

THE "CLOCK POSITION" CONVENTION

Used to describe location of findings:

- 12 o'clock → Anterior (toward pubic symphysis)

- 6 o'clock → Posterior (toward sacrum)
- 3 & 9 o'clock → Lateral walls

WHAT TO ASSESS ON DRE

1️⃣ Anal Tone

Ask patient to squeeze finger.

Findings:

- Tight tone
  - Acute fissure
  - Anxiety
- Lax tone
  - Neurological lesion
  - Cauda equina
  - Spinal injury

2️⃣ Tenderness

- Severe pain → fissure
- Localized deep tenderness → abscess
- Right lateral tenderness → pelvic appendix

⚠️ In suspected fissure → contraindicated

3️⃣ Mass (Most Important in Exams)

If mass felt → describe systematically:

a) Location

- Use clock position

b) Distance from anal verge

- Measure in cm (finger length approx 7–8 cm)

c) Size

d) Surface

- Smooth
- Irregular

- Ulcerated

e) Consistency

- Soft → polyp
- Firm → adenoma
- Hard → carcinoma

f) Mobility

- Mobile → early lesion
- Fixed → advanced malignancy

g) Bleeds on touch?

Carcinoma Rectum – Classical Findings

- Hard
- Irregular
- Ulceroproliferative
- Circumferential growth
- Fixed
- Bleeds on touch

4 Prostate (In Males)

Palpate anterior wall (12 o'clock).

Normal Prostate:

- Smooth
- Firm (like tip of nose)
- Median sulcus palpable
- Non-tender
- Walnut sized

Benign Prostatic Hyperplasia (BPH)

- Smooth
- Symmetrically enlarged
- Rubbery
- Median sulcus may be obliterated

Prostate Carcinoma

- Hard
- Nodular
- Irregular
- Craggy
- May be fixed

S Rectovesical / Rectouterine Pouch

Assess for:

- Fullness
- Tenderness
- Nodularity

Blumer's Shelf

- Hard nodular shelf
- Metastatic deposits in pouch of Douglas

6️⃣ Stool on Finger (Very Important)

After withdrawal, inspect glove:

Look for:

- Fresh red blood
  - Hemorrhoids
  - Lower GI bleed
  - Rectal carcinoma
- Altered blood (melena)
  - Upper GI bleed
- Mucus
  - Proctitis
  - Colitis
  - Carcinoma
- Blood mixed with mucus
  - Carcinoma rectum
  - Ulcerative colitis

- Pus
  - Abscess
  - Severe infection
- Pale stool
  - Obstructive jaundice

IMPORTANT LIMITATION OF DRE

- Only assesses lower 7–8 cm of rectum.
- Cannot assess upper rectum or sigmoid.

WHEN DRE IS CONTRAINDICATED / CAUTION

- Acute painful fissure
- Severe anal stenosis
- Uncooperative patient

DIFFERENTIATING FEATURES

Condition	Pain	Type of Blood	DRE
Hemorrhoids	No	Fresh, after stool	Usually normal
Fissure	Severe	Streak on stool	Painful
Carcinoma	Mild/none	Mixed with stool	Hard mass
Ulcerative colitis	Crampy pain	Blood + mucus	Often normal

COMMON VIVA QUESTIONS

- Why is bleeding in some hemorrhoids painless?
- Why fissure is painful?
- Why carcinoma bleeds on touch?
- Lymphatic drainage of rectum?
- What is Goodsall's rule?

- External vs internal hemorrhoids

-> The End <-