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- [Upper GI Endoscopy](#)

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Digestive Disease Organizations

There are many organizations who provide support for patients and medical professionals. View the full list of [Digestive Disease Organizations](#) (PDF, 341 KB)

Bleeding in the Digestive Tract

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What is bleeding in the digestive tract?

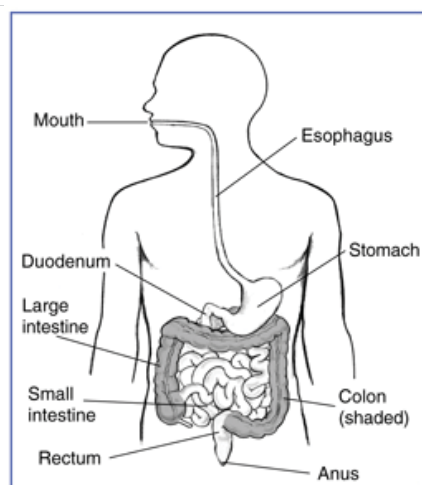
Bleeding in the digestive tract is any type of bleeding that starts in the digestive tract. Bleeding in the digestive tract is a symptom of a disease rather than a disease itself. Health care providers describe two types of bleeding:

- acute bleeding—sudden and sometimes severe bleeding
- chronic bleeding—slight bleeding that lasts for a long time or may come and go

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What is the digestive tract?

The digestive tract, also called the gastrointestinal (GI) tract, is a series of hollow organs joined in a long, twisting tube from the mouth to the anus. Food enters the mouth and passes to the anus through the hollow organs of the GI tract. The upper GI tract includes the mouth, esophagus, stomach, and duodenum. The duodenum is the first part of the small intestine. The lower GI tract consists of the large intestine—which includes the colon and rectum—and anus.



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What causes bleeding in the digestive tract?

A variety of conditions can cause bleeding in the digestive tract. Locating the source of bleeding is an important step to help the health care provider find the cause of the bleeding. Different conditions can cause bleeding in the upper or lower GI tract.

Causes of bleeding in the upper GI tract may include

- peptic ulcers—sores in the lining of the esophagus, stomach, or duodenum. The bacteria *Helicobacter pylori* (*H. pylori*) and use of nonsteroidal anti-inflammatory drugs (NSAIDs) can cause peptic ulcers. Peptic ulcers can wear away the mucosa, or the stomach or duodenal lining, and cause bleeding. Read more about [Peptic Ulcer Disease](#), [Peptic Ulcer Disease and H. pylori](#), and [Peptic Ulcer Disease and NSAIDs](#).
- esophageal varices—enlarged blood vessels in the esophagus that can leak blood or even rupture, causing life-threatening bleeding. Esophageal varices are usually associated with a chronic liver condition called cirrhosis. Read more in [Cirrhosis](#).
- a Mallory-Weiss tear—tears in the lower end of the esophagus. A person can have more than one Mallory-Weiss tear. Severe vomiting causes these tears.
- gastritis—a condition in which the stomach lining is inflamed. Some common causes of gastritis include the use of NSAIDs and other medications, infections, Crohn's disease, critical illnesses, and severe injuries. If untreated, gastritis can lead to ulcers or erosions in the stomach lining that can bleed. Read more in [Gastritis](#).
- esophagitis—an irritation of the esophagus. The most common cause of esophagitis is gastroesophageal reflux (GER), a condition that occurs when stomach acid flows back up into the esophagus. GER happens when the muscle between the esophagus and the stomach—the lower esophageal sphincter—is weak or relaxes when it should not. Stomach acid can damage the esophagus and cause sores and bleeding. Read more in [Gastroesophageal Reflux \(GER\) and Gastroesophageal Reflux Disease \(GERD\) in Adults](#).

Causes of bleeding in the lower GI tract may include

- hemorrhoids or fissures. Hemorrhoids are swollen and inflamed veins around the anus or in the lower rectum. Constipation and straining during bowel movements cause the veins to swell. Hemorrhoids cause itching, pain, and sometimes bleeding. Fissures are small tears in the anus that can cause bleeding. Read more in [Hemorrhoids](#).
- diverticular disease—a condition that occurs when a person has problems from small pouches, or sacs, that have formed and pushed outward through weak spots in the colon wall. Each pouch is called a diverticulum. Multiple pouches are called diverticula. Sometimes a small blood vessel in a diverticulum bursts and causes bleeding in the lower GI tract. Read more in [Diverticular Disease](#).
- colitis—inflammation of the colon. A complication of colitis is ulcers in the large intestine that can cause bleeding. Read more in [Ulcerative Colitis](#).
- angiodysplasia—abnormal or enlarged blood vessels in the lower GI tract that can become fragile and bleed.
- colon polyps—abnormal growths of tissue in the lining of the colon. A person can have more than one colon polyp. Some colon polyps are benign, which means they are not cancerous. Some types of polyps may already be cancerous or can become cancerous. People who have colon polyps may be more likely to develop colorectal cancer. Colorectal cancer is the third most common cancer in the United States and often causes occult bleeding—blood in the stool that is not visible to the naked eye.¹ Sometimes polyps in the lower GI tract and rectum can cause bleeding. Read more in [Colon Polyps](#).

Causes of bleeding in both the lower and upper GI tract may include

- benign tumors and cancer. Benign tumors and cancer in the esophagus, stomach, colon, or rectum may cause bleeding when they weaken the lining of the GI tract. A benign tumor is an abnormal tissue growth that is not cancerous. Read more at www.cancer.gov.

¹Common cancer types. National Cancer Institute website.

www.cancer.gov/cancertopics/commoncancers. Updated January 25, 2013. Accessed March 12, 2014.

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What are the signs and symptoms of bleeding in the digestive tract?

The signs and symptoms of bleeding in the digestive tract depend on the location and severity of bleeding.

Signs and symptoms of bleeding in the upper or lower GI tract may include

- acute bleeding, which may include abdominal cramps
- black or tarry stool
- bright red blood in vomit
- dark or bright red blood mixed with stool
- dizziness or faintness
- fatigue, or feeling tired
- paleness
- shortness of breath
- vomit that looks like coffee grounds
- weakness

A person with acute bleeding may go into shock, which is an emergency condition. A person in shock may have additional signs and symptoms that may include

- a rapid pulse
- a drop in blood pressure

- little or no urine output
- unconsciousness

When a person has any signs or symptoms of shock, 911 should be called immediately.

Chronic bleeding. A person with chronic bleeding may develop anemia, a condition in which red blood cells are fewer than normal, which prevents the body's cells from getting enough oxygen. Symptoms of anemia may include fatigue and shortness of breath, which can develop over time.

Some people may have occult bleeding. Occult bleeding may be a sign of inflammation or a disease such as colorectal cancer. A simple lab test can detect occult blood in the stool.

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How is the cause of bleeding in the digestive tract diagnosed?

To diagnose bleeding in the digestive tract, the health care provider will first determine the site of the bleeding based upon the following:

- medical and family history
- physical exam
- lab tests
- nasogastric lavage
- upper GI endoscopy, enteroscopy, and capsule endoscopy
- colonoscopy and flexible sigmoidoscopy
- imaging tests
- other tests

Medical and Family History

Taking a medical and family history is one of the first things a health care provider may do to help determine the cause of digestive tract bleeding. Patients should report all medications they are taking to their health care provider.

Physical Exam

A physical exam may help diagnose the cause of bleeding in the digestive tract. During a physical exam, a health care provider usually

- examines a patient's body
- uses a stethoscope to listen to sounds in the abdomen
- taps on specific areas of the patient's body

Lab Tests

The health care provider may use the following lab tests to help determine the cause of digestive tract bleeding:

- **Stool test.** A stool test is the analysis of a sample of stool. The health care provider will give the patient a container for catching and storing the stool. The patient will return the sample to the health care provider or a commercial facility that will send the sample to a lab for analysis. Stool tests can show occult bleeding.
- **Blood test.** A blood test involves drawing blood at a health care provider's office or a commercial facility and sending the sample to a lab for analysis. The blood test can help determine the extent of the bleeding and whether the patient has anemia.

Nasogastric Lavage

During this procedure, a health care provider uses a nasogastric tube to remove the stomach contents. The health care provider will spray a numbing medication on the back of the patient's throat before the procedure. The health care provider inserts a nasogastric tube through the nose or mouth, down the esophagus, and into the stomach. The procedure helps determine the cause of upper GI tract bleeding. A health care provider performs a nasogastric lavage in an outpatient center or a hospital.

Upper Gastrointestinal Endoscopy, Enteroscopy, and Capsule Endoscopy

- **Upper GI endoscopy.** This procedure involves using an endoscope—a small, flexible tube with a light—to see the upper GI tract. A gastroenterologist—a doctor who specializes in digestive diseases—performs the test at a hospital or an outpatient center. The gastroenterologist carefully feeds the endoscope down the esophagus and into the stomach and duodenum. A small camera mounted on the endoscope transmits a video image to a monitor, allowing close examination of the intestinal lining. A health care provider may give a patient a liquid anesthetic to gargle or may spray anesthetic on the back of the patient's throat. A health care provider will place an intravenous (IV) needle in a vein in the arm to administer a sedative or general anesthesia.

During the procedure, a gastroenterologist may obtain a biopsy to help diagnose the bleeding. A biopsy is a procedure in which a tiny piece of the GI tract lining is removed for examination with a microscope. The endoscopy may show the source of bleeding, such as an ulcer or esophageal varices. When the health care provider cannot see the source of the bleeding during the endoscopy, the patient has obscure bleeding. The gastroenterologist may repeat the endoscopy or use other procedures to find the cause of obscure bleeding. Read more in [Upper GI Endoscopy](#).

- **Enteroscopy.** This procedure examines the small intestine with a special, longer endoscope. A gastroenterologist usually performs the test at an outpatient center or a hospital. The gastroenterologist carefully feeds the endoscope down the esophagus, into the stomach and duodenum, and then into the small intestine. Types of enteroscopy procedures may include
 - push enteroscopy, which uses a long endoscope to examine the upper portion of the small intestine
 - single- or double-balloon enteroscopy, which use balloons to help move the endoscope through the entire small intestine
 - spiral enteroscopy, which uses a tube attached to an enteroscope that is rotated and acts as a cork screw to move the instrument into the small intestine
- **Capsule endoscopy.** Although this procedure can examine the entire digestive tract, it is used mostly to examine the small intestine. The patient swallows a capsule containing a tiny camera. As the capsule passes through the GI tract, the camera will transmit and record images to a small receiver device worn by the patient. When the recording is done, the images stored in the receiver are downloaded to a video monitor and reviewed by a gastroenterologist.

Colonoscopy and Flexible Sigmoidoscopy

- **Colonoscopy.** Colonoscopy is a procedure that uses a long, flexible, narrow tube with a light and tiny camera on one end, called a colonoscope, to look inside the rectum and entire colon. Colonoscopy can show irritated and swollen tissue, ulcers, and polyps. A gastroenterologist performs this procedure at a hospital or an outpatient center. In most cases, light anesthesia and pain medication help patients relax for the test. Health care

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