

Diverticular Bleeding

A Practical Guide For Patients



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**A Patient Guide to Understanding
Diverticular Bleeding**

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Introduction: Diverticular Bleeding

Diverticular bleeding is a common cause of lower gastrointestinal hemorrhage, primarily affecting older adults. It occurs when small pouches, called diverticula, which form in the colon wall, erode into nearby blood vessels, leading to acute, often painless, bleeding. The severity can range from mild, self-limiting episodes to massive hemorrhage requiring urgent intervention. Risk factors include advanced age, chronic constipation, use of nonsteroidal anti-inflammatory drugs (NSAIDs), and certain comorbidities. Diagnosis typically involves colonoscopy, imaging, and sometimes angiography to localize the bleeding site.

Key Takeaways

- Diverticular bleeding is the most common cause of lower gastrointestinal hemorrhage in older adults.
- It results from erosion of blood vessels within colonic diverticula.
- Presentation is usually acute and painless, but severity ranges from mild to life-threatening.
- Risk factors include age, chronic constipation, NSAID use, and comorbidities.
- Diagnosis relies on colonoscopy, imaging, and sometimes angiography.
- Management depends on bleeding severity: observation, endoscopic therapy, angiographic embolization, or surgery.
- Early recognition and intervention are essential to prevent complications such as anemia or shock.



What Causes Diverticular Bleeding?

Known Causes:

Diverticular bleeding occurs when a blood vessel within a colonic diverticulum becomes eroded or weakened. Diverticula are small, balloon-like pouches that form in the colon wall, often due to increased intraluminal pressure from chronic constipation or straining. Over time, the thin wall of the diverticulum can cause adjacent arteries to become exposed and fragile, making them susceptible to rupture. Risk factors that contribute to bleeding include advanced age, use of nonsteroidal anti-inflammatory drugs (NSAIDs), anticoagulant therapy, hypertension, and certain connective tissue disorders. Most bleeding episodes are sudden, painless, and may stop spontaneously, though severe cases require medical or surgical intervention.

- **Structural Weakness:** Thin-walled diverticula eroding into adjacent blood vessels.
- **Chronic Constipation & Straining:** Increases colonic pressure, promoting diverticulum formation and vascular injury.
- **Age:** Older adults have more fragile vessels and a higher prevalence of diverticula.
- **Medications:** Nonsteroidal anti-inflammatory drugs (NSAIDs), anticoagulants, and antiplatelet agents increase bleeding risk.
- **Hypertension:** Can exacerbate vessel fragility within diverticula.

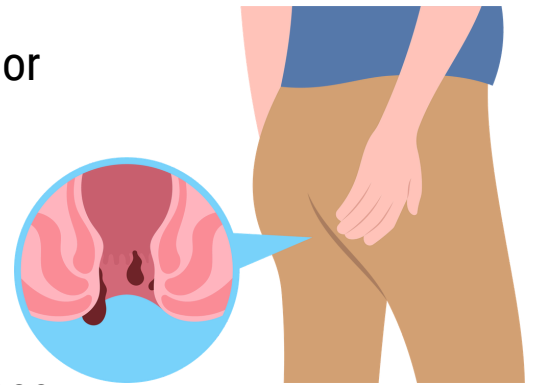


Common Signs & Symptoms

Common signs and symptoms of diverticular bleeding include sudden, painless passage of bright red or maroon blood per rectum, sometimes with clots. Patients may also experience dizziness, weakness, or low blood pressure if bleeding is severe.

Core Symptoms Include:

- Sudden, painless rectal bleeding (bright red or maroon)
- Passage of blood clots in stool
- Dizziness or lightheadedness
- Weakness or fatigue from blood loss
- Low blood pressure or fainting in severe cases



Severe cases can also cause:



- Profound blood loss leading to shock
- Rapid drop in blood pressure (hypotension)
- Rapid heart rate (tachycardia)
- Shortness of breath
- Confusion or altered mental status
- Life-threatening anemia requiring urgent intervention



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Diagnosis & Medical Testing

Diagnosis of diverticular bleeding involves history, physical exam, and laboratory tests to assess blood loss. Colonoscopy is the primary tool to identify the bleeding site, while CT angiography or radionuclide scans help localize active bleeding when endoscopy is inconclusive.

Diagnostic Tools:

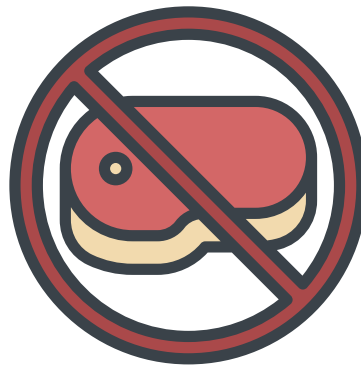
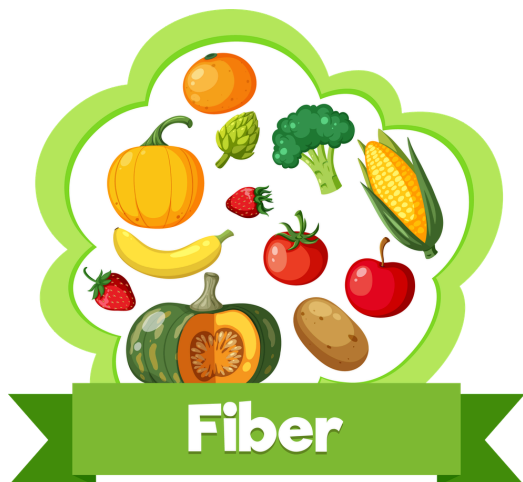
- **History & Physical Examination:** Assess bleeding onset, duration, and risk factors.
- **Digital Rectal Examination (DRE):** Detects fresh blood in the rectum.
- **Complete Blood Count (CBC):** Evaluates hemoglobin and hematocrit levels.
- **Coagulation Profile:** Identifies clotting abnormalities.
- **Colonoscopy:** First-line tool to visualize and treat bleeding.
- **Flexible Sigmoidoscopy:** Useful when bleeding source is suspected in distal colon.
- **Esophagogastroduodenoscopy (EGD):** Rules out upper GI bleeding when unclear.
- **CT Angiography:** Detects active bleeding and localizes the site.
- **Radionuclide (Tagged RBC) Scan:** Sensitive for intermittent or slow bleeding.
- **Catheter Angiography:** Localizes bleeding and allows embolization.
- **Cross-Sectional Imaging (CT Abdomen/Pelvis):** Evaluates diverticula and complications.
- **Stool Occult Blood Test:** Detects hidden bleeding when overt blood is absent.



A high-fiber diet is recommended to prevent diverticular complications by promoting soft stools and reducing colonic pressure. Foods rich in fiber, such as fruits, vegetables, legumes, and whole grains, are beneficial, while excessive red meat, processed foods, and low-fiber diets should be avoided.

Key Insights:

- High-fiber intake reduces diverticular complications and bleeding risk.
- Include fruits, vegetables, legumes, and whole grains.
- Adequate hydration supports fiber's effectiveness.
- Limit red meat, processed foods, and low-fiber diets.
- Gradual fiber increase prevents bloating/discomfort.



Medications & Treatment Options

Treatment of diverticular bleeding depends on severity. Mild cases may resolve spontaneously with supportive care, including IV fluids and blood transfusions if needed. Persistent bleeding may require endoscopic therapy, angiographic embolization, or surgery.

Treatment Options

- **Observation & Supportive Care:** Many cases stop spontaneously.
- **IV Fluids & Electrolyte Replacement:** Stabilizes circulation.
- **Blood Transfusions:** For significant anemia or blood loss.
- **Discontinuation of NSAIDs/Anticoagulants:** Reduces recurrence risk.
- **Endoscopic Therapy:** Clipping, cauterization, or injection to stop bleeding.
- **Angiographic Embolization:** Blocks bleeding vessels when endoscopy fails.
- **Surgical Resection:** Segmental colectomy for uncontrolled or recurrent bleeding.
- **Iron Supplementation:** Treats anemia in chronic blood loss.
- **Proton Pump Inhibitors (PPIs):** Sometimes used to reduce GI irritation.
- **Close Monitoring:** Prevents complications like shock or recurrent hemorrhage.



Advanced Therapies & Procedures

Advanced therapies for diverticular bleeding include endoscopic interventions such as clipping, cauterization, or epinephrine injection to control bleeding. If unsuccessful, angiographic embolization can selectively block bleeding vessels.

Therapy Options:

- Supportive Care Observation, IV fluids, and hemodynamic stabilization.
- Blood Transfusion For significant blood loss or anemia.
- Medication Adjustment Stop NSAIDs, anticoagulants, or antiplatelets when possible.
- Iron Therapy Oral or IV supplementation for chronic anemia.
- Endoscopic Therapy Clipping, cauterization, or epinephrine injection to control bleeding.
- Angiographic Embolization Minimally invasive option for persistent bleeding.
- Surgical Resection Segmental colectomy in severe or recurrent cases.
- Dietary Measures High-fiber diet to prevent recurrence.
- Proton Pump Inhibitors (PPIs) To reduce GI mucosal irritation.
- Close Monitoring Continuous assessment to detect re-bleeding or complications.



Coping With Diverticular Bleeding

Coping with diverticular bleeding involves following medical advice, maintaining a high-fiber diet, staying well-hydrated, and avoiding NSAIDs or blood thinners when possible. Regular follow-ups, stress management, and monitoring for recurrent symptoms help reduce complications and improve long-term outcomes.

Practical Strategies

- Maintain a **high-fiber diet** with fruits, vegetables, legumes, and whole grains.
- **Stay hydrated** to support bowel health.
- Avoid **NSAIDs and unnecessary blood** thinners unless prescribed.
- **Monitor stool changes** and report new bleeding promptly.
- Attend **regular medical check-ups** for follow-up care.
- Use **iron-rich foods** or supplements if anemia develops.
- Practice **gentle exercise** to promote bowel motility.
- **Manage stress** with relaxation techniques, as it may worsen symptoms.
- Follow **prescribed treatments** and medication adjustments.
- Seek **immediate care** if bleeding becomes heavy or symptoms worsen.



**Q1: What is diverticular bleeding?**

A: It occurs when small pouches (diverticula) in the colon erode blood vessels, leading to sudden, painless rectal bleeding.

Q2: Who is most at risk?

A: Older adults, people with chronic constipation, and those using NSAIDs, anticoagulants, or with hypertension are at higher risk.

Q3: Is diverticular bleeding life-threatening?

A: Most cases stop on their own, but severe bleeding can cause shock or anemia, requiring urgent medical care.

Q4: How is it diagnosed?

A: Colonoscopy is the main tool, while CT angiography and radionuclide scans help localize bleeding when necessary.

Q5: Can diet help prevent recurrence?

A: Yes, a high-fiber diet with adequate hydration helps reduce pressure in the colon and lowers recurrence risk.



Take Action

If you experience **Diverticular Bleeding**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with **GastroDoxs** for expert guidance on managing your digestive health.

For additional resources, visit GastroDoxs.com.

**Your health starts with knowledge.
Take the first step today!**

SCHEDULE AN APPOINTMENT



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