

Gastrointestinal Bleeding

For family, friends and caregivers of a patient with gastrointestinal bleeding in the Medical Surgical Intensive Care Unit (MSICU)

This brochure will give you more information about:

- The causes and symptoms of gastrointestinal bleeding
- How gastrointestinal bleeding is treated in the MSICU
- What you can do to help



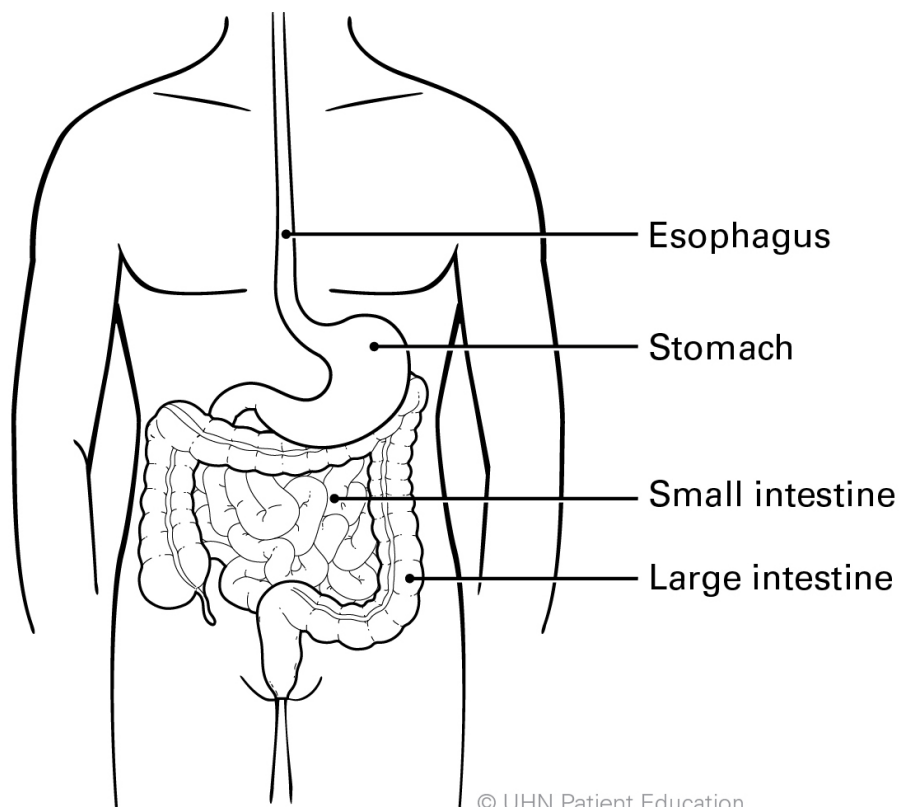
What is gastrointestinal bleeding?

Gastrointestinal bleeding (also called a "GI bleed") happens when the gastrointestinal tract is injured or irritated. Bleeding may come from a tear or ulcer along the gastrointestinal tract, abnormal blood vessels, or a cancer of the intestines or stomach.

The gastrointestinal tract has 2 parts: **upper** and **lower**.

The upper gastrointestinal tract includes the esophagus (the tube from the mouth to the stomach), stomach and first part of the small intestine.

The lower gastrointestinal tract includes much of the small intestine, large intestine (bowels), rectum and anus.



What can cause gastrointestinal bleeding?

Upper and lower gastrointestinal bleeding may be caused by:

- Trauma or injury
- Liver failure
- Cancer
- Opening of a surgical reconnection between two blood vessels or organs
- Blood thinning medications can cause more bleeding

Upper gastrointestinal bleeding may be caused by:

- Very large veins on the surface of the esophagus
- Gastritis (swelling of the stomach lining)
- Ulcers

Lower gastrointestinal bleeding may be caused by:

- Ulcerative colitis
- Diverticulitis (pockets in the bowel wall)
- Colitis (swelling of the inner lining of the colon)
- Cancer
- Rectal injuries
- Proctitis (swelling of the lining of the rectum)

Massive bleeding from the gastrointestinal tract can be dangerous. Even very small amounts of bleeding over a long period of time can lead to problems such as low blood count.



What are the signs and symptoms?

- Dark, tar like stools
- Large amounts of blood passed from the rectum
- Small amounts of blood in the toilet bowl, on toilet paper or in streaks on feces
- Vomiting fresh blood or old blood that looks like coffee grounds

How is gastrointestinal bleeding treated in the MSICU?

To find the severity and location of the bleeding, several tests will be done. These tests may include:

- Blood tests
- Endoscopy (a camera is inserted through the mouth or rectum to look for the source of the bleeding)
- X-ray, CT scan or MRI
- Ultrasounds to look at the body's organs

Some medications that may be used to treat gastrointestinal bleeding:

- Golytely, bowel prep for an endoscopy
- Octreotide to help control bleeding
- Pantoloc to help reduce ulcers from forming or growing
- DDAVP to help control bleeding
- Medications to help with blood pressure
- Sedatives, anti-anxiety and pain medications that will help keep your loved one comfortable

Some of the treatments that may also be used to treat gastrointestinal bleeding are:

- Transjugular intra-hepatic portosystemic shunt (TIPS): a procedure used to make a passage between two blood vessels in the liver. This reduces pressure in the liver and prevents bleeding. It cannot be used in people who are confused, unconscious or who have kidney injury.
- Blood transfusions
- Intravenous (IV) fluids to help with blood pressure
- Gastric lavage (the stomach is emptied using a tube)
- Endoscopic procedures such as:
 - Banding the bleeding blood vessel
 - Injecting glue or an agent to cause the bleeding blood vessel to clot
 - Placing elastic bands on the bleeding blood vessel
- Balloon Tamponade (a tube is inserted down the esophagus and into the stomach to decrease bleeding)
- Angiographic embolization (a special procedure done when the blood supply to the source of the gastrointestinal bleeding is treated)
- Surgery

What can I do to help?

Substitute Decision Maker

It is important for one family member to act on behalf of their loved one as a Substitute Decision Maker (SDM). An SDM is usually the next of kin, unless the patient chooses someone else.

As an SDM, you are responsible for giving accurate and honest information about your loved one to the health care team. You also:

- Partner with the health care team to make sure you understand what is happening with your loved one
- Work together with the team to decide about the care and treatment of your loved one

Please look for the brochure “Substitute Decision Makers and Naming an Attorney for Personal Care” in the MSICU waiting room.

Comfort and support

Although sometimes patients in the MSICU are on sedating medication, they do still need emotional support from their friends or families. Talk to them like you would at home. Bring toiletries, familiar pictures, books and comforting items from home.

Visiting hours

Visiting hours are from 9:00 am to 11:00 pm every day, but we have a flexible visiting policy. Please talk to your nurse.

Make sure only 2 people visiting your loved one at a time. Please try to keep your visits short and remember to let other family members in to visit.

Consider limiting the number of visitors until your loved one is in stable condition.

Hand washing

You can help the health care team, your loved one and yourself by washing your hands often during your visits to MSICU.

Please follow all isolation instructions or talk to your nurse if you are not sure what to do when visiting an isolation room.



Who can I talk to if I have questions?

Do not be afraid to ask questions. Ask any member of the health care team to repeat or say information in a different way.

You can talk with any of the medical staff caring for your loved one about any concerns you may have.

More information about gastrointestinal bleeding

Organization: [Medline Plus](#)

- [Gastrointestinal Bleeding](#)

Organization: Gastrointestinal Society

- [Canadian Society of Intestinal Research \(Welcome to Badgut\)](#)

My questions

Visit www.uhnpatienteducation.ca for more health information.

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