

DIGESTIVE HEALTHCARE OF GEORGIA

Patient Education: Gastrointestinal (GI) Bleeding

What it is, how it's evaluated, treatment options, and what to do next

Important: When bleeding may be an emergency

Call 911 or go to an emergency department now for heavy or ongoing bleeding, vomiting blood, black tarry stool, fainting, severe dizziness, confusion, cold or clammy skin, a rapid heartbeat, shortness of breath, or severe weakness. These can be signs of significant blood loss or shock. Do not drive yourself if you feel faint or seriously unwell. [1]

If you see blood in your stool or vomit—even a small amount—contact a healthcare professional promptly for advice. Do not assume the cause is hemorrhoids or wait for a routine appointment if the bleeding is new or recurring.

What is GI bleeding?

GI bleeding means blood is coming from somewhere in the digestive tract, which includes the esophagus, stomach, small intestine, colon, rectum, and anus. It is a **sign of an underlying condition**, not a diagnosis by itself. Bleeding may start suddenly or be slow and ongoing; it can be visible or too small to see. [2]

The location and cause vary. Possible causes include ulcers, inflammation of the stomach or esophagus, enlarged veins related to liver disease, diverticular disease, hemorrhoids or anal fissures, inflammatory bowel disease, polyps, and cancers. Only an evaluation can determine the cause. [1, 2]

What might it look like?

- **Vomiting bright-red blood** or material that looks like coffee grounds can indicate bleeding in the upper digestive tract.
- **Black, sticky, tarry stool** may be digested blood, often from an upper source.
- **Bright-red or maroon blood in or with stool** may come from the lower digestive tract, but significant bleeding from higher in the tract can sometimes also appear this way.
- **Occult bleeding** is blood too small to see. It may be found on a stool test or lead to anemia over time.
- Ongoing blood loss may cause tiredness, pale skin, dizziness, or shortness of breath. [1]

Iron supplements and some medicines can darken stool, but **do not assume dark or tarry stool is harmless**—seek medical advice, especially if you feel unwell or notice other warning signs.

How is GI bleeding evaluated?

A clinician will ask when the bleeding began, how much you noticed, what it looked like, and whether you have pain or other symptoms. They may ask about past digestive conditions, liver disease, family history, and all medicines and supplements—especially aspirin, ibuprofen, naproxen, and blood thinners. Do not leave out

over-the-counter products. [3]

The evaluation may include:

- **Physical examination and vital signs**, such as blood pressure and heart rate; sometimes a rectal examination.
- **Blood tests** to check blood counts, anemia, and other measures of bleeding severity or possible causes.
- **Stool tests** to detect blood that cannot be seen.
- **Endoscopy**: Upper endoscopy looks at the esophagus, stomach, and first part of the small intestine. Colonoscopy looks at the rectum and colon. These procedures can sometimes locate and treat the bleeding during the same procedure.
- **Imaging or other procedures**: CT or CT angiography, capsule endoscopy, enteroscopy, or angiography may be considered depending on the suspected source and whether bleeding is active. [3]

Not every person needs every test. The care team chooses tests based on the amount and pattern of bleeding, health history, examination, and initial results.

How is GI bleeding treated?

Treatment depends on **how severe the bleeding is, where it is coming from, and its cause**. Significant or acute bleeding is generally assessed in an emergency or hospital setting—not managed by waiting for a routine office visit. [4]

Treatment may include:

- **Stabilizing blood pressure and circulation**, monitoring, IV fluids, and sometimes a blood transfusion.
- **Endoscopic treatment**: During upper endoscopy or colonoscopy, a clinician may use clips, bands, heat, injections, or other methods to stop bleeding.
- **Medicines** to treat the cause—for example, treatment for an ulcer, infection, or inflammatory condition.
- **Angiography with treatment** to locate and block a bleeding blood vessel when appropriate.
- **Surgery** in selected cases when bleeding is severe or cannot be controlled by other methods. [4, 5]

After the bleeding is controlled, the care team will address the underlying cause and discuss ways to reduce the chance of another episode.

What are the next steps?

1. **If you have emergency warning signs, call 911 or go to an emergency department now.** Do not wait for a gastroenterology appointment.
2. **If you are stable but notice blood, contact a healthcare professional promptly** for guidance on how soon you need evaluation.
3. **Make a note of what happened**: when bleeding began, how often it occurred, the color and appearance, and any pain, dizziness, weakness, or bowel changes.
4. **Bring a complete medicine and supplement list**, including dose and frequency. Include aspirin, ibuprofen, naproxen, and prescription blood thinners.
5. **Do not stop a prescribed blood thinner, aspirin, or other medicine on your own.** Contact the prescriber or urgent-care team for instructions; stopping some medicines can also be dangerous.

6. **Ask what follow-up is needed** after evaluation, including whether you need endoscopy, repeat blood tests, treatment for the cause, or monitoring for recurrent bleeding.

Set up an appointment

For **non-emergency evaluation or follow-up**, call Digestive Healthcare of Georgia and ask to schedule with a provider. The practice lists these office phone numbers: [6]

- **Atlanta:** (404) 355-3200
- **Cartersville or Jasper:** (706) 253-7340
- **Fayetteville:** (770) 719-3240
- **Newnan:** (678) 326-4812
- **Ellijay:** (706) 253-5514
- **Woodstock or Marietta:** (404) 425-5570

Call to confirm the appropriate office, appointment availability, and whether your symptoms need more urgent evaluation. The practice sees patients by appointment. **These office numbers are not a substitute for 911 or emergency care.**

Sources

[1] National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). *Symptoms & Causes of GI Bleeding*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/gastrointestinal-bleeding/symptoms-causes>

[2] NIDDK. *Gastrointestinal (GI) Bleeding: Definition & Facts*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/gastrointestinal-bleeding>

[3] NIDDK. *Diagnosis of GI Bleeding*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/gastrointestinal-bleeding/diagnosis>

[4] NIDDK. *Treatment for GI Bleeding*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/gastrointestinal-bleeding/treatment>

[5] Laine L, Barkun AN, Saltzman JR, et al. *ACG Clinical Guideline: Upper Gastrointestinal and Ulcer Bleeding*. American Journal of Gastroenterology. 2021;116(5):899–917.

<https://pubmed.ncbi.nlm.nih.gov/33929377/>

[6] Digestive Healthcare of Georgia. *Contacts & Locations*.

<https://digestivehealthcare.net/contact-locations/>

This handout is for general education and does not replace medical advice, diagnosis, or treatment. If you have symptoms of GI bleeding, seek medical help promptly; use emergency services for severe symptoms.