SYMPTOM

Bleeding from the bottom

Bleeding from the bottom means seeing blood from the anus, often on toilet paper, stool, or in the toilet.

WHAT IT FEELS LIKE
Seeing red blood on paper, stool, or in the toilet

WHERE IT IS FELT
Anus, rectum, or lower digestive tract

MOST COMMON CAUSES
Piles, anal fissures, diverticular disease

WHEN IT IS URGENT
Dark blood, bloody diarrhoea, or bleeding with severe abdominal pain

USUALLY LASTS
A brief episode or longer, depending on the cause

SEE A DOCTOR IF
It recurs, lasts three weeks, or comes with bowel changes

Overview

Bleeding from the bottom, also called rectal bleeding, means blood is leaving through the anus. It may come from the anus, rectum, or another part of the digestive tract.

A small, one-off streak of bright red blood is often caused by piles or a small tear. However, the colour or amount alone cannot confirm the cause.

Blood may be bright red, dark red, or mixed into stool. Black, sticky stool can mean bleeding higher in the digestive system and needs urgent medical assessment.

What it may feel or look like

You may notice:

Bright red blood often comes from near the anus. A painful bowel movement with a small amount of blood may be caused by an anal fissure, which is a small tear in the skin. Bleeding can also happen without pain.

Red colouring is not always blood. Beetroot, food colouring, iron tablets, and some medicines

can change stool colour. If you are unsure or the change continues, seek medical advice.

- Bright red blood on toilet paper
- Red streaks on stool
- Pink or red toilet water
- Blood mixed into stool
- Dark red or maroon stool
- Black, sticky, unusually smelly stool
- Mucus, diarrhoea, pain, itching, or a lump near the anus

Common causes

Piles , or haemorrhoids, are swollen blood vessels inside or around the anus. They may cause bright red bleeding, itching, discomfort, or a lump. Internal piles can bleed without pain.

An anal fissure is a small tear, often caused by passing hard stool. It usually causes sharp or burning pain during or after a bowel movement, with bright red blood.

Constipation and straining can trigger or worsen piles and fissures. Frequent diarrhoea may also irritate the area.

Diverticular disease causes small pouches in the wall of the large bowel. These can sometimes bleed without pain.

Other causes include bowel infections, inflammatory bowel disease, fragile blood vessels, and bowel polyps. Bowel or anal cancer can also cause bleeding, although bleeding does not mean you have cancer. Persistent bleeding is more concerning with changed bowel habits, weight loss, unusual tiredness, abdominal pain, or a lump.

Medicines that reduce blood clotting can make bleeding harder to stop. Do not stop a prescribed blood thinner like warfarin or apixaban without medical advice.

When to seek medical care

Call emergency services or go to an emergency department if:

Seek same-day medical advice if your stool is black and sticky, the blood is dark red, or you have bloody diarrhoea. Also seek prompt help if bleeding occurs with severe abdominal pain, fever, repeated vomiting, or worsening weakness.

If you take a blood thinner, seek prompt advice about ongoing bleeding or more than a small trace of blood. Do not change the medicine yourself.

Book a routine appointment if bleeding is unexplained, keeps returning, or lasts about three weeks. Also arrange an appointment for lasting bowel changes, pain or a lump around the anus, weight loss, or unusual tiredness, which can be a sign of anaemia.

- Bleeding is heavy or does not stop
- The toilet water turns red or you pass large clots
- You feel faint, confused, very weak, or short of breath
- You have cold, pale, or clammy skin with bleeding
- Bleeding follows a serious injury

How the cause is found

A healthcare professional will ask about the blood's colour, amount, and timing, as well as pain, constipation, diarrhoea, weight changes, medicines, and medical history.

They may examine your abdomen and the skin around the anus. A rectal examination involves gently checking inside the anus with a gloved, lubricated finger.

Tests may include blood tests for anaemia, a stool sample, or an examination with a viewing instrument. A sigmoidoscopy or colonoscopy can examine part or all of the large bowel. Significant active bleeding may require scans or hospital tests.

The tests you need depend on your symptoms, examination, age, history, and amount of bleeding.

Treatment and self-care

Treatment depends on the cause. For a small, one-off amount linked to hard stool, keeping stools soft may help. Drink enough fluid, gradually increase fibre, stay active, and avoid prolonged straining.

Piles may improve with these measures or short-term treatments recommended by a pharmacist or healthcare professional. Persistent piles can be treated with a procedure.

Anal fissures often improve when constipation is treated. A clinician may prescribe an ointment to relax the anal muscle and help healing.

Infections, inflammatory bowel disease, polyps, and other conditions need specific treatment.

Polyps can often be removed during a camera examination. Significant bleeding may need hospital treatment.

Do not assume repeated bleeding is caused by piles, even if you have had them before. Do not stop prescribed medicines, including blood thinners, unless advised by the prescriber.

What to expect

A minor bleed caused by hard stool, a fissure, or an irritated pile may settle within days. It can return if constipation or straining continues.

Other causes may produce bleeding that comes and goes. Improvement does not always mean the cause has resolved, so attend recommended follow-up and testing.

If treatment starts, ask what changes to expect and when results will be reviewed. Seek earlier advice if bleeding increases, becomes dark or black, or you develop weakness, pain, or other new symptoms.

Common questions

Is bright red blood always harmless?

No. It commonly comes from piles or a fissure, but colour alone cannot identify the cause. Repeated or unexplained bleeding should be assessed.

Can constipation cause bleeding?

Hard stools and straining can cause a fissure or make piles bleed. Do not assume constipation is the cause if bleeding persists.

Does painless bleeding need checking?

Yes, if it is unexplained or recurring. Several causes of bowel bleeding do not cause pain.

Should I take a photograph?

If you feel comfortable, a photograph may help show the colour and amount. Do not delay urgent care to take one.

Can food make stool look bloody?

Beetroot and red food colouring can make stool look red. Iron and some foods or medicines can darken it. Black, sticky stool or suspected blood still needs urgent advice.

Sources

- NHS: Bleeding from the bottom - rectal bleeding
- National Institute of Diabetes and Digestive and Kidney Diseases: Symptoms and causes of gastrointestinal bleeding
- National Institute of Diabetes and Digestive and Kidney Diseases: Diagnosis of gastrointestinal bleeding
- American Society for Gastrointestinal Endoscopy: Understanding minor rectal bleeding
- Sengupta N, Feuerstein JD, Jairath V, Shergill AK, Strate LL. Updated American College of Gastroenterology guideline on acute lower gastrointestinal bleeding, 2023