SYMPTOM

Bleeding

Bleeding is blood escaping from a damaged blood vessel, outside or inside the body.

WHAT IT FEELS LIKE
Visible blood, unexplained bruising, weakness, or lightheadedness

WHERE IT IS FELT
Skin, mouth, nose, urine, stool, vagina, or inside body

MOST COMMON CAUSES
Minor injuries, nosebleeds, menstrual bleeding

WHEN IT IS URGENT
Heavy bleeding, fainting, breathing trouble, or suspected internal bleeding

USUALLY LASTS
Minutes to days, depending on the site and cause

SEE A DOCTOR IF
Bleeding is repeated, unexplained, prolonged, or unusually heavy

Overview

Bleeding happens when blood escapes from a damaged blood vessel. It may be visible, such as from a cut or nosebleed, or occur inside the body. Signs of internal bleeding can include bruising, pain, weakness, or blood in urine, stool, or vomit.

Many episodes are minor and stop when a clot seals the injured vessel. How much bleeding occurs, where it comes from, how long it lasts, and other symptoms help show how urgent it may be.

Bleeding is a symptom, not a diagnosis. Causes range from minor injury and normal menstrual periods to medicines, inflammation, or bleeding disorders.

What it may feel or look like

External bleeding may ooze or flow steadily. Blood that pulses or spurts with the heartbeat can indicate an injured artery and needs emergency care.

Bleeding under the skin may look like a bruise or clusters of tiny red or purple spots. A blood-filled swelling, called a hematoma, may feel tender or firm.

Bleeding can also appear as:

Internal blood loss may cause increasing pain or swelling, dizziness, weakness, fainting, confusion, shortness of breath, or cool, clammy skin.

- Frequent or difficult-to-stop nosebleeds
- Bleeding gums without an obvious injury
- Pink, red, or brown urine
- Red blood in stool or black, sticky, tar-like stool
- Vomit containing red blood or material resembling coffee grounds
- Coughing up blood
- Menstrual bleeding that is much heavier or longer than usual
- Vaginal bleeding between periods, during pregnancy, or after menopause

Common causes

Common causes include cuts, scrapes, dental work, nose irritation, and minor injuries. Dry air, nose picking, forceful nose blowing, and nasal inflammation can trigger nosebleeds.

Menstrual bleeding is normal, but hormone changes, fibroids, and other conditions can make periods unusually heavy.

Constipation or straining may cause bleeding. Hemorrhoids and small anal tears can produce bright red blood, often on toilet paper. Seek medical advice if blood in stool is new, repeated, or unexplained.

Less common causes include stomach ulcers, bowel inflammation, kidney or bladder problems, liver disease, low platelet levels, and inherited bleeding disorders. Platelets are blood cells that help clots form.

Anticoagulants like warfarin or apixaban , often called blood thinners, and medicines that affect platelets can contribute. Do not stop a prescribed medicine on your own; contact the prescribing clinician if bleeding occurs.

Urgent causes include major injuries, bleeding around the brain after a head injury, ruptured blood vessels, and significant digestive tract bleeding.

When to seek medical care

Call emergency services for bleeding that is heavy, spurting, or does not stop with firm, continuous pressure. Get emergency help if bleeding occurs with fainting, confusion, severe weakness, breathing trouble, chest pain, or pale, cool, clammy skin.

Emergency care is also appropriate for:

Seek same-day medical advice for blood in urine, coughing up blood, repeated vomiting of small amounts of blood, or rectal bleeding beyond a small streak. Get prompt advice if you take a blood thinner and develop unusual bleeding or have a significant injury.

Book a routine appointment if bleeding or bruising keeps returning, has no clear cause, or takes longer than expected to stop. Arrange assessment for unusually heavy periods, bleeding between periods, or any vaginal bleeding after menopause.

- A deep or gaping wound, an amputation, or an embedded object
- Suspected internal bleeding after a serious injury
- Vomiting blood or passing black, tar-like stool with weakness or dizziness
- Sudden severe headache, confusion, or drowsiness after a head injury
- Heavy vaginal bleeding during pregnancy, especially with pain or faintness

How the cause is found

A clinician will ask where the bleeding began, how much blood you noticed, how long it lasted, and whether it has happened before. They may ask about injuries, menstrual patterns, pregnancy, recent procedures, alcohol use, and family history.

Bring a list of medicines and supplements, especially anticoagulants, antiplatelet medicines, and non-prescription pain medicines.

The examination depends on the site. Blood tests may check red blood cells, platelets, and clotting time. Urine or stool tests, imaging, or a small camera examination may be needed if internal bleeding is suspected.

Treatment and self-care

For a simple cut, cover the area with clean cloth or gauze and apply firm, steady pressure. Do not repeatedly lift the covering to check. If blood soaks through, add more material without removing the first layer.

For a nosebleed, sit upright, lean slightly forward, and pinch the soft part of the nose

continuously while breathing through your mouth. Leaning forward helps keep blood from running down the throat.

Do not remove a large object embedded in a wound. Apply pressure around it and call emergency services. Avoid eating or drinking if emergency surgery may be needed.

Medical treatment may include cleaning and closing a wound, sealing a vessel, treating inflammation or an ulcer, replacing blood or clotting factors, or performing a procedure to stop internal bleeding.

What to expect

Minor cuts and many nosebleeds stop within minutes with proper pressure. Bruises usually change colour and fade over one to two weeks. Bleeding caused by an infection, medicine, menstrual problem, or internal condition may continue until the cause is treated.

After blood loss, ongoing fatigue, breathlessness, paleness, or a racing heartbeat may indicate anemia, meaning too few healthy red blood cells. These symptoms should be assessed.

Record repeated episodes, including their timing, duration, amount, and possible triggers. Photographs may help document bruises or visible bleeding for an appointment.

Common questions

Can a small amount of blood still matter?

Yes. A small streak from irritation may be minor, but repeated or unexplained bleeding needs assessment. Blood in urine, vomit, coughed-up mucus, or after menopause should not be ignored.

Does bruising always mean internal bleeding?

A bruise is a small amount of bleeding under the skin, often after a bump. Seek advice if bruises are frequent, unusually large, painful, or appear without a remembered injury.

Should I stop my blood thinner if I bleed?

Do not stop it without medical advice unless an emergency clinician directs you. Stopping suddenly may increase the risk of a harmful clot. Heavy or uncontrolled bleeding requires emergency help.

How can I describe the amount of bleeding?

Explain how quickly dressings became soaked, whether blood pooled or dripped, and whether

clots were present. For menstrual bleeding, note how often you changed period products and whether bleeding disrupted sleep or daily activities.

Sources

- MedlinePlus Medical Encyclopedia: Bleeding , U.S. National Library of Medicine
- NHS: Cuts and grazes , National Health Service
- NHS: Nosebleed , National Health Service
- National Heart, Lung, and Blood Institute: Bleeding Disorders , National Institutes of Health
- National Institute of Diabetes and Digestive and Kidney Diseases: Symptoms and Causes of Gastrointestinal Bleeding , National Institutes of Health
- American College of Obstetricians and Gynecologists: Heavy Menstrual Bleeding , ACOG