

# Urgent Colonoscopy for Lower Gastrointestinal Bleeding?

*Performing colonoscopies within 12 hours of presentation did not benefit patients.*

Is urgent colonoscopy necessary for patients with acute lower gastrointestinal (GI) bleeding? To address this question, researchers in California enrolled 85 patients (mean age, 52; mean hemoglobin concentration, 7.9 g/dL) with hemodynamically significant hematochezia, but no hematemesis. Upper endoscopy, performed in all patients within 6 hours, revealed bleeding sources in 13 patients. The remaining 72 patients were randomized to urgent colonoscopy (performed within 12 hours of presentation) or elective colonoscopy (performed at 36–60 hours).

Sources of lower GI bleeding identified most often were diverticulae (25%) and internal hemorrhoids (20%); no source was found in 28% of patients. Further bleeding during the hospitalization, defined by several clinical and laboratory parameters, occurred in 22% of urgent patients and 14% of elective patients — a nonsignificant difference. Hospital length of stay was similar in the two groups.

**Comment:** This study (and at least one previous trial; [JW Gastroenterology Dec 13 2005](#)) suggests that urgent colonoscopy confers little benefit to patients who require hospital admission for lower GI bleeding. An interesting finding was the relatively high incidence of hemorrhoids and upper GI lesions as sources of bleeding in these patients. A limitation is that clinically important differences between groups might have been overlooked because of the small sample size.

— [Allan S. Brett, MD](#)

Published in [Journal Watch General Medicine](#) January 6, 2011