

## AB175. Management of per rectal bleeding: comparison of current practice with GUT guidelines

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**Background:** Per rectal (PR) bleeding represents approximately 3% of referrals to general surgery. The aim of this audit was to analyse our current practice in the management of PR bleeding in comparison to British Society of Gastroenterology (BSG) guidelines in order to develop an appropriate referral and investigation pathway for patients presenting with PR bleeding.

**Methods:** Data was collected on all patients admitted to the Acute Surgical Unit in Fiona Stanley Hospital with PR bleeding between January and July 2018. For each patient, demographics, performance of computerized tomography (CT) angiogram and colonoscopy, total length of stay, and

the time to colonoscopy were recorded. The Shock Index and Oakland score were also calculated.

**Results:** Data was collected on a total of 113 patients. Thirty-six patients underwent CT angiogram, 38 patients underwent colonoscopy and 55 patients had no inpatient investigations. Average length of stay was longer for those patients who underwent a colonoscopy (4.48 days) compared to those who had no investigations (2.48 days), a CT angiogram (4.3 days), or a CT angiogram and colonoscopy (3.43 days).

**Conclusions:** Patients who had an inpatient colonoscopy had a longer admission, due to delay in referral for the procedure. CT angiogram was overused as an investigation. There is a clear need for local guidelines regarding the assessment and management of patients with PR bleeding, to ensure judicious and timely use of investigations.

**Keywords:** Per rectal bleeding; colonoscopy; CT angiogram; investigation of lower gastrointestinal bleeding; length of stay

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