Chronic radiation proctopathy - bleeding from rectal angiectasias

Radiation injury to the distal (lower) part of the colon and the rectum may be a consequence of the treatment of cancer of the rectum, anus, cervix, uterus, prostate, urinary bladder, and testes. Usually, the rectum and sigmoid colon are most affected. Up to 20% of patients (1 in 5) can develop injury to the rectum which is called radiation proctopathy.

Radiation proctopathy can be acute (sudden) or chronic (long-term). Acute radiation proctopathy develops within three months following radiotherapy while chronic proctopathy develops at least three months after completion of radiotherapy.

Symptoms

Symptoms of chronic radiation proctopathy include faecal incontinence and/or rectal bleeding which is typically caused by teleangiectasias. Teleangiectasias are new and fragile blood vessels which are present on the surface of the bowel lining after previous irradiation. These vessels may break for various reasons including:

- Straining on the toilet
- Opening the bowels very frequently
- Passing hard motions
- Or sometimes for no reason at all.

These fragile vessels may break and are the source of bleeding.

All patients should have a lower gastrointestinal endoscopy (flexible sigmoidoscopy or colonoscopy) to confirm the diagnosis of radiation induced proctopathy so that other reasons for rectal bleeding are excluded.

Treatment

The type of treatment of your bleeding teleangiectasias will depend on the severity of your symptoms, the results of your endoscopy and the presence of anaemia.

We always try to regulate the bowel habit and the consistency of the stool with Normacol first. Please see The Royal Marsden factsheet *Taking Normacol* for further information. Normacol is a fibre which can reduce bleeding from rectal teleangiectasias by ensuring your stools are soft.

However, if the bleeding is more severe and/or frequent, we recommend using Sucralfate enemas 2g/50ml. Sucralfate enemas act by forming a protective layer over the bowel lining and protecting

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the fragile blood vessels from breaking. Please see The Royal Marsden factsheet *Using sucralfate enemas* for further information.

If there is no response to Sucralfate, you may eventually benefit from more advanced treatment options which include endoscopic intra-rectal 5% Formalin (further information available in the factsheet *Intra-rectal Formalin treatment*) or Argon Plasma Coagulation (APC). The vast majority of patients (>95%) will respond either to Formalin or APC leaving hyperbaric oxygen therapy or surgical intervention as last options to the very resistant cases of bleeding.

Both intra-rectal Formalin and APC are performed after full bowel preparation with cleansing agents (taken orally). Both procedures aim to destroy the teleangiectasias by applying chemical energy (Formalin) or distributing thermal (heat) energy (APC) to them. On average you will require two endoscopic sessions of either procedure before you see a permanent improvement in the bleeding.

It is not uncommon for patients with mild rectal bleeding to see a spontaneous improvement of the bleeding over a period of three to six months. If you are not anaemic, simple observation without any medical intervention should be offered.

Contact details

For further advice, please contact:

GIANTs (GI and Nutrition Team Service)	0207 811 8216 or 8106
(Monday to Friday, 9am – 5pm)	
The Royal Marsden Macmillan Hotline:	020 8915 6899
(available 24 hours a day, 7 days a week)	

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