

Investigation of Iron Deficiency Anaemia in Christchurch

Iron deficiency anaemia (IDA) is a common but significant condition where the body lacks sufficient iron to produce healthy red blood cells. While often managed in primary care, a gastroenterology assessment can be essential to identify the underlying cause, as iron deficiency is frequently the first sign of hidden gastrointestinal issues.

At **Canterbury Endoscopy**, our focus is on excluding concerning gastrointestinal causes for hidden (occult) bleeding in a timely manner.

Why Investigation is Essential?

In many cases, the gut is the site of silent iron loss. This can occur without any visible blood in the stool or obvious digestive discomfort. Investigation is aimed at identifying or excluding:

Gastrointestinal Blood Loss: This may be caused by [stomach ulcers](#), the long-term use of certain medications (like NSAIDs), small bowel vascular abnormality or lesions, or gastrointestinal malignancy.

Absorption Failure: Conditions such as Coeliac disease can prevent the body from absorbing iron effectively, even with an adequate diet.

What investigations are generally recommended?

In majority of cases, where there is no identifiable cause for blood loss, generally [gastroscopy](#) and [colonoscopy](#) are the first-line investigations to exclude significant abnormality in upper and lower gastrointestinal tract.

Based on the findings and severity of anaemia, other investigations such as [capsule endoscopy](#) or scans assessing the small bowel (CT or MRI) may be recommended.

What blood tests confirm iron deficiency anaemia?

Your GP will typically request a full blood count (FBC) alongside iron studies. The key markers include serum ferritin (your body's iron stores — often the earliest indicator of deficiency), serum iron, transferrin saturation, and haemoglobin. A low ferritin combined with a low haemoglobin confirms iron deficiency anaemia. It is worth noting that ferritin can be falsely elevated during illness or inflammation, so results are always interpreted in clinical context.

Who needs investigation?

Generally, men of any age, post-menopausal women, and pre-menopausal women where dietary/menstrual causes have been excluded require further investigation.

What are the "first-line" investigations for unexplained iron loss?

For most patients where there is no clear cause of blood loss, a **Gastroscopy and Colonoscopy** (or sometimes a CT colonography) are the standard first-line investigations. These procedures allow for a thorough examination of the stomach and large bowel to check for ulcers, inflammation, polyps, or malignancy.

Do I need both a gastroscopy and colonoscopy?

In most cases, yes. Iron deficiency anaemia can result from bleeding anywhere along the gastrointestinal tract — from the oesophagus and stomach at the top, to the colon and rectum at the bottom. A gastroscopy examines the upper tract, while a colonoscopy examines the lower tract.

Because either or both can be the source of silent blood loss, performing both procedures is the most thorough way to identify or exclude a significant cause. At Canterbury Endoscopy, both procedures can often be coordinated efficiently to minimise inconvenience for our Christchurch patients.

What happens if these initial tests are normal?

A normal gastroscopy and colonoscopy are highly reassuring results. However, further investigations may be required in selected cases to evaluate the small bowel. This may include:

- **Capsule Endoscopy:** Using a "pill camera" to visualize the length of the small intestine.
- **Small Bowel Scans:** Specialised imaging such as CT or MRI scans to assess areas not reached by standard endoscopy.

Are there "red flag" symptoms I should discuss during my consultation?

You should highlight any of the following symptoms, as they may suggest a higher risk of gastrointestinal malignancy:

- Persistent, unexplained change in bowel habits.
- Unintended weight loss.
- Visible rectal bleeding.
- A known family history of gastrointestinal cancer.

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