

Ulcerative Colitis

Working with you as a partner in health care, your gastroenterologist at GI Associates will determine the best diagnostic and treatment measures for your unique needs.

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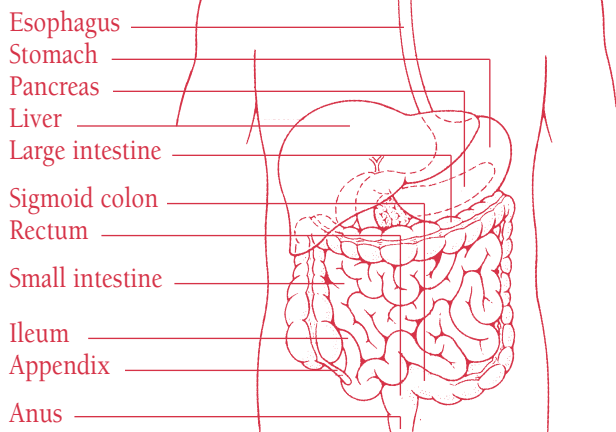
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WHAT IS ULCERATIVE COLITIS?

Ulcerative colitis is a chronic disorder that involves inflammation, irritation, redness and swelling of the intestines. It is commonly grouped under the heading of Inflammatory Bowel Disease (IBD), which also includes Crohn's disease. While these diseases are related, ulcerative colitis affects only the inner lining of the colon and rectum; Crohn's disease extends deeper and involves all layers of the colon. It may also involve the esophagus, stomach and small intestine.



In ulcerative colitis, the inner lining of your large intestine (colon) and rectum become inflamed. The inflammation usually begins in the rectum and lower intestine (sigmoid) and spreads upward to the colon. The small intestine is rarely involved, except for the lowest portion, the ileum. The inflammation of the colon causes it to empty frequently, resulting in diarrhea.

What are the symptoms of ulcerative colitis?

Ulcerative colitis may develop slowly or begin quite suddenly and may produce a wide range of symptoms, depending on the individual case. Some patients have mild symptoms; others may have more severe symptoms. The most common symptoms include cramping pain in the lower abdomen and bloody diarrhea (which may also be mixed with pus or mucus). Other common symptoms

- Talk to your boss about working at home on the days when your disease is most active.
- Ask if your office or desk could be relocated to an area that is closer to the restrooms.
- You may plan ahead for social activities by visiting the theater or restaurant beforehand, and scouting out where the restrooms are located.
- You may want to carry extra clothing with you when you are away from home.
- Ask your doctor about getting extra medicine to take with you when you travel.
- Ask for the names of doctors in the area you are visiting.

Only you can decide what will help you and make you feel more comfortable when your disease is active. And, when making these decisions, remember to focus on your potential, not your limitations.

Will ulcerative colitis prevent me from having children?

If you are a woman, ulcerative colitis will generally not affect your ability to become pregnant. You most likely will be able to become pregnant, experience a normal delivery, and have a healthy baby. If, however, your ulcerative colitis is more chronic and difficult to control, it may be harder for you to get pregnant. This is usually due to complications like malnutrition, anemia, or acute pelvic inflammation, which may occur in chronic, difficult-to-control cases. In this case, you may need to have your treatment adjusted so that your disease is better controlled. It's a good idea to plan your pregnancy during the time your symptoms are under control and your disease is inactive. This way, you will be as strong as you can so that your body will be able to meet the increased demands of pregnancy and childbirth.

Likewise, if you are a man, fathering children should not be more difficult. While sex may be a sensitive issue, having ulcerative colitis should not stand in the way of having a satisfactory sex life. Talking over your concerns with your partner will help to make all the difference in the world.



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- **Acute life-threatening conditions.** If you have an acute condition, such as toxic colitis (an extremely severe case that requires hospitalization), perforation (a hole in the colon), or hemorrhage (extremely heavy bleeding), you would need emergency surgery. This happens in about 20% of ulcerative colitis patients who undergo surgery. Fortunately, perforation is uncommon in patients with ulcerative colitis, and keeping a close watch on your disease and managing it carefully can help to prevent it from happening.

To what extent will Ulcerative Colitis control my life?

As with any chronic disease like asthma or diabetes, you will need to make adjustments in your lifestyle, but for the most part, you will be able to enjoy a useful and productive life and continue with your chosen activities. Of course, during times when your disease is active, you will need to make more adjustments than when it is inactive and you are relatively free of symptoms.

How will ulcerative colitis affect my energy level and sense of well-being?

When your disease is active, symptoms like pain, diarrhea, fever and weakness may have an affect on your sense of well-being and self-confidence. In addition, side effects from medicines like steroids, may affect the way you feel physically and emotionally. If you notice that you are feeling depressed, you may want to talk with your doctor about your feelings, or you may want to join a local support group where you can meet and talk with other patients who have ulcerative colitis.

Will I have to limit my work or social life?

You are the best judge of what activities you need to limit. Only you will know whether you need to stay home from work while your disease is most active. And, only you will know when you might need to decline a social invitation. Your family and friends may want to “baby” you because of your disease. You, however, will be the one to make these kinds of decisions. And, you should feel free to talk with your boss, your family, and your friends and let them know exactly how you feel and how you want to handle your disease and its symptoms. Some suggestions for coping with your disease while it's in an active stage might include:

include fatigue, weight loss, loss of appetite, and rectal bleeding. Over time, severe bleeding may lead to anemia. Less common symptoms may include skin lesions, pain in joints, or redness of the eyes. The symptoms that occur outside the bowel are usually mild and will go away once the colitis is treated.

Who gets ulcerative colitis?

Approximately 250,000 Americans have ulcerative colitis. It occurs most often in young people, between the ages of 15 and 40. Children and older people may also develop the disease. Ulcerative colitis usually affects males and females equally. It may run in families, but it is not considered to be an inherited disease. People with ulcerative colitis are a greater risk for colon cancer.

What causes ulcerative colitis?

The cause of ulcerative colitis is generally not known. There are several theories (none of which has ever been proven) about the causes of ulcerative colitis. One popular theory suggests that an outside agent, such as a bacteria or virus, interacts with your body's immune system, causing an inflammatory reaction in the intestinal wall. There is no support for the theories that ulcerative colitis is caused by diet or emotional stress, or that it is a disease that is “caught” from someone else.

How is Ulcerative Colitis diagnosed?

If you have symptoms that suggest ulcerative colitis, your doctor will take your complete medical history and give you a thorough physical exam. Since this is a disease that may appear similar to other conditions, and there is no one test to confirm whether or not you have ulcerative colitis, diagnosis may take some time. Your doctor will want to make very sure of your condition before making a diagnosis.

- **Laboratory tests.** Laboratory tests, such as blood tests, will help to confirm your diagnosis. Your doctor may do a blood test to see if you are anemic (a low red blood cell count) as a result of blood loss, or to see if you have a high white blood cell count, which would indicate the presence of inflammation. Your doctor may also want to take a stool specimen to look for the presence of any infection, which could be causing your symptoms.
- **Sigmoidoscopy.** Your doctor will also examine your rectum and colon, using a lighted instrument called a colonoscope, which is a long, flexible tube that is inserted through the anus.

This test allows your doctor to see if your rectum or bowel area are red or inflamed or if you have any ulceration. During this exam, a small sample of tissue may be taken from the lining of your colon for closer viewing under the microscope.

- **Barium x-rays.** You may also have a barium enema x-ray of the colon to determine the nature and extent of your disease. The chalky barium mixture is inserted into your colon and then shows up white on the x-ray film to reveal growths or any other abnormalities that may be present.

How is Ulcerative Colitis treated?

Treatment for ulcerative colitis will depend upon the severity of your disease. Your doctor will work with you to decide which method of treatment is right for you.

- **Dietary advice.** While there is no specific diet for patients with ulcerative colitis, good nutrition always plays an important part in keeping your body healthy and in maintaining vital body nutrients. Also, you may find that you can control your symptoms by avoiding certain foods that seem to upset your intestine. For example, you may find that a bland, low-fiber diet will be helpful. Talk to your doctor to determine what specific foods you should include or omit from your diet. In addition, the American Dietetic Association Nutrition Hotline, 1-800-366-1655, is an excellent resource.
- **Drug therapy.** Your doctor may recommend that you take a drug called sulfasalazine, which is a combination of a sulfa drug and an aspirin-like drug. It works to reduce inflammation and to prevent the recurrence of symptoms once they are under control. Or, if your symptoms are more severe, you may be given a steroid, such as prednisone or hydrocortisone, to help control inflammation and regulate your immune-system functioning. These drugs are usually taken for a while and are then slowly tapered off and stopped once symptoms are under control. Your doctor may also recommend other medicines, such as immunosuppressive drugs like azathioprine, to help reduce symptoms and eliminate dependence on steroids.
- **Surgery.** About 20% to 25% of patients with ulcerative colitis may eventually require surgery. If your symptoms are chronic and severe, if you experience heavy bleeding or have a perforated colon, your doctor may suggest that surgery is an option for you. There are several surgical options, if you do need surgery. Talking with your doctor and your surgeon will help you decide which procedure will be the best for you.

When is surgery indicated?

It is estimated that about 20% to 25% of patients with ulcerative colitis will require surgery. Surgery may be performed as either an elective procedure or as an emergency treatment. Either way, the balance of benefits and risks for and against surgery must always be weighed. You should talk with your doctor about all of the facts involved before you make any decision about whether or not surgery is the right choice for you.

- **Chronic debilitating conditions.** About 70% of ulcerative colitis patients who have surgery do so for chronic problems and/or because they have not responded to their medical therapy. If your ulcerative colitis fits this pattern, you might want to consider surgery as an option. For example, if you have chronic crampy abdominal pain, frequent bowel movements, or stool urgency so severe that it significantly limits your lifestyle, you may be a good candidate for surgery.

Additional chronic problems that you might suffer include side effects from your medicine. Long-term usage of corticosteroids, for example, can cause several bothersome and somewhat serious side effects. Many of these effects are related to the dosage and to the length of time these drugs are taken. Some side effects are reversible, that is, when the drugs are stopped, they go away. These include weight gain, skin changes, and psychological problems. Other more serious side effects associated with long-term corticosteroid usage include diabetes, cataracts, and arthritis. These are most often irreversible. If you find your disease to be uncontrollable with anything other than long-term usage of corticosteroids, you may want to consider surgery as an option that would avoid these types of serious, irreversible side effects.

- **Cancer risk factors.** About 10% of ulcerative colitis patients who have surgery do so for cancer or the risk of cancer. If you have pan-ulcerative colitis (very extensive disease) and you've had it for 10 years or more, you may be at a higher risk for the development of colorectal (colon and rectum) cancer. In this case, your doctor may want to perform a biopsy during your routine sigmoidoscopy to see you have developed mucosal dysplasia (specific changes in the cells that line the colon). Dysplasia is often the first sign that you may develop colorectal cancer. It usually precedes the development of cancer; however, colorectal cancer has developed without the existence of dysplasia, and not all patients with dysplasia go on to develop cancer. If you find that you are an increased risk for colorectal cancer, however, surgery would not only cure your colitis, it would also eliminate your risk for colorectal cancer.