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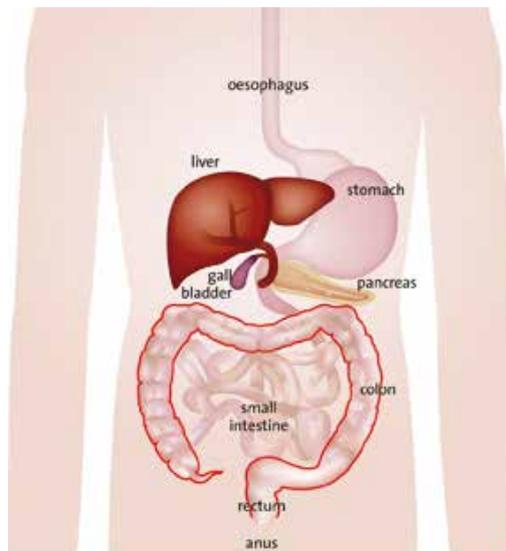
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Ulcerative Colitis (page 1 of 4)

What is Ulcerative Colitis?

Ulcerative Colitis (UC) is a disease of the rectum and the colon (otherwise known as the large intestine). It is one of the two conditions that are known as Inflammatory Bowel Diseases – the other being Crohn's Disease.



Who gets Ulcerative Colitis?

The disease usually begins between the ages of 15 and 30 although it can appear at any age. Men and women are equally likely to be affected. About 100,000 people in the UK have ulcerative colitis.

It is fairly certain that there is nothing you could do to avoid the disease.

A medical term that ends in 'itis' means that there is inflammation or damage to that part of the body. The term 'colitis' means the colon has become inflamed and, if this becomes severe enough, the lining of the colon is actually breached and ulcers may form.

Many people with ulcerative colitis never develop ulcers because the degree of inflammation is not that advanced.

It is helpful to think of UC as a disease in which there is wide variation in the amount of inflammation. In mild cases the colon can look almost normal, but when the inflammation is severe, the bowel can look very diseased and can contain ulcers.

How much of the colon can become diseased?

UC always affects the rectum – that part of the large bowel which lies just inside the anus. Sometimes, the inflammation is limited to the rectum only – this is known as proctitis. However, the inflammation can involve more of the colon (see diagram). When the whole colon is affected, this is called pan-colitis or total colitis.

Why does UC happen?

The cause of ulcerative colitis is not known so far. Doctors have searched to find either an infection or something in the diet which causes the disease. There is no doubt that something must be causing damage to the lining of the large intestine. Most doctors now think the cause of UC relates to patients' reaction to the apparently harmless bacteria in their colon.

In most people, bacteria in the colon do not cause any damage and can be quite useful. They are sometimes known as 'friendly' bacteria. However, patients with ulcerative colitis react against these bacteria and the lining of the large intestine goes into battle with these bacteria, the result is that the inflammation starts. An enormous research effort is under way to find out why patients with ulcerative colitis appear to react badly to bacteria which do not normally cause any harm.

What are the symptoms?

The three most common symptoms of UC are diarrhoea, bleeding from the back passage and pain in the abdomen. However, symptoms vary from one patient to another. Many people do not have all of these together. For example, some patients may notice that they pass blood when they open their bowels. Others may not have diarrhoea but feel rather constipated. To some extent, the symptoms depend on how much inflammation there is and how much of the colon is affected by the disease. For some people, the symptoms can seem just a nuisance. For others, the condition can really interfere with day-to-day life; organized around visits to the toilet. It is not just the number of times this is necessary but the hurry in which some patients need a toilet which is distressing. As symptoms are often at their worst in the morning, this can mean the start of the day can be quite an ordeal.

Some patients pass considerable quantities of mucus when they open their bowels. Others can be greatly troubled by wind. Many patients can just feel tired, not their usual self and plainly irritable.

What is your doctor likely to do?

Doctors use three separate steps to come to a diagnosis. Firstly, they will listen to your symptoms and ask questions about your health. Secondly they will want to examine you to see if they can detect any 'signs' that something is wrong. For example, they may notice that you are unusually pale (which might suggest you are anaemic) or, perhaps, you seem rather tender when the doctor presses gently on your tummy (which can be a sign of inflammation in the colon). Thirdly, they will probably ask you to undergo some tests.

What tests might I need?

If your doctor thinks you might have ulcerative colitis, you will probably be asked to have tests of your blood, your motions and your intestines. Blood tests will show if you are anaemic and whether your illness has caused the level of protein to fall. In general, the greater the degree of anaemia and the lower the protein level, the more severe the inflammation is likely to be. Additional blood tests give an idea of the extent of inflammation. You may be asked to give small samples of your bowel motions to be sure there are no signs of any bowel infection.

What other investigations could be necessary?

The most important investigation is to examine the lining of the large intestine. Sometimes the doctor do this examination in the out-patient clinic. This is known as sigmoidoscopy. No special preparations are required beforehand as only the rectum and perhaps the lowest part of the colon are checked. At some stage more of your bowel will be examined by colonoscopy.

What is a colonoscopy?

A colonoscope is a flexible tube which is long enough to be passed through your back passage along the whole length of the colon. You will be asked to follow a special diet and to take some quite powerful laxatives just before the test, to make sure the bowel is entirely empty. You will be offered an injection beforehand to minimise any discomfort that might be caused – but an anaesthetic is only needed very rarely. It is usually possible to see all of the rectum and the colon and it is likely that the doctor will take some biopsies (tiny pieces of the bowel lining) to study under a microscope. A colonoscopy will confirm the diagnosis of ulcerative colitis and provide detailed information on the extent and severity of inflammation in the intestine.

What treatment might I expect?

The cause of ulcerative colitis is not known. This has two important implications for treatment which patients should understand. Firstly, until the cause is discovered it is most unlikely that there will be a medicine that will cure the condition. Secondly, all treatments available at present are directed towards reducing the amount of inflammation in the bowel. Fortunately, for most patients, medicines prove effective but to find the one most suitable for you, you may have to try various drugs. Your doctors will firstly try to find a treatment that brings the disease under control. Then they will work on finding a treatment to keep you that way.

Bringing ulcerative colitis under control

The choice of treatment will depend on the extent and severity of the inflammation within the large bowel. If the inflammation is confined to the rectum, it is quite possible the doctor will recommend a medication that you need to insert into the rectum. Although the thought of this can be unpleasant, it can be helpful to understand that giving your treatment in this way means that the treatment reaches the inflamed part of your bowel. Treatment can be given as suppositories or as enemas. Enemas can also be useful if the disease involves more of the large bowel than just the rectum alone. Sometimes tablets may also be prescribed if the bowel inflammation is more extensive.

What drugs are available?

Various anti-inflammatory drugs can be used and steroids if the inflammation is more severe.

What will happen if treatment with medicines fails?

Doctors try hard to control UC with drugs and medicines. But if these don't help, or should you become very unwell, you may be admitted to hospital. If the disease still fails to respond to treatment, a surgical operation to remove the colon (called a colectomy) will be considered.

Although surgery can seem a drastic step, it does cure the disease (if you don't have a colon, you can't have colitis). In former times, colectomy used to mean needing a bag to wear on your tummy. Nowadays, it is usually possible to remove the diseased colon and rectum and then construct a pouch of small intestine that acts very much like the rectum.

Can Ulcerative Colitis cause complications?

A small number of patients have complications in their skin, eyes, joints or liver as a result of their disease. When you attend hospital, you will be monitored to see if any complications develop so that they can be treated.

Patients with UC run an increased risk of getting bowel cancer. However, bowel cancer is still an uncommon complication of the disease. Regular checks by colonoscopy will detect any changes in the bowel lining at a stage well before cancer has yet developed.

Am I likely to die of this disease?

No.

What research is needed?

We need to know as much as possible about all the steps that lead the inflammation in UC to develop. This will lead to the development of better drugs to control the condition. Being able to target drugs directly against the causes of the inflammation in UC is proving to be very valuable in developing new treatments.

This leaflet is based on one produced by Core – the Digestive Disorders Foundation in association with the British Society of Gastroenterology and the Primary Care Society for Gastroenterology

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