

MANAGING YOUR ULCERATIVE COLITIS

What Is Ulcerative Colitis?

Ulcerative colitis (UC) is a disease that causes sores in the lining of the digestive tract. Irritation is found in the lower part of the tract, the colon (large intestine), and can result in open sores or wounds called ulcers. These ulcers sometimes bleed and make pus and mucus. The colon also empties often, which causes diarrhea.

UC affects men and women equally and seems to run in families. About 250,000 Americans have UC. People between 15 and 35 years old are affected most often. Most people have UC for their whole lives. About half have mild symptoms. Others have more frequent, severe attacks.

What Causes UC?

The cause is unknown.

What Are the Symptoms of UC?

Most common symptoms are pain in the abdomen (belly) and bloody diarrhea with mucus. Bowel movements may relieve the pain, which is usually on the left side. As UC worsens, diarrhea increases, and several bowel movements daily is common. Periods of remission occur, but more than 75% of people have relapses.

Other symptoms include fatigue, weight loss, loss of appetite, and fever. Symptoms outside the colon include joint pains, usually in knees, ankles, and wrists. Eye problems may also occur. Complications include severe bleeding, perforation of the bowel, megacolon (dilation of the colon), and peritonitis (infection in the abdomen). People with UC also have greater chances of having colon cancer.

How Is UC Diagnosed?

The health care provider will review the medical history and do a complete physical examination. The health care provider will take blood and stool samples to check for bleeding and infection. UC is confirmed by colonoscopy. In this procedure, a lighted flexible tube is put into the rectum to look at the rectum and lower part of the colon. Colon tissue samples are taken and sent for study with a microscope.

How Is UC Treated?

The goal is to relieve symptoms, control inflammation, and prevent complications.

The main medicines are antiinflammatory drugs, including mesalamine, sulfasalazine, olsalazine, and anti-inflammatory steroids (corticosteroids). Mesalamine is used to maintain remissions and control minor to moderate symptom flare-ups. Corticosteroids are for major flare-ups and to maintain remissions. Newer medications known as monoclonal antibodies have been shown to be very effective in people who have not responded well to corticosteroid therapy. Severe symptoms may mean hospitalization so the bowel can rest (no food by mouth), and intravenous food is given.

About one quarter of people need surgery, when medicines don't work or disease is severe. Surgery involves removing part of the colon (colectomy).

DOs and DON'Ts in Managing UC

- ✓ **DO** take medicine as prescribed.
- ✓ **DO** ask your health care provider if you should take vitamins, minerals, or iron replacement.
- ✓ **DO** try to keep to normal physical activity.

✓ **DO** see your health care provider regularly. Periodic colonoscopy is important to watch for cancerous changes.

✓ **DO** call your health care provider if you get fever or chills, increased number of bowel movements, or increased bleeding.

✓ **DO** call your health care provider if your abdomen becomes swollen, pain increases, or vomiting starts.

⊗ **DON'T** use aspirin. It increases the risk of bleeding.

⊗ **DON'T** drink coffee and alcohol in excess. Limit roughage (raw fruits and vegetables).

These can make diarrhea worse.

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FOR MORE INFORMATION

Contact the following sources:

- Crohn's and Colitis Foundation of America: Tel: (800) 343-3637; Website:

<http://www.ccfa.org>

- National Digestive Diseases Information Clearinghouse: Tel: (800) 891-5389; Website:
<http://www.niddk.nih.gov/health/digest/digest.htm>

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