ULCERATIVE COLITIS
Information for Patients

Ulcerative Colitis is a condition where the large intestine develops excessive inflammation in the tissue. It is part of a group of diseases known as Inflammatory Bowel Disease (“IBD”), which includes Crohn’s Disease and Ulcerative Colitis. Crohn’s Disease can affect any part of the intestine but Ulcerative Colitis only affects the large intestine (colon). The majority of people with Ulcerative Colitis have disease in the last part of the colon and rectum, but it may also involve the whole colon.

The symptoms of Ulcerative Colitis consist of abdominal pain, especially low in the abdomen associated with blood in the stool and diarrhea. A sense of urgency when going to the bathroom is common, as is pain in the rectum. In addition to the gastrointestinal symptoms, some patients may also develop symptoms outside of the intestine known as extraintestinal manifestations. These include unexplained fevers, weight loss, inflammation of joints (arthritis), skin rashes, eye inflammation (uveitis) that causes pain and sensitivity to light. Physical signs that your doctor may look for would be: signs of paleness, associated with anemia; poor growth or weight gain in children; weight loss; tenderness in the abdomen. We would also look for any abnormalities in the eye, on the skin or in the joints. Delay in developing signs of puberty may also occur.

Testing for Ulcerative Colitis

Most patients would have blood screening tests first, which may show signs of inflammation including a high sedimentation rate (ESR) or C reactive protein (CRP). Many patients have signs of a low hemoglobin or anemia (low red blood cell count), high platelet count and low protein in the blood. Usually liver enzymes are checked also as liver disease rarely coincides with inflammatory bowel disease. Barium enema X-ray tests may be performed to look for evidence of ulceration or disease in the colon, but this has largely been replaced by colonoscopy. The colonoscopy is usually the key investigation for the diagnosis of colitis. In this test the endoscopic camera is inserted into the rectum and moved forward to visualize the entire colon and into the valve where the small intestine joins the colon so that the ileum can be examined directly. A small tweezer can be passed through the endoscope to take small scrapings or biopsies of the surface of the intestine that can be examined under the microscope. By examining slides made from these biopsies, the characteristic inflammation seen with Ulcerative Colitis can be seen. A combination of blood screening tests,
x-rays, endoscopic appearance and biopsies would all contribute to making a firm diagnosis of Ulcerative Colitis and to rule out Crohn’s Disease, which occasionally affects the colon by itself. In about 10% of cases, it is difficult to tell whether patients have Ulcerative Colitis or Crohn’s Disease and they are a given a diagnosis of “Indeterminant Colitis.” With time to see how the disorder evolves, often a more precise diagnosis can be made. Further information can be found at:

North American Society for Pediatric GI [www.naspghan.org](http://www.naspghan.org)

Crohn’s and Colitis Foundation of Canada [www.ccfc.ca](http://www.ccfc.ca)

**Treatment for Ulcerative Colitis**

Treatment for Ulcerative Colitis is complicated depending on the site and extent of the disease. Surgery is sometimes used for severe disease unresponsive to medication. The approach should be discussed with your doctor. We often think of medications as those that get patients into remission and those that are used for maintenance.

The mainstay of treatment is the use of 5-ASA medications that coat the inside of the colon with anti-inflammatory mediation. The medication largely comes out in the stool. Side effects include allergy (skin rash) and occasionally worsening of diarrhea.

Treatments used include:

**Remission (Mild to moderate disease)**
- 5-ASA (Pentasa, Salofalk, Asacol, Azulfidine)

**Remission (Moderate to severe disease)**
- Prednisone
- Cyclosporine A or FK506
- Anti TNF Antibody (Remicade, Infliximab Humera)

**Maintenance**
- 5-ASA (Pentasa, Salofalk, Asacol, Azulfidine)
- Imuran or 6-MP (more often used in Crohn’s)
- Multi-vitamin with iron
- Iron Supplements
**Miscellaneous**

Avoid Advil, Motrin or other non-steroidal anti-inflammatory drugs in patients with inflammatory bowel disease as this may exacerbate their condition. Acetaminophen (Tylenol) can be used for fever etc. We also try to avoid stronger pain mediation such as narcotics (codeine, morphine) and over the counter anti-diarrhea medication such as Imodium.

Patients taking prednisone may decrease the body's natural production of cortisone from the adrenal glands. Prednisone must be slowly tapered and not stopped abruptly. If the patient is vomiting and can't take the prednisone they need to go to hospital to receive this by intravenous.

The overall goal of therapy is to maintain the patients on the minimal treatment that keeps them healthy and functioning well in activities including school and sports. It is important to tell your doctor if symptoms are interfering with daily activities. The disease can burn itself out after a period of time in some people.

There is a definite increase in colon cancer that is seen in patients who had Ulcerative Colitis years previously. After 10 years from diagnosis it is recommended that patients undergo regular colonoscopy tests. The timing of this usually means that adult gastrointestinal specialists need to follow patients even if they are well.