20 Questions

about Proctitis & Distal Colitis

COMPLETE CARE

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What is proctitis?

Proctitis is inflammation of the rectum or back passage. It causes diarrhoea, loss of blood and pus with the motions. It can cause pain in the back passage, especially when passing a motion.

Why do I pass blood with my motions?

In proctitis, the lining of the rectum is inflamed and ulcerated. These raw areas bleed easily so that both blood and pus can be passed with the motions. *The presence of blood does not mean that you have bowel cancer.*

Blood in the solid motions should alert someone who does not have proctitis, colitis or Crohn's disease and they should consult a doctor.

Why me?

We do not know the cause of proctitis yet. There have been many suggestions - something in our diet, smoking or allergy, perhaps. There is no evidence that any one is THE cause of proctitis. All may play a part. Proctitis does not discriminate - it can affect young or old, men or women, rich or poor.

Why does proctitis seem to come and go?

Proctitis is a relapsing disease. In many people it gets better for a while and then flares up again. The reasons for this are unknown. Medicines such as mesalazine, olsalazine and sulphasalazine reduce the frequency of these flare-ups but cannot prevent them completely.

Why do I have proctitis?

We don't know. There are many people who get inflammation in the back passage. It can run in families and it may be inherited.

Is proctitis anything to do with ulcerative colitis?

Probably. Most doctors believe that proctitis is a limited form of colitis which affects only the back passage. In ulcerative colitis the whole of the colon can be involved. Many people have "distal colitis" or "proctosigmoiditis". In both forms the inflammation is more extensive than in proctitis. It may affect the rectum and sigmoid colon (proctosigmoiditis) or rectum, sigmoid and descending colon (distal colitis). In some people, proctitis can spread and become distal colitis or total colitis. In others the disease never spreads from the rectum. There is no way of telling which may happen.

What tests will I need?

Doctors need to know how extensive your inflammation is. The main tests they will use are:

* *Endoscopy* * *X-rays*

Endoscopy (colonoscopy or proctoscopy): In most clinics your doctor can easily examine the back passage by passing a tube into the rectum. There are various types of tube. Some are rigid and others flexible. Both types will allow your doctor to take a biopsy from the back passage. This biopsy will help make the diagnosis and give some idea of the severity of the inflammation. Use of a long flexible endoscope will show the extent of the inflammation. You may have proctitis, proctosigmoiditis or distal colitis. Sometimes, the test will show that there is a mild inflammation throughout the colon (total colitis).

X-rays: In some centres, the extent of inflammation is investigated with an X-ray known as a barium enema. In this test barium and air are passed into the rectum and colon. This test is less sensitive than an endoscopy or colonoscopy.

Can proctitis be treated?

Yes. Treatment is usually local with enemas and suppositories. These are of two main types and contain either:

* *Steroids such as prednisolone or hydrocortisone*
* *Aminosalicylic acid compounds such as mesalazine or sulphasalazine*

Suppositories are easily slipped into the rectum and their effect is largely limited to this area. Enemas can pass further up the colon and can reach the descending colon. Enemas are used most often in more extensive disease such as distal colitis.

Do I have to use enemas or suppositories?

No, steroids and aminosalicylic acid compounds can be taken in tablet forms by mouth. Side effects may be more common, in this case, as more of the medicine is absorbed into the body and the effects are not just in the distal colon and rectum.

If you do suffer from side effects – diarrhoea, for instance – tell your doctor, as changing your medicine may solve the difficulty.

Can I stop further attacks?

Some people have only one attack of proctitis, but this is unusual. Most people with proctitis have further attacks over the years. Drugs such as mesalazine, olsalazine and sulphasalazine are used to reduce the chances of a relapse. They need to be taken regularly and usually for life.

Will changing my diet help?

There is no good evidence that changes in your diet will help in proctitis. About 10% of people with the more extensive inflammation of ulcerative colitis show some improvement in their symptoms if they stop drinking milk and eating milk products.

Could surgery help?

No. Proctitis is best treated with medicines.

Is proctitis an infection?

No, but you may get mild inflammatory changes in the rectum if you have severe infective diarrhoea. These changes clear rapidly once the infection has settled. There are also several bacteria which can infect the rectum and give a similar appearance to proctitis.

Is proctitis due to stress?

No, but stress seems to make some symptoms worse.

Is proctitis a sign of worse to come?

We don't know how often proctitis goes on to become distal or total ulcerative colitis. For many people the disease never becomes more extensive.

Does proctitis lead to cancer?

No. In ulcerative colitis there is a small increased risk of colon cancer, but there is no evidence that this is true in proctitis.

Is proctitis associated with any other illnesses?

Yes, it can be associated with inflammation in the skin (pyoderma) and arthritis. Occasionally people can get inflammation in their eyes (iritis). These complications are uncommon but can usually be treated successfully with steroids.

Will my children get proctitis?

This is unusual. Proctitis, ulcerative colitis and Crohn's disease can run in families, but the risk of your children developing these conditions is low.

I often need a toilet urgently. What can I do?

The National Association for Colitis and Crohn's Disease (NACC) provides members with a "loo" card. It is similar in size and appearance to a credit card and explains your problem and urgent need to use a toilet. Both organisations are actively campaigning for recognition of this card and are encouraging shops, companies and public institutions to provide adequate facilities for people with inflammatory bowel diseases.

Are there any organisations that can help?

The major self-help group for people with inflammatory bowel disease in Britain is:

National Association for Colitis and Crohn's Disease (NACC), 98A London Road, St Albans, Hertfordshire AL1 1NX. ***Answerphone: 01727 844296.***

Success with liquid enemas

* *Don't use COLD enemas*

Warm your enema bag against your body. Don't heat it up

* *Lie down for insertion of your enema*

If possible, lie on a slight slope with your head lower than your feet

* *Keep enema in as long as possible*

Care of the sore bottom

* Clean your bottom with babies' wipes or damp cotton wool .
* Use soft toilet paper. Treat it gently
* Avoid strong antiseptics and scented soaps
* Apply a barrier cream such as white petroleum jelly
* Seek medical help

Glossary

Anus: The back passage
Biopsy: Removal of tissue for microscopic evaluation
Colitis: Inflammation of part or all of the large bowel
Colon: The large bowel, the portion between the small intestine and the rectum
Colonoscopy: Inspecting the colon with an endoscope
Crohn's Disease: An inflammatory condition which can involve both the small and the large bowel
Endoscope: A tube used to inspect the rectum and colon.
Iritis: Inflammation of the eyes
Proctitis: Inflammation of the rectum
Proctoscopy: Inspecting the rectum with an endoscope
Pyoderma: Formation of ulcers in the skin
Rectum: The last part of the large bowel, immediately above the anus

Notes

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ALSO AVAILABLE:
Twenty Questions about Ulcerative Colitis
Twenty Questions about Crohn's Disease
Diet, Crohn's Disease and Colitis

These books are published by SmithKline Beecham Pharmaceuticals as a service to patients with inflammatory bowel disease. Copies are available from your Doctor.

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