

Ulcerative colitis — about your condition

Will I always have it?

Once you have had one attack of ulcerative colitis there will always be a chance that you might have another. However, because ulcerative colitis tends to come and go, you will have periods between flare-ups when you feel completely well. Such periods are often referred to as periods of remission. The length of the remission and the severity of the flare-up vary greatly from person to person. Some people only ever have one attack of ulcerative colitis, others have almost continuous symptoms.

What brings on a flare-up?

Normally there is no obvious triggering event, although bowel infections, colds, flu, antibiotics and anti-arthritis tablets (NSAIDs), stress and even certain foods have been known to trigger flare-ups in some people.

Is it a form of cancer?

No, ulcerative colitis is due to inflammation, a completely different process from the uncontrolled and abnormal growth of cells that occurs in cancer.

Can ulcerative colitis develop into bowel cancer?

People who have ulcerative colitis affecting the whole of their colon and who have had the disease for many years may be at increased risk of developing cancer of the colon. However, regular examination by your doctor during your routine follow-up visits can help to ensure that any pre-cancerous changes are detected. Early treatment of these changes can prevent cancer developing.

Am I likely to develop other problems?

People suffering a severe attack of ulcerative colitis may develop an inflammation of the skin that causes tender red bumps on the shins, known as erythema nodosum. Skin ulcers may also occur (pyoderma), although this is quite rare, and some people may suffer itchy and inflamed eyes. Such problems usually disappear as the attack of ulcerative colitis wears off.

Ulcerative colitis also causes a slight increase in the risk of developing arthritis or backache.

Symptoms

- diarrhoea with blood, mucus and pus
- a frequent need to empty the bowels
- stomach pain

What are the symptoms?

Most sufferers have frequent diarrhoea, which is often mixed with blood, mucus and pus. The diarrhoea occurs because the inflamed lining of the bowel cannot absorb water from the waste material (faeces) properly. The blood and pus arise from the ulcers.

Some sufferers also have stomach ache and a high temperature. Inflammation of the rectum may lead to a very urgent need to visit the toilet.

What is the cause?

The cause of ulcerative colitis is not known. There is a chance that it might be partly hereditary, as it can occasionally occur in more than one member of a family. There is also a chance that it might be due to some sort of allergy, as some people with ulcerative colitis also have allergies such as asthma and eczema.

Is ulcerative colitis infectious?

No, it is not infectious even though some types of infectious diarrhoea have the same symptoms as ulcerative colitis.

Is it a common condition?

Ulcerative colitis affects more than 80,000 people in Britain. About 5000 people develop the disease each year.

Can it be cured?

Although there is no specific cure for ulcerative colitis, there are treatments that can help relieve the symptoms and clear up an attack.



What is ulcerative colitis?

Ulcerative colitis is a disease affecting the lining of the large bowel (the colon) and the back passage (the rectum). The colon is the part of the gut that absorbs water from the waste material left over when food has been digested. The colon passes the concentrated waste to the rectum where it is stored until the bowels are emptied through the anus.



In ulcerative colitis the lining of the bowel becomes swollen and inflamed. Small sores (ulcers) develop in the lining which weep and bleed. The inflamed lining also produces excess amounts of the normal bowel lubricant mucus, which may contain pus.

Ulcerative colitis can affect anyone, male or female of any age, but occurs most commonly in young adults. It is a chronic disease, flaring up from time to time over a number of years. Between flare-ups, however, sufferers of ulcerative colitis may feel completely well.

Some of the more technical terms that you may come across are explained at the end of this leaflet.

What sort of tests may I need?

To make a diagnosis of ulcerative colitis, your doctor will need to carry out some tests to examine the lining of your bowel. The main tests used to make an initial diagnosis and/or to assess the severity of flare-ups are:

- barium enema
- sigmoidoscopy
- colonoscopy

Barium enema

During a barium enema, liquid barium is run into the bowel via a tube passed through the anus. This may feel uncomfortable but should not hurt. Then, while you lie on a tilting table, X-rays are taken to photograph the barium within your bowel. Areas of the bowel that are inflamed and ulcerated show up on the X-ray. In this way the doctor can tell which parts of your bowel are affected by ulcerative colitis.

Sigmoidoscopy

Sigmoidoscopy is an examination that allows the doctor to look directly at the lining of your bowel through a short tube (a sigmoidoscope). The tube is inserted through the anus and into the rectum and lower part of the bowel. You will probably be able to feel the tube moving inside you - you may find this uncomfortable, but it is quite safe and does no harm.

Colonoscopy

Sometimes the whole of the colon is examined (colonoscopy) using a long flexible viewing tube known as a colonoscope. The tube is inserted into the bowel through the anus and rectum. Just before the examination you will be given a tablet or injection to make you feel sleepy. You may be able to feel some movement inside you during the examination. As with sigmoidoscopy, you may find this uncomfortable, but it does not last long.

Tiny pieces of the bowel lining can be removed during sigmoidoscopy or colonoscopy for examination under a microscope later. This process is called biopsy and is used to help confirm the diagnosis.

Other tests

Blood tests are carried out to check whether you are losing a significant amount of blood and have become anaemic.

A sample of the diarrhoea is also tested to see whether your symptoms may be due to a bowel infection rather than ulcerative colitis.

Will my symptoms get worse with time?

The severity of the symptoms you experience with each flare-up depends on how much of your colon and rectum are affected. The amount affected usually remains the same from one flare-up to another. Sometimes, however, the amount of bowel affected decreases, and sometimes it increases with successive attacks.

There are four main types of ulcerative colitis, as illustrated here.

Proctitis



Affects the rectum only

Proctosigmoiditis



Affects the rectum and the lower part of the colon (the sigmoid colon)

Left-sided colitis



Affects the rectum and the colon that sits in the left side of the abdomen

Total colitis



Affects the whole of the colon and rectum

An explanation of terms

Allergy — An abnormal and extreme sensitivity to a substance, e.g. pollen, cat hair and certain foods

Anaemia — A condition in which the patient does not have enough of the oxygen-carrying red pigment (haemoglobin) in the blood. Anaemia may be caused by an excessive loss of blood, e.g. in ulcerative colitis. An anaemic patient looks pale and feels tired

Anus — The opening at the lower end of the gut at the end of the rectum

Back passage — The lower part of the gut, the rectum, where faeces (stools) are stored

Chronic — Continuing for a long time

Colonoscopy — The long flexible viewing tube used in colonoscopy

Erythema nodosum — Red tender swelling on the shins which may occur during a flare-up of ulcerative colitis

Faeces — The waste material produced by the gut and passed out of the body when the bowels are emptied. Faeces are often referred to as stools

Inflammation — Swelling, redness and pain in any part of the body. In ulcerative colitis inflammation affects the lining of the colon and rectum

Large bowel — Part of the intestine including the colon and rectum

NSAIDs — Non-steroidal anti-inflammatory drugs used in the treatment of arthritis

Pre-cancerous changes — Changes that can be seen in body cells or tissues that warn of the possible development of cancer

Pyoderma — Ulceration of the skin which may occur during a flare-up of ulcerative colitis

Remission — A lessening of the symptoms of the disease when the person feels well

Sigmoid colon — The lower part of the colon, just above the rectum

Sigmoidoscopy — A test to examine the lower part of the bowel

Ulcers — Raw patches in a normally smooth surface. In ulcerative colitis, ulcers are found in the lining of the colon and the rectum

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It is important for your doctor to find out which type of ulcerative colitis you have so that he/she can prescribe the correct treatment and check your progress.