

Ulcerative colitis is a chronic, recurring disease of the large bowel, colon. The colon is the five to six foot segment of intestine that begins in the right-lower abdomen, extends upward and then across to the left side, and downward to the rectum. It dehydrates the liquid stool that enters it and stores the formed stool until it is voluntarily evacuated. When ulcerative colitis affects the colon, inflammation and ulcers, or sores, form in the lining of the colon. The disease may involve the entire colon (pancolitis), only the rectum (ulcerative proctitis), or some area between the two, which is most common.

Causes of Ulcerative Colitis

The cause of ulcerative colitis is unknown. Some experts believe there may be a defect in the immune system in which the body's antibodies actually injure the colon. Others speculate that an unidentified microorganism or germ is responsible for the disease. It is also possible that a combination of factors may be involved in the cause.

Risk Factors for Ulcerative Colitis

The disorder can occur in both sexes, all races and all age groups. However, it is a disease that usually begins in young people.

Symptoms of Ulcerative Colitis

The disorder typically begins gradually with crampy abdominal pain and diarrhea that is sometimes bloody. In more severe cases, diarrhea is very severe and frequent. Loss of appetite and weight loss occur and the patient becomes weak and very sick. When the disease is localized to the rectum, the symptoms are rectal urgency, bleeding and passage of small amounts of bloody stool. Usually the symptoms tend to come and go and there may be long periods without any at all.

Diagnosis of Ulcerative Colitis

Diagnosis of ulcerative colitis can be suspected from the symptoms. Initially, certain blood and stool tests are performed to rule out an infection that mimics the disorder. A visual examination of the lining of the rectum and lower colon (sigmoidoscopy) or the entire colon (colonoscopy) is required. Small, painless biopsies are taken which also show certain features of ulcerative colitis. You'll need periodic checkups even if you feel fine. As the inflammation caused by ulcerative colitis is reduced, you will feel less rectal discomfort and urgency to defecate. Your rectal bleeding will also diminish.

Though it may seem intrusive or embarrassing, keep in mind that visual examination of the rectum is necessary to verify that your disease is indeed getting better. Furthermore, because ulcerative colitis is generally a persistent disease, your doctor will probably want to examine you periodically with a sigmoidoscope even when you have no apparent symptoms, as symptoms often improve before medication has completely healed the tissue.

In the event your ulcerative colitis returns following a remission, your doctor will re-evaluate you to determine the extent of disease and to find out if your condition is being complicated by infection, drug reaction or some other factor. When drug treatment is resumed, your doctor will likely prescribe the same agent you were treated with previously. If the drug you are using doesn't seem to be working, your doctor will discuss alternate drug treatment with you.

Complications of Ulcerative Colitis

Most patients with this disease respond well to treatment and go about their lives with few interruptions. However, some attacks may be quite severe, requiring a period of bowel rest, hospitalization and intravenous treatment. In rare cases, emergency surgery is required. The disease can affect nutrition causing poor growth during childhood and adolescence. Liver, skin, eye or joint (arthritis) problems occasionally occur, even before the bowel symptoms develop. Other problems can include narrowing and partial blocking of the ducts which carry bile from the liver to the intestine (Primary Sclerosing Cholangitis).

Fortunately, there is much that can be done about all of these complications. In long-standing ulcerative colitis the major concern is colon cancer. The risk of developing colon cancer increases significantly when the disorder begins in childhood, has been present for eight to 10 years, or when there is a family history of colon cancer. In these situations it is particularly important to perform regular and thorough surveillance of the colon, even when there are no symptoms. Analysis of colon biopsies performed during colonoscopy can often predict who will develop colon cancer. In these cases, preventive surgery is recommended.

Treatment of Ulcerative Colitis

You can work and play as usual. Though it can be troublesome, ulcerative colitis shouldn't debilitate or disable you. In fact, you should be able to conduct your recreational and career activities with little difficulty. In short, be as active as you feel like being.

Remember though, living with ulcerative colitis requires vigilance. You'll probably be on some form of medication for long periods of time and regular medical checkups may also be required. To control the disease effectively it is important that you adhere to the medication schedule that your doctor gives you. Also, it is equally important that you inform your doctor immediately if any other symptoms should appear—symptoms such as rectal bleeding, discomfort or frequent urges to defecate.

There are several types of medical treatments available:

Cortisone, steroids, prednisone - These powerful drugs usually provide highly effective results. A high dose is often used initially to bring the disorder under control. Then the drug is tapered to low, maintenance doses; sometimes even to an alternating daily schedule. These medications are given by pill, enema or intravenously during an acute attack. In time, the physician will usually try to discontinue these drugs because of potential adverse side effects.

Other anti-inflammatory drugs - There are increasing numbers of these drugs available. They can be given by pill or enema. The generic and (trade) names of these drugs are sulfasalazine (Azulfidine), olsalazine (Dipentum), balsalazide (Colazol) and mesalamine (Asacol, Pentasa and Rowasa).

Immune system suppressors - An overactive immune system is probably important in causing ulcerative colitis. Certain drugs such as azathioprine (Imuran), 6-MP (Purinethol) and cyclosporine (Sandimmune) suppress the immune system and at times are effective.

Surgery - For patients with long-standing disease that is difficult or impossible to control with medicine, surgery is a welcomed option. In these rare cases, the patient's lifestyle and general health have been significantly affected. Surgical removal of the colon cures the disease and returns good health and a normal lifestyle to the patient. In the past a bag, or ileostomy, was required after surgery. Newer operations may avoid the need for an ileostomy. In this operation, a reservoir is created by the small intestine just above the rectum.

You should also remember that meaningful advances are being made in treating all forms of inflammatory bowel disease. Over the past decade we have added to our understanding of what ulcerative colitis is and how it works. Ongoing research ensures that new discoveries about the causes and course of this disease will be made and newer treatments will be developed. For now, keep in mind that ulcerative colitis is relatively easy to cope with—provided you maintain the will and determination to keep it under control. Remember too, taking your medication as directed is a vital part of controlling ulcerative colitis; follow your doctor's instructions carefully.

Managing Diet

You don't have to change the way you eat. There is no evidence that specific diets will make your colitis better or worse; but there are certain things you can do that will make your disease easier to live with. For instance, foods that are high in fiber may prove useful if you are frequently experiencing painful bowel movements or urgency to defecate. If your symptoms should include constant diarrhea, a low-fiber diet that includes soft, bland foods can help, but only temporarily. In addition, some colitis patients are unable to properly digest lactose, a sugar found in milk and many milk products. This condition may cause cramps, pain, gas, diarrhea and a bloated feeling in the stomach. If you fall into this category, a lactose-free diet may be beneficial. Your physician can advise you on this.

Generally, the patient is advised to eat a healthy, well-balanced diet with adequate protein and calories. A multivitamin and iron supplement is often recommended.

Managing Emotions

Keep a positive mental attitude. Stress and anxiety may aggravate symptoms of the disorder, but are not believed to cause it or make it worse. The same holds true for menstrual periods in women. It is also normal to feel depressed at times about your disease or because no one seems to understand how you feel. You should discuss such thoughts with your doctor, family members and friends.

It may also be helpful to talk to someone else who has ulcerative colitis; the Crohn's and Colitis Foundation of America (CCFA) may be able to refer you to other colitis patients in your vicinity. Check your the link below for the CCFA chapter in your area, or ask a doctor.

Learn more at CCFA.org