

Ulcerative colitis

Ulcerative colitis is a form of Inflammatory Bowel Disease and causes inflammation and ulceration of the inner lining of the lining of the large intestine. The ulcers can bleed, and cause mucus and pus to be discharged from the rectum. If inflammation affects only the rectum it is known as proctitis.

It affects about 1 in 500 people in the UK, with between 6,000- 12,000 people being diagnosed annually. Both men and women are equally be affected by ulcerative colitis and it is more common in white Europeans, and less common in people of Asian descent.

It is believed that an abnormal immune response is responsible for the inflammation that occurs in ulcerative colitis but it is not understood what actually triggers this to happen. There is a higher chance of developing ulcerative colitis if there is a close family blood relation who also suffers from the condition. Ulcerative colitis is relatively uncommon in Asian populations compared with Europe and North America. This suggests that an environmental factor, such as diet, may also be important.

Symptoms of Ulcerative Colitis

Depending upon how much of the colon is affected and the level of inflammation, symptoms may include:

- Frequent loose stools (diarrhoea)
- Bleeding from the bowel
- Mucus or slime with the stools
- Constant desire to open the bowels, known as tenesmus
- Abdominal pain
- Weight loss
- Fatigue
- Dehydration in severe cases

Other, but less common symptoms of ulcerative colitis can include:

- Skin rash
- Inflammation and irritation around the eyes
- Painful and swollen joints

Ulcerative colitis is chronic condition with some patients being symptom free for long periods of time between flare-ups.

Investigating Ulcerative Colitis

Tests are required not only to work out the diagnosis, but are also used to assess the extent and the severity of the colitis. Ulcerative colitis can usually be diagnosed by the microscopic examination of tissue samples (biopsies) taken from the bowel.

After undergoing an initial assessment by a GP, further tests and investigations are usually arranged by the hospital consultant:

- Blood tests- blood tests can confirm anaemia which may result from the inflammation of the lining of the bowel. Other blood tests are available which can indicate the severity of the inflammation.
- Stool tests- in patients with diarrhoea to identify whether or not there is an underlying infection causing the symptoms.
- Rigid sigmoidoscopy - may be carried out in clinic. This test allows the doctor to look at the lining of the lowest part of the bowel by passing a small tube via the back passage
- Colonoscopy - this allows the inside of the colon and rectum to be examined through a long flexible tube being inserted via the back passage and up into the colon. This test can be used to determine the amount of inflammation inside the colon. During the colonoscopy a biopsy can be taken to help with confirming a diagnosis.
- Flexible sigmoidoscopy -this allows the doctor to look at the lower part of the bowel using a shorter flexible tube inserted via the back passage. Again inflammation can be assessed and biopsies taken. The whole of the colon is not seen using this test.

Treating Ulcerative Colitis

The treatment of ulcerative colitis involves both medical and surgical treatments. Medical treatments may include:

- 5-ASA drugs which are anti inflammatory in the bowel
- Steroids
- Other immunosuppressive agents such as azathioprine
- Biological agents- anti-TNF alpha antibodies such as infliximab

Often these treatments are given by mouth, but some can also be given via the back passage as suppositories or enemas. Occasionally treatments may need to be given through a vein (intra-venously), this will usually take place in the hospital.

Patients whose symptoms do not respond to medical treatments may be offered surgery. Surgery for ulcerative colitis involves removal of the colon and rectum.

Unlike Crohn's Disease, ulcerative colitis is cured by removing the affected colon and rectum, a procedure known as a Pan-proctocolectomy.

In some cases the patient may decide to live with a permanent stoma or bag this is known as an ileostomy.

In many cases patients prefer not to have a permanent ileostomy. If that is the case the colon and rectum are removed and reconstruction can be achieved by creating a pouch using the small intestine. This is known as an ileal pouch procedure. This creates a reservoir for the storage of stool and allows patients to have control over their bowel actions.

Nearly all of the surgical procedures including ileal pouch surgery can be performed using a Laparoscopic (keyhole) technique.

Ulcerative colitis is a condition where sufferers can experience relapses, patients are usually seen at regular intervals at follow-up appointments. Occasionally admission to hospital is required for patients when they have an acute flare up.

Patients who have had extensive ulcerative colitis for more than 10 years have an increased risk of developing colorectal cancer. This risk is increased further if a close blood relative has also had bowel cancer. In this is the case then regular examination of the bowel by colonoscopy will be recommended.

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What are the next steps?

If you think you have this condition or any of these symptoms, you will need to seek medical advice.

If you have private medical care or wish to pay to see a consultant:

Take this factsheet along to your own GP and request a referral to one of our consultants.

For more information or to make an appointment:

Contact the Birmingham Bowel Clinic on 0845 241 7762 or email enquiries@birminghambowelclinic.co.uk.