

Inflammatory Bowel Disease (IBD) is a term that refers to both ulcerative colitis and Crohn's disease. Ulcerative colitis causes inflammation of the lining of the large intestine. Crohn's disease causes inflammation of the lining and wall of the large and/or small intestine. When inflamed, the lining of the intestinal wall is red and swollen, becomes ulcerated, and bleeds.

### **What Causes IBD?**

The causes(s) of IBD are not known, but there are several theories. One theory is based on genetics indicating that IBD does run in families. About 15 percent to 30 percent of patients with IBD have a relative with the disease.

Many changes in the body's immune system (body's natural defense system against disease) have been discovered in patients with IBD. What is still unknown is what causes those changes to happen.

There is little evidence that stress causes IBD. As with other illnesses, stress may aggravate symptoms and require a treatment program.

IBD occurs most frequently in people in their late teens and twenties. There have been cases in children as young as two years old and in older adults in their seventies and eighties. Men and women have an equal chance of getting the disease.

### **Ulcerative Colitis**

Most often ulcerative colitis occurs in young people 15 to 40 years of age. Ulcerative colitis occurs only in the inner lining of the colon (large intestine) or rectum. When it is located only in the rectum, it is called proctitis. Inflammation of the rectum and colon keeps water from being absorbed into the bloodstream and results in diarrhea.

### **Symptoms of Ulcerative Colitis**

The most common symptoms of ulcerative colitis are bloody diarrhea and abdominal cramps. Some people may be very tired and have weight loss, loss of appetite, abdominal pain, and loss of body fluids and nutrients. Bleeding may be a serious leading to anemia (low red blood cell count). Joint pain, redness and swelling of the eyes, and liver problems can also occur. No one knows for sure why problems

outside the colon are linked with colitis. The problems may improve when the colitis is managed.

Ulcerative colitis is an illness that has periods of remission (time when you feel well) and relapse (time when you feel ill). Half of the people who have ulcerative colitis have only mild symptoms. Others have frequent fever, bloody diarrhea, nausea, and severe abdominal cramps.

Some people with severe symptoms of ulcerative colitis must go to the hospital to correct malnutrition and stop diarrhea and loss of blood. In the hospital, a patient may need a treatment program including a special diet and feeding through a vein. Sometimes surgery is needed.

### **How Do I know if I have Ulcerative Colitis?**

To find out if you have ulcerative colitis, Dr. Ertan will take your medical history and perform a physical examination. The exam may include blood tests and samples of a bowel movement. Other tests include:

**Flexible Sigmoidoscopy or Colonoscopy**—A small flexible tube inserted by your doctor into the anus. The flexible tube is slowly passed into the lower third of the colon in flexible sigmoidoscopy and through the entire colon in a colonoscopy, allowing your doctor to see the lining of the colon. If necessary, the doctor can take a tissue sample called a biopsy to make a diagnosis of your condition.

**Barium Enema**---This is an X-ray of the colon. A white substance called barium is put into the colon by an enema. This test may allow your doctor to see areas of the colon that are abnormal.

### **Does Ulcerative Colitis Increase the Risk of Colon Cancer?**

Risk of colon cancer is higher in ulcerative colitis patients with involvement of the entire colon and in patients who have had the diagnosis for eight to ten years. Patients with a diagnosis of left-sided ulcerative colitis for 15-20 years also fall into a higher risk group for developing cancer. Individuals

in these groups should have a plan for periodic colonoscopy with biopsy.

### **Crohn's Disease**

Crohn's is a chronic disease that has periods of remission and relapse.

Crohn's disease is an inflammation and ulceration process that occurs in the deep layers of the intestinal wall. The most common areas affected are the lower part of the small intestine, called the ileum, and the first part of the colon. This type of Crohn's disease is called ileocolitis.

Crohn's disease can infrequently affect any part of the upper gastrointestinal tract. Aphthous ulcers, which are similar to cold sores, are common. Ulcers can also occur in the esophagus, stomach, and upper small intestine (duodenum).

### **Symptoms of Crohn's Disease**

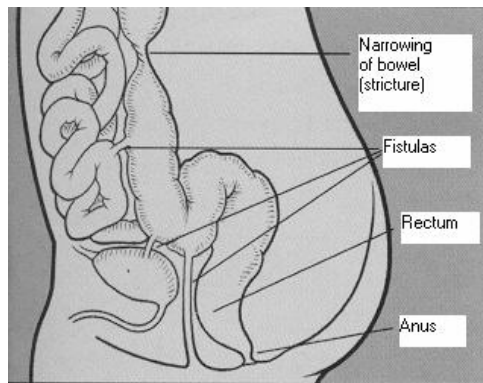
The most common symptoms of Crohn's disease are pain in the abdomen, often in the lower right side, diarrhea, and weight loss. There may also be rectal bleeding and fever. Chronic bleeding may lead to a low red blood cell count called anemia. Children who develop Crohn's disease may have delayed development and stunted growth.

### **How Do I know if I Have Crohn's Disease?**

To find out if you have Crohn's disease, Dr. Ertan will take your medical history and do a physical exam. The exam may include blood tests and stool exams. Other tests are the same as described in the section on Ulcerative Colitis; a barium enema and a colonoscopy examination. In addition, a small bowel X-ray may be required.

## What are the Complications Associated with Crohn's Disease?

The most common complication of Crohn's disease is blockage of the intestine. Blockage or stricture occurs when the disease thickens the bowel wall with swelling and scar tissue. The intestine passage becomes smaller and smaller, until it is completely closed.



Fistulas are a common complication of this disease. Fistulas occur when ulcers in the intestine break through the intestine wall making tunnels into surrounding tissues of the intestine, bladder, vagina, or into the skin. Fistulas occur frequently around the anus and rectum.

These fistulas can become infected and may result in abscess formation. Treatment programs are used to manage infected fistulas, but often surgery is needed.

## What is the Treatment for IBD?

Dr. Ertan will discuss with you a treatment plan that may include any of the following:

- ❖ Nutrition
- ❖ Emotional Support
- ❖ Drug Therapy
- ❖ Surgery

There are many different types of treatment plans that your doctor can prescribe to control the symptoms of IBD, and each of these has specific actions and side effects. Be sure to follow all of your directions. Never stop your treatment plan until you have completed it.

## How Do I Cope with IBD?

Although IBD is a chronic disease that has periods of remission and relapse, most people have a normal life span and a good quality of life.

For those who have chronic and continuing symptoms, the following apply:

- ❖ Know your body and how IBD affects you.
- ❖ Learn to care for yourself—have control over those things you can control.
- ❖ Develop a support system that works for you: family, friends, and support groups.
- ❖ Be sure to follow instructions from your medical team.

## When is Surgery Needed?

Most people who have IBD respond to their treatment program, including medications and nutritional planning. Many patients have mild episodes of illness after long periods of feeling well. Surgery may be needed if there is:

- ❖ A large amount of bleeding.
- ❖ Ulceration that makes a hole in the intestinal wall.
- ❖ Obstruction.
- ❖ Medical treatment plan is not satisfactorily controlling the disease.

There are several surgical choices. Each has advantages and disadvantages to be discussed.

# Inflammatory Bowel Disease

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