

# Patient Education Form

## What You Should Know About Ulcerative Colitis

### WHAT IS ULCERATIVE COLITIS?

Ulcerative Colitis is an inflammation of the lining of the large bowel. Symptoms include: rectal bleeding, diarrhea, abdominal cramps, weight loss and fever. In addition, patients who have had extensive ulcerative colitis for many years are at an increased risk to develop large bowel cancer. The cause of ulcerative colitis remains unknown.

### HOW IS ULCERATIVE COLITIS TREATED?

Initial treatment of ulcerative colitis is medical, using antibiotics, anti-inflammatory, and immune modulating medications. "Flare-ups" of the disease can often be treated by increasing the dosage of medications or adding new medications. Hospitalization may be necessary to put the bowel to rest.

### WHEN IS SURGERY NECESSARY?

Surgery is indicated for patients who have life-threatening complications of inflammatory bowel disease, such as massive bleeding, perforation, or infection. It may also be necessary for those who have the chronic form of the disease, which fails medical therapy. It is important for the patient to be comfortable and that all reasonable medical therapy has been attempted prior to considering surgical therapy. In addition, patients who have longstanding ulcerative colitis and show cancer signs may be candidates for removal of the colon, because of the increase risk of developing cancer. More often, these patients are followed carefully with repeated colonoscopy and biopsy, and only if precancerous signs are identified is surgery recommended.

### WHAT OPERATIONS ARE AVAILABLE?

Proctocolectomy with end ileostomy Involves removal of the entire colon, rectum and anus. To eliminate waste, a nipple of intestine is brought through the abdominal wall covered by a bag to collect the waste. This option eliminates the risks of cancer and recurrent persistent colitis. Most patients with chronic disease have a better quality of life after this surgery and can live a normal life. Rarely and especially if great weight is gained or lost leakage around the nipple could become an issue requiring further surgery to fix.

Total or subtotal colectomy Some patients may be treated by removal of the colon, with preservation of the rectum and anus. The small bowel can then be reconnected to the rectum and continence preserved. This avoids an ileostomy, but the risks of ongoing active colitis, increased stool frequency, urgency, and cancer in the retained rectum remains. Patients with active disease in the rectum do not benefit from this procedure

Proctocolectomy with ileoanal pouch reservoir. This procedure removes the entire colon and rectum, preserving the anal canal. The rectum is replaced with small bowel, which is refashioned to form a small pouch. Usually, a temporary ileostomy (to divert waste from surgery site) is created. This allows for the pouch to heal before it can assist in eliminating waste.

The pouch acts as a reservoir to help decrease the stool frequency. This maintains a normal route of defecation; the most patients experience 5 to 10 bowel movements per day. This operation all but eliminates the risk of recurrent ulcerative colitis and allows the patient to have a normal route of evacuation.

Patients can develop inflammation of the pouch, which requires antibiotic treatment. In a small percentage of patients, the pouch fails to function properly and may have to be removed. If the pouch is removed, a permanent ileostomy will likely be necessary.

All above procedures have advantages and disadvantages. A consultation with your colorectal surgeon can help further your understanding these options.