

Ulcerative Colitis

What is ulcerative colitis?

Ulcerative colitis (UC) is a disease that causes swelling and irritation (inflammation) and sores in the lining of your large intestine (colon and rectum). UC destroys large areas of the lining of your intestine, which causes bleeding, a buildup of pus, diarrhea, and belly pain.

Ulcerative colitis is 1 of the 2 illnesses called inflammatory bowel disease. The other disease is Crohn's disease, which can affect any part of the digestive tract, but most often it affects the small intestine and the first part of the large intestine.

Ulcerative colitis is a life-long condition, but your symptoms may come and go. There may be times when you have no symptoms.

What is the cause?

The exact cause of ulcerative colitis is not known. It may be an autoimmune disease, which is a disease that causes your body to attack your own tissue. The disease is not caused by stress or food choices. However, these things may trigger symptoms or make them worse. You are at higher risk for getting ulcerative colitis if you have a close family member with ulcerative colitis. It is more common among Caucasians and people of Jewish descent.

What are the symptoms?

Symptoms may include:

- A constant feeling of needing to have a bowel movement
- Crampy pain in your lower belly
- Diarrhea, usually with blood or mucus
- Feeling tired
- Fever
- Loss of appetite and weight loss
- Symptoms of dehydration, such as lightheadedness and a dry sticky mouth

You may have an attack of ulcerative colitis and then not have any symptoms for months or even years. Only about half of the people who have ulcerative colitis have an attack of symptoms more than once a year.

How is it diagnosed?

Your healthcare provider will ask about your symptoms and medical history and examine you. Tests may include:

- Blood tests

- Barium enema, which is an X-ray taken of the belly after barium is inserted through the rectum to show the walls of the large intestine. Barium is a liquid that helps your intestines show up well on the X-ray.
- CT scan, which uses X-rays and a computer to show detailed pictures of the intestines
- Sigmoidoscopy or colonoscopy, which uses a thin, flexible tube and tiny camera put into your rectum and up into the colon to look at the inside of the intestine. . A biopsy may be taken to help make a diagnosis. A biopsy is the removal of a small sample of tissue for testing.
- Tests of a sample of bowel movement

How is it treated?

Your provider may prescribe medicines to:

- Treat or prevent infection
- Reduce inflammation
- Prevent your immune system from attacking healthy cells
- Treat pain
- Treat and prevent diarrhea
- Treat anemia from blood loss

Some medicines for ulcerative colitis can hurt an unborn baby. Tell your provider if you are thinking of getting pregnant or if you get pregnant while being treated for ulcerative colitis. Your provider may recommend not getting pregnant until your symptoms have been under control for 6 months.

In some cases you may need to stay in the hospital. Your treatment may include:

- IV feeding instead of eating, which allows your bowel to rest
- Blood transfusions to replace blood you have lost
- IV medicines
- A tube passed through your nose or mouth and down into your stomach. The tube may be used to give fluids or medicine, or to help relieve pressure from air or fluids in your stomach and intestine.

Ulcerative colitis can usually be controlled with medicines and diet, but you may need surgery to remove all or part of the colon if your symptoms are severe. If all of your colon is removed, you will need a colostomy, which is an opening made in your belly. Bowel movements then pass through this opening instead of your rectum. They are collected in a bag outside your body. Removal of your colon can cure the disease, but the surgery is complicated. Talk with your healthcare provider about whether colon removal is recommended in your case.

How can I take care of myself?

- Follow your healthcare provider's treatment plan. Take your medicines exactly as prescribed.

- Eat a healthy diet and avoid foods that seem to trigger your symptoms. Changing your diet will not cure you, but it may help reduce and control your symptoms.
 - Keep a food diary to record what you eat and what causes symptoms. Avoid foods that cause problems.
 - Avoid caffeine and alcohol if they make your symptoms worse.
 - Eat smaller meals and eat more often. This puts less strain on your digestive tract.
 - Limit fatty, greasy foods since these can cause diarrhea.
 - During flares, try to limit high-fiber foods such as nuts, raw vegetables, and corn. During flares, or after surgery, you may be told to follow a low-fiber diet for a short time. This will reduce the size and number of your stools and help control diarrhea and cramps. Examples of low-fiber foods are white rice, potatoes, white bread and low-fiber cereal and pasta, tender meats, and fish.
 - In between flare ups, try to slowly add fiber. You may also need to eat foods high in protein and calories if you could not eat enough during your flare up.
 - Talk to your provider about taking a multivitamin supplement. You may need a supplement because your small intestine may have trouble absorbing vitamins and minerals from food.
- When you have diarrhea, rest your bowel for a few hours by just drinking clear liquids, such as water, juice, tea, and bouillon. It's important to drink small amounts often so you don't get dehydrated. Suck on ice chips if you feel too nauseated to drink anything.
- Avoid nonsteroidal anti-inflammatory medicines (NSAIDs), like aspirin, ibuprofen, and naproxen. NSAIDs can irritate the lining of your intestines and cause flare-ups of symptoms. Ask your provider if you can use acetaminophen for pain relief instead.
- Learn to use deep breathing exercises and other relaxation techniques when you feel stress. Make sure you get enough rest and sleep.
- Keep a healthy weight and stay physically active according to your provider's recommendation.
- Ask your healthcare provider:
 - How and when you will hear your test results
 - How long it will take to recover from this illness
 - What activities you should avoid and when you can return to your normal activities
 - How to take care of yourself at home
 - What symptoms or problems you should watch for and what to do if you have them
 - How often you should have a colonoscopy for cancer screening.
- Make sure you know when you should come back for a checkup.

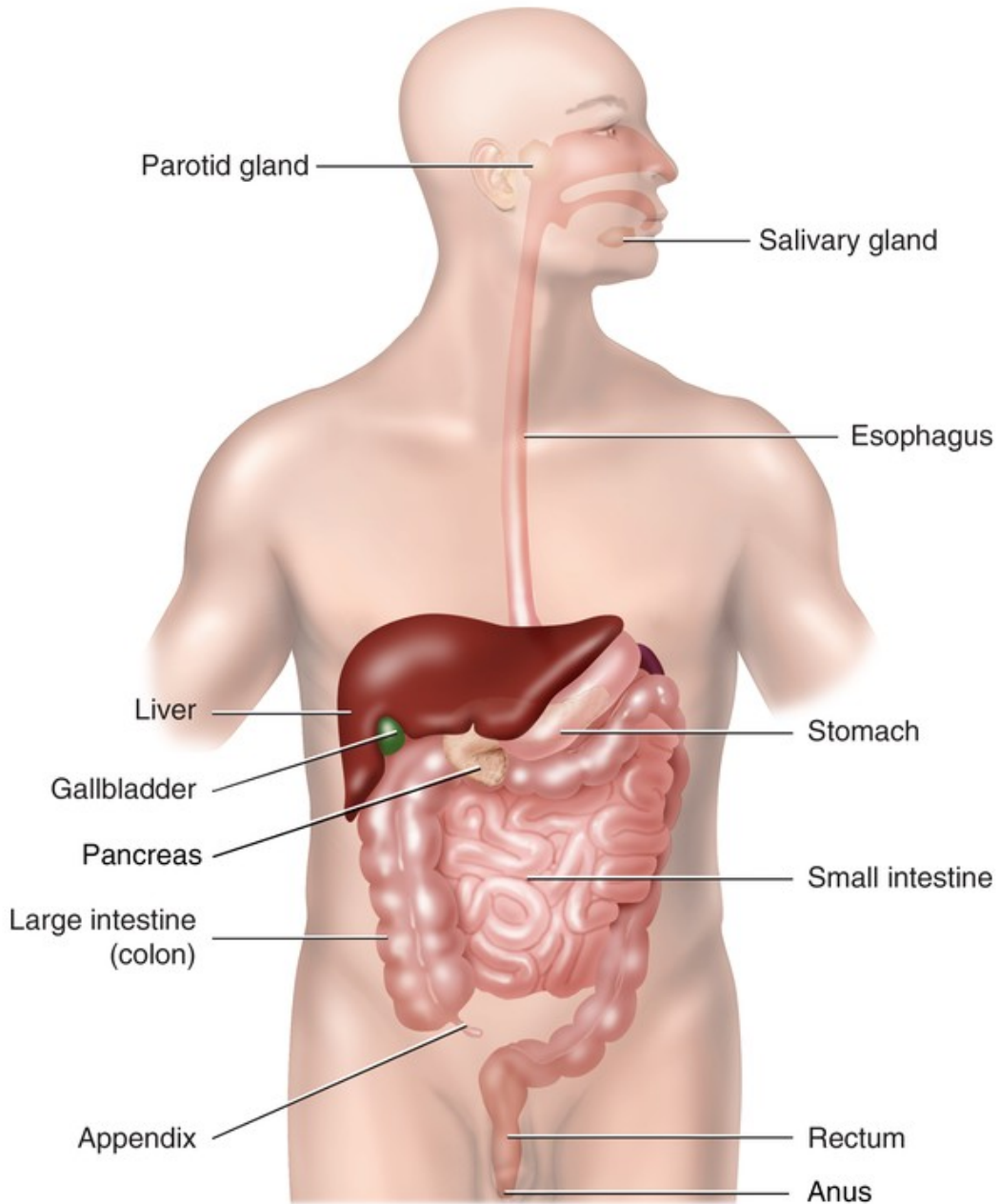
You can get more information from:

- Crohn's and Colitis Foundation of America
888-694-8872
<http://www.ccfa.org>

Developed by RelayHealth.

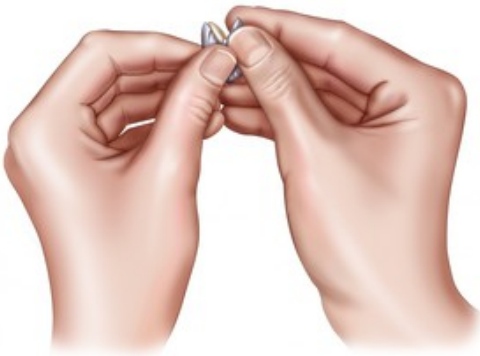
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Digestive System



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How to Insert a Rectal Suppository



1. Remove foil wrapper.

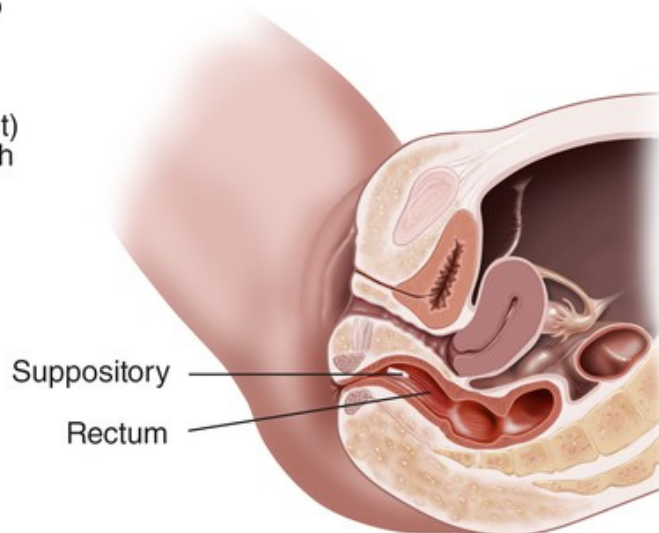


2. Moisten the suppository with water or water-based lubricating jelly (such as K-Y).



3. Lie on your left side and bend your right knee up towards your chest. Gently push the suppository into your rectum (pointed end first) so that it is deep enough not to come out. Keep lying down for about 5 minutes.

Ask your healthcare provider or pharmacist if you should wear gloves when you insert a suppository.



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