GENERAL INFORMATION

Ulcerative colitis is a serious inflammatory condition of the lining of the large bowel that causes it to bleed very easily. It also can cause problems elsewhere in the body. This condition usually develops slowly, but occasionally it can come on abruptly and be very severe. Mostly, however, it is a chronic condition with ups and downs. The cause of ulcerative colitis is not known.

COMMON SIGNS AND SYMPTOMS

The symptoms depend on how active the disease is, how much of the large bowel is involved, and how long the disease has been present. The most common symptoms are as follows:

- Abdominal pain from the inflamed bowel.
- Bleeding: This can be mucus, mucus with blood, or just blood. Sometimes the bleeding can be very severe.
- Diarrhea: There may be four to six bowel movements a day. Rarely, they can be much more numerous.
- Other symptoms include fever; weight loss; arthritis-like pains in the wrists, ankles, and knees; eye problems; spine problems; and stomach ulcers.

DIAGNOSIS

- Usually the diagnosis can be made by taking a detailed history, doing a thorough physical examination, and carefully considering the laboratory reports.
- Ulcerative colitis must be distinguished from other conditions associated with diarrhea or bleeding from the rectum. These include hemorrhoids, cancer, and diarrhea from amebic and Salmonella infections.
- Because ulcerative colitis almost always involves the rectum, it can often be diagnosed by proctoscopy. A proctoscope is a hollow tube about as big around as a dust mop handle that has lenses in it and a light at its tip. While you lie on your side, the lubricated instrument is inserted gently into your rectum and a careful examination done. If necessary a small piece of tissue (a biopsy) is taken (this does not cause any pain) for laboratory examination.
- Colonoscopy: This is done with an optical instrument that is smooth, flexible, and as big around as your little finger and has a light at its tip. During colonoscopy, you will be given medicine that will make you drowsy. The tip of the instrument is lubricated and then gently inserted into your anus. It can be used to inspect your entire large bowel. Colonoscopy helps determine how much of the large bowel is involved and the seriousness of the condition.

TREATMENT

- At the beginning, the treatment always should be medical (except for certain emergency situations).
- About 50% of individuals with ulcerative colitis will respond to some degree to medical therapy.

It is generally agreed that an operation is necessary for at least the following conditions:

- The ulcerative colitis has been present and active for more than 15 years.
- It simply does not respond to any type of medical treatment.
- There are several worrisome abnormal changes (seen under the microscope) in the biopsy tissue.
- Cancer is present in the area of colon that also has ulcerative colitis.
- The ulcerative colitis has caused serious problems in organs other than the large bowel.

In the following situations there is a high risk that the person will die unless the colon is removed right away:

- Massive bleeding that will not slow down.
- Massive infection of the colon.

Several operations are possible for ulcerative colitis, depending on many factors:

- **Option 1.** All of the colon and rectum is removed, and the end of the small intestine is brought out through an opening in the side of the abdomen (an ileostomy) so the stool can be collected in a bag.
- **Option 2.** The same as Option 1 except that the stool is collected in a natural pouch made from your small intestine. This pouch remains inside your abdomen, but there is an opening to the outside. The pouch needs to be emptied with a catheter several times a day.
- **Option 3.** All of the colon and rectum are removed, and a natural pouch is created from small bowel that stays inside your abdomen. The end of the small bowel is brought down below and connected to your anus. The pouch collects the stool (it has the consistency of applesauce) until it becomes full. It then empties through your anus. This method requires a lot of intensive retraining of the sphincter in your anus so that you can control the frequent soft stools.
- **Option 4.** The colon is removed and the small bowel connected directly to the rectum. This operation can be used only if the rectum is not involved with ulcerative colitis.

Each of these operations has important advantages and disadvantages, and each must be carefully matched to the individual patient’s problem and general condition.

Each operation may affect your sex life. This will be discussed with you.

After very careful consideration of all factors, it is recommended that you have an operation as described in Option 3 (Figs. 1 and 2).
Shower as usual on the morning of the operation.
You may be given medicine that will make you feel drowsy before you are brought to the operating room.

**OPERATION**
- You will be asleep for the operation.
- You will not receive a blood transfusion unless it is absolutely necessary.
- The operation usually takes about 4 hours.

**POSTOPERATIVE CARE**
- You will wake up in a recovery room. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- You will have a thin plastic tube in your nose. It will be removed when your bowels start working.
- There will be a small plastic tube in your bladder for a few days. This makes it easier for you to pass your urine and for the nurses to measure how much you are putting out.
- Pain can be controlled with medicine. The nurse will give it to you, or you can give yourself a preset amount when you feel you need it. This type of pain relief, called patient-controlled analgesia (PCA), uses a device that releases the medicine into the tubing giving you intravenous fluids.
- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- After the tube in your nose is removed, you will be started on a diet that will be carefully worked out for you by the dietitian.
- As with any operation, complications are always possible, some of them serious. With your type of operation, they can include bleeding, bowel obstruction, infection and abscess formation, blood clots, and possibly others.
- You should be able to go home in about 10 days.
- Arrangements will be made for your medicine, follow-up of®ce visit, stitch or clip removal, and conferences with the ostomy nurse and the dietitian.

**HOME CARE**
- Continue with the program started while you were in the hospital.
- You may walk about as you wish, even climb stairs, but don’t overdo things.
- Follow the diet guidelines given to you.
- Take medicine as prescribed for your pain.
- You will be advised regarding when you may begin taking showers.
- Arrangements can be made for a home visiting nurse if one is needed.
- Do not drive a car or return to work until we first discuss it during your of®ce visit.

**CALL OUR OFFICE IF**
- You develop any unusual signs or symptoms.
- You develop abdominal cramps or bloating.
- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.

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Figure 1. Normal relationships among the small intestine, colon, rectum, and anus.

Figure 2. The entire colon is removed, but only the mucosa (the lining) of the rectum is removed; the muscles of the rectum and the anus (the sphincter) are left in place. A pouch for temporary collection of stool is fashioned almost at the end of the small intestine (the ileum). The end of the small intestine is positioned inside the rectum (whose muscles, along with those of the anus, are left intact).

An ileostomy (a bypass) is also performed so that stool will collect in a bag on your side for several weeks instead of the stool passing over the new connection between the ileum and the anus. When everything has healed, the ileostomy will be closed and you will have bowel movements in the normal way.

The advantages to this operation are that the disease is eliminated, there is no permanent opening of intestine on your side, and there are fewer limitations on your lifestyle.

**PREOPERATIVE PREPARATION**
- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- Do not eat or drink anything for 8 hours before the operation.

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