

What is ulcerative colitis?

It is the inflammation of the lining of the colon (the colon mucosa). The disease is chronic and flares up from time to time. Along with [Crohn's disease](#), they form the category of diseases called inflammatory bowel diseases. It is not known at the moment what causes this disease. It is suggested that substances which enter the stomach or intestinal tract through food or one or a couple of viral or bacterial factors start this inflammation. But it is not yet clear what these factors might be. There's intensive research being carried out in this area. Inflammatory bowel diseases are not contagious. Therefore protection against them is not necessary. Even though it doesn't pass directly from the mother to the child, in patients who have blood relatives with inflammatory bowel diseases (Crohn's disease and ulcerative colitis), the frequency with which one of these diseases occurs changes between 5 and 20 percent.

What are the symptoms of ulcerative colitis?

1. Diarrhoea with bleeding,
2. Blood and a mucousy substance coming from the anus,
3. Abdominal pain,
4. Weakness, fatigue,
5. Lack of appetite, weight loss,
6. Anemia, paleness,
7. In some patients, redness and burning in the eyes, arthritis, skin problems and abnormalities in liver function tests.

How is ulcerative colitis diagnosed?

The diagnosis of ulcerative colitis, as in Crohn's disease can be made with the help of the patient's account of symptoms, physical examination, laboratory findings and observing the small and large intestines through visualisation methods. It is important checking the patient's stool and blood in the laboratory. The large intestine and the bottom part of the small intestine can be examined in a detailed way with a fiber optic and flexible instrument called a [colonoscopy](#). As the intestinal tract is not sensitive to biopsy samples being taken, parts can be taken from the diseased areas without the patient feeling anything. The diagnosis will be made by evaluating these parts pathologically.

How is ulcerative colitis treated?

Even though it is a chronic disease whose causes are not entirely known, it is possible today to treat ulcerative colitis successfully. But it is fundamental to be continuously under the doctor's supervision during the treatment. The treatment of ulcerative colitis should be planned by the doctor according to the severity of the disease and the area of the colon it affects. The treatment is usually started with medication taken orally and enema given through the anus. In cases where these drugs are not effective or where the disease has progressed quite severely from the beginning, corticosteroid drugs given orally or intravenously will be added to the treatment. If necessary, the patient can be admitted to the hospital and fed intravenously. In some severe types of colitis, drugs that suppress the

immune system can be tried. In some cases, the patients can only be treated surgically. Duration of treatment with corticosteroids should not be longer than three months and the patient should never stop taking the drug suddenly by himself. After complaints connected to ulcerative colitis are over, then it is suggested that the treatment is continued with drugs such as salofalk, asacol and salozopyrin. This way the flaring up of the disease can be prevented. For the disease to disappear completely, removing the entire colon with surgery (total colectomy) is necessary.

Is a special diet useful in the treatment of ulcerative colitis?

It has not been scientifically proven that any particular kind of diet is useful or any particular kind of food is harmful for patients with ulcerative colitis. Lactose intolerance which is seen at a frequency of 5 to 10 percent in society can contribute to already existing diarrhoea. In this case, avoiding milk and dairy products and consuming only milk with lactase can be recommended. As aspirin and medication for rheumatism can flare up ulcerative colitis, the usage of these drugs should also be avoided. In general, patients should try to follow a balanced and healthy diet.

Does ulcerative colitis lead onto cancer?

Patients in the ninth or tenth years of ulcerative colitis are in increased risk of developing colon cancer compared to the rest of the population. The increase in the amount of risk changes depending on the amount of time ulcerative colitis has existed and how big a part of the colon it affects. But, fortunately, in patients with ulcerative colitis, before the development of cancer of the colon, some precancerous changes occur in the lining of the colon called dysplasia. These changes can be discovered with colonoscopy and with biopsies carried out early on. Because of this, in patients with ulcerative colitis, annual screening with colonoscopy has to be done after the ninth year if the disease affects the whole of the colon and after the fifteenth year if the disease affects only the left side of the colon. If forerunning lesions are discovered, it is possible to remove the colon surgically before cancer develops.

How does ulcerative colitis affect the patient's life?

According to studies which have been carried out, the life span of patients with ulcerative colitis are not any different from the rest of the population. In other words, ulcerative colitis doesn't shorten the life span of the patient. As long as the patient doesn't neglect his check-ups and treatment, he can continue his everyday life as before. Ulcerative colitis and treatments applied during the disease do not affect fertility in either men or women. Only in women, it is known that removing the colon completely (total colectomy and forming pouches) decreases the chance of conception. Therefore in women of a fertile age, decision for surgery has to be taken after very careful consideration.



