Community Endoscopy Service

Ulcerative Colitis

What is ulcerative colitis?
Ulcerative Colitis (UC) is a disease of the rectum and the colon (otherwise known as the large intestine). It is one of the two conditions that are known as Inflammatory Bowel Disease – the other being Crohn's disease. Any medical term that ends in *'itis'* means that there is inflammation or damage to that part of the body. The term '*colitis'* means the colon has become inflamed and if this becomes severe enough, the lining of the colon is actually breached and ulcers may form. It is best to think of UC as a disease in which there is wide variation in the amount of inflammation so that in mild cases the colon can look almost normal but when the inflammation is bad, the bowel can look very diseased and can contain ulcers.

How much of the colon can become diseased?
Ulcerative colitis always affects the rectum – the part of the large bowel which lies just inside the anus. Sometimes, the inflammation is limited just to the rectum. This is known as proctitis. However, the inflammation can involve a variable length of the colon. When the whole colon is affected, this is called pan-colitis or total colitis.

Who gets ulcerative colitis?
The disease usually begins between the ages of 15 – 30 although it can appear at any age. It seems that men and women are equally likely to be affected. About 100,000 people in the UK have ulcerative colitis.

Why does UC happen?
We don't know the cause of ulcerative colitis. For a while it seemed that ulcerative colitis might be one of those diseases where the body seemed to be attacking itself. Most doctors now think the cause of UC relates to how patients react to the apparently harmless bacteria that everyone has in their colon. In most people, the bacteria that live in the colon do not cause any damage and indeed can be quite useful, they are sometimes known as 'friendly' bacteria. However, patients with ulcerative colitis don't see them as being at all friendly and then the lining of the large intestine goes into battle with these bacteria, the result is that the inflammation starts. An enormous research effort is under way to find out why patients with ulcerative colitis appear to react badly to bacteria that don't normally cause any harm.

What are the symptoms?
The three most common symptoms of UC are diarrhoea, bleeding from the back passage and pain in abdomen. However, symptoms do vary so many people do not have all three of these together. To a certain extent, the symptoms depend on how much inflammation there is and how much of the colon is affected by the disease. For some people, the symptoms can seem just a nuisance. For others, the condition can really interfere with day-to-day life which becomes organised around visits to the toilet. It is not only the number of times this can happen but the hurry in which some patients need a toilet can also be extremely distressing. As symptoms are often at their worst in the morning, this can mean the start of the day can be quite an ordeal. Some patients pass a considerable amount of mucus when they open their bowels. Others can be greatly troubled by wind. Many patients can just feel tired, not their usual self and they (or their family and friends) notice they have become just plain irritable.

What is your doctor likely to do?
Doctors use three separate steps to come to a precise diagnosis. Firstly, they will listen to your symptoms and ask you questions about your health. This is called 'taking your history'. Secondly, they will want to examine you to see if they can detect any 'signs' that something is wrong. For example, they may notice that you are unusually pale (which might suggest you are anaemic) or, perhaps, you seem rather tender when the doctor presses gently on your tummy (which can be a sign of inflammation in the colon). Thirdly, they will probably ask you to undergo some tests.

What tests might I need?
If your doctor thinks you might have ulcerative colitis, you will probably be asked to have tests of your blood, your motions and your intestines. Doctors also use special blood tests called ESR and CRP to give a measure of the degree of inflammation. You may be asked to give small samples of your bowel motions so as to be sure there are no signs of any bowel infection.

What other investigations could be necessary?
The most important investigation is to look directly at the lining of the large intestine. Sometimes the doctor will choose to carry out such an examination in the out-patient clinic. This is known as sigmoidoscopy and has the convenience of you not having to take any special preparations beforehand as the doctor will only look at the rectum and perhaps the lowest part of the sigmoid colon. However, sooner or later, the doctor will want to see more of your bowel and the best way to do this is by a technique called colonoscopy.

What is a colonoscopy?
A colonoscopy is when a tube, which is long but flexible, is passed through your back passage along the whole length of the colon. You will be asked to follow a special diet and also to take some quite powerful laxatives just before the test to make sure your bowel is entirely empty. You will be offered an injection beforehand to minimise any discomfort that might be caused. It is usually possible to see all of the rectum and colon and it is likely that the doctor will take some biopsies (tiny pieces of the lining of the bowel to study under a microscope after the procedure has finished.) A colonoscopy will confirm the diagnosis of ulcerative colitis and provide detailed information on the extent and severity of inflammation in the intestine.

What treatment might I expect?
Fortunately for most patients with UC, medicines prove most effective although it is possible that your treatment may need to be varied to find the drugs that work best for you. Your doctors will firstly try to find a treatment that will bring the disease under control. Then they will work on finding a treatment to keep you that way.

What drugs are available?
The anti-inflammatory drugs include aminosalicylates in milder cases and steroids if the inflammation is more severe.