Inflammatory Bowel Disease

Information for patients
Endoscopy/Gastroenterology Department

Inflammatory bowel disease (IBD) isn't a single disease. The term IBD is used mainly to describe two diseases, Crohn's disease and ulcerative colitis, which can sometimes be difficult to distinguish in an individual patient.

Both Crohn's disease and ulcerative colitis are chronic (long-term) diseases, which involve inflammation of the gastrointestinal tract (gut). The main difference between the two diseases is the area of the gut that they affect and the type of ulcers they cause. In Crohn's disease, the inflammation can happen anywhere in the digestive tract, from the mouth to the anus, although it occurs mostly in the small intestine. In ulcerative colitis, the inflammation only happens in the colon (large intestine) and rectum.

IBD is not the same as irritable bowel syndrome (IBS), and each condition is treated differently.

What causes IBD?

The exact cause of the condition is unknown, but researchers believe there are a number of factors involved including contributions from genetics, the environment, infections and possibly diet. Your immune system malfunctions and attacks the lining of it's own bowel wall.

What's the difference between Crohn's disease and ulcerative colitis?

The main difference is in the area of the gut that's affected, and the type of ulcers that occur. In Crohn's disease, anywhere in the gut from the mouth to the anus can be affected, and the ulcers can impact all the layers of the gut walls. In ulcerative colitis, just the colon is affected, and the ulcers only affect the inner lining of the gut.

Over time, inflammation damages the lining of the gut, and this causes ulcers to form, which may bleed or produce mucus. In Crohn's disease, the inflammation can make the gut narrower, which creates an obstruction (this is called stricturing disease). Holes may also develop in the bowel wall and cause it to leak (this is called fistulating disease).

The main symptoms of Crohn's disease and ulcerative colitis are similar. They include:

- abdominal pain (more common in Crohn's disease than ulcerative colitis)
- a change in bowel habits: urgent and/or bloody diarrhoea or constipation
- weight loss
- extreme tiredness

Not everyone has all of these symptoms, and two individuals with the same condition can have very different symptoms. Some people may experience additional symptoms, including nausea and fever.

The symptoms of IBD can come and go over long periods. People may experience periods of severe symptoms (flare-ups), and go through periods when they have few or no symptoms at all (remission).

How is IBD diagnosed?

There is no single test that can be used to confirm or disprove a diagnosis of Crohn's disease or ulcerative colitis.

Therefore, you will have a series of tests before a confident diagnosis can be made. This will help rule out other possible causes of your symptoms. Your GP will usually refer you to a Gastroenterologist (a hospital specialist in disorders of the gastrointestinal tract).

Initial assessment

During your initial assessment, it is likely that your doctor will ask you about the pattern of your symptoms and check whether there may be any contributing causes such as:

- diet
- recent travel (for example, you may have picked up travellers' diarrhoea' while travelling abroad)
- whether you are taking any medication, including over-the-counter (OTC) medication
- whether you have a family history of Crohn's disease or ulcerative colitis

Your GP may also assess your general state of health. For example, they may:

- check your pulse, blood pressure and temperature
- perform a physical examination of your abdomen

Blood tests

Blood tests can be used to assess a number of factors including:

- the levels of inflammation in your body
- whether you have an infection
- whether you have low levels of red blood cells (anaemia), which could suggest that you are bleeding

Stool sample

You may be asked to provide a sample of your faeces (stool) for testing. The stool sample can be checked for the presence of a chemical produced by inflammation. It can also be used to determine whether your symptoms are being caused by an infection.

Colonoscopy

A colonoscopy is a test that is used to examine the inside of your colon. It is usually performed as a day case with sedative drugs and pain relief after your bowel has been cleaned with powerful laxative drugs. It involves inserting a long flexible tube, known as an endoscope, into your rectum (back passage) and up into your colon. The endoscope has a light and a camera on the end.

The camera relays images to a video screen, allowing the level and extent of inflammation inside your colon to be assessed.

The endoscope can also be fitted with various surgical tools that can be used to take a number of small tissue samples from different sections of your digestive system. This is known as a biopsy. The procedure may feel uncomfortable but it is not painful.

The tissue samples that are taken during the biopsy will be examined under a microscope for the distinctive cell changes that are known to occur in cases of IBD.

Further testing

Further testing is only usually required if the results of the above tests are inconclusive or suggest you have Crohn's disease as this can affect areas besides the large bowel (colon). They may be done if it is thought you may have developed complications, such as a blockage in your colon or an abscess (a pus-filled cavity).

Tests that you may have include:

- magnetic resonance imaging (MRI) scan, which uses magnetic field and radio waves to produce detailed images of the inside of your body, usually the pelvis.
- small bowel enteroclysis, where a liquid is passed down a feeding tube, or can be drunk. The liquid coats the lining of your small intestines, helping them to show up on the series of MRI images. The MRI can often highlight areas of narrowing and inflammation that have been caused by Crohn's disease.
- computerised tomography (CT) scan, where several X-rays are taken and then assembled together by computer to create a more detailed image
- wireless capsule endoscopy, which involves swallowing a small capsule that is about the size of a typical headache tablet. The capsule will work its way down to your small intestines where it will transmit images wirelessly to a computer. A few days after the test, the capsule will be passed out of your body when you are passing a stool. The capsule is designed to be disposable so you do not have to worry about retrieving it from your stools.

How is IBD treated?

IBD is a long-term condition with periods when the disease may flare up (relapse) and periods when there are no or few symptoms (remission). There's no cure for IBD, but the treatments can keep it under control.

There are two main phases of treating IBD. The first is to treat the initial flare-up to reduce inflammation and reduce the symptoms. The second phase is to maintain the remission of symptoms, usually using ongoing drug treatment.

Depending on the type of IBD that you have, the initial approach may involve drug treatment alone or a combination of drug and surgical treatment. A number of different drugs and therapies are used. For some people, a special "low residue" or "elemental" diet can successfully reduce the symptoms.

Some people may not need any further treatment, but others may need surgery to remove the diseased area of the gut.

Although it may be tempting to stop your treatment once you feel better, it's best to keep taking the medication. It's much easier to maintain a remission from symptoms than to treat a flare-up.

Your treatment for IBD will need to be reviewed regularly over time by your specialist team.

What can do to improve my condition?

Self-care

Self-care is an integral part of daily life, and it means that you take responsibility for your own health and wellbeing with support from the people involved in your care. Self-care includes the things you do each day in order to stay fit, maintain good physical and mental health, prevent illness or accidents, and effectively deal with minor ailments and long-term conditions. People living with long-term conditions can benefit enormously if they receive support for self-care. They can live longer, have less pain, anxiety, depression and fatigue, have a better quality of life and are more active and independent.

Take your medication

It's important to take your medication as prescribed, even if you start to feel better. Continuous medication can help to prevent flare-ups. If you have any questions or concerns about the medication you're taking or side effects, talk to your healthcare team.

It may also be useful to read the information leaflet that comes with the medication about possible interactions with other drugs or supplements. It's worth checking with your healthcare team if you plan to take any over-the-counter remedies, such as painkillers, or any nutritional supplements. This is because these can sometimes interfere with your medication.

Regular reviews

Because IBD is a long-term condition, you'll be in contact with your healthcare team regularly. A good relationship with the team means that you can easily discuss your symptoms or concerns. The more the team knows, the more it can help you.

Keeping well

Everyone with long-term conditions such as IBD is encouraged to get a yearly flu jab each autumn to protect against flu (influenza). It's also recommended that they get an anti-pneumoccocal vaccination, one injection followed by a booster 2-5 years later that protects against a specific serious chest infection called pneumococcal pneumonia.

Healthy eating and exercise

Regular exercise and a healthy diet are recommended for everyone, not just people with IBD, because it can help to prevent many conditions, including heart disease and many forms of cancer. However, if you have IBD, it's important to maintain a healthy balanced diet. You may have to avoid certain foods if they affect you, but try to eat a balanced diet containing all the food groups in order to give your body the nutrition it needs. Exercising regularly can help to relieve stress and reduce fatigue.

Stop smoking

Stopping smoking can improve your health overall. The relationship between smoking and Crohn's and Colitis is complex.

Many studies have shown that people who smoke are more likely to develop Crohn's Disease, and research suggests that smoking increases the severity of the disease. In contrast, smoking appears to decrease the severity of Ulcerative Colitis, although it still carries many other health risks. The NHS can help with nicotine replacement therapy (NRT), which includes patches, gum, lozenges and inhalers.

NRT gets nicotine into the bloodstream without smoking and its harmful side effects.

Other sources information

https://www.nhsinform.scot/illnesses-and-conditions/stomach-liver-and-gastrointestinal-tract/crohns-disease

Contacts

You can contact the IBD specialist nurses at each telephone Advice Line.

- Haimyres - Emma McBride and Louise Martin: 07917 555615
- Monklands - Alison Tedford and Tracy Perkins: 01236 713496
- Wishaw - Therese MacDonald, Kirsten McCaul and Ellyce Lang: 01698 366196

If you need advice or assistance outside these times you should contact:

- NHS 24 - Tel: 111
- Your GP
- or attend your Accident and Emergency department

NHS inform - provides quality assured health information for the public in Scotland. Tel No: 0800 22 44 88 www.nhsinform.co.uk

Confidentiality and the use of patient information

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

NHS Lanarkshire - for local services and the latest health news visit www.nhslanarkshire.scot.nhs.uk

NHS Lanarkshire General Enquiry Line: 0300 30 30 243

NHS inform - The national health information service for Scotland.
www.nhsinform.co.uk
Tel No: 0800 22 44 88

If you need this information in another language or format, please e-mail: Translation.Services@lanarkshire.scot.nhs.uk

Care Opinion
What's your story?

www.careopinion.org.uk

Pub. date:	Sept 2020
Review date:	Sept 2022
Issue No:	05
Department:	Endoscopy/Gastro
Clinical Lead:	

PIL.IBDISE.83142.L
20_17762

Design - Medical Illustration, NHS Lanarkshire