

Patient information

Inflammatory Bowel Disease

Digestive Diseases Care Group

Your recent sigmoidoscopy test showed that you had inflammation of the lining of your large bowel (colon), which could be due to inflammatory bowel disease. The samples of the lining of your bowel taken by the endoscopist, should determine the diagnosis.

What is Inflammatory Bowel Disease?

This is a term used by doctors to refer to two conditions: Ulcerative Colitis and Crohn's disease. They are both types of inflammation of the colon or intestines.

When will I know if I have Inflammatory Bowel Disease?

The results of the samples you had taken usually take a few weeks. You may need further tests, such as X-rays, to confirm the diagnosis.

What is the difference between Crohn's disease and Ulcerative Colitis?

Crohn's disease can affect any part of the intestine – from mouth to anus (back passage) but Ulcerative Colitis affects the large bowel (colon) only.

What causes Inflammatory Bowel Disease?

No one really knows what causes inflammatory bowel disease. It seems to result from a combination of genetic and environmental factors.

Is Inflammatory Bowel Disease a form of Cancer?

No. Cancer is caused by a series of changes (mutations) in the DNA of your body's cells.

Statistically, there is an increased risk of bowel cancer (if your disease affects the large bowel), and for this reason you are likely to be offered colonoscopy examinations when you have had your disease a certain length of time.

Can Inflammatory Bowel Disease be cured?

Inflammatory bowel disease cannot be cured through medication, and once people have the condition, they will have it for the rest of their lives. However, most people find their symptoms will come and go. The periods of time you experience symptoms are called a relapse, or 'flare-up'.

During the periods of time when you are not experiencing symptoms, your disease is said to be in remission or quiescent (inactive).

What would my symptoms be?

Your symptoms may include lethargy (tiredness), weight loss, nausea/vomiting, diarrhoea, bleeding, fever, sweating, abdominal pain, joint pains, mouth ulcers.

What treatment is available?

For many people with inflammatory bowel disease, the condition can be managed by taking medication that reduces the inflammation of the lining of the bowel. If these aren't successful there are other medications that can be added to control your disease. Surgery is sometimes an effective treatment.

What happens now?

If the samples from the lining of your bowel show you have Ulcerative Colitis or Crohn's disease, you will be referred to a doctor in the hospital who specialises in this condition. You will be started on the appropriate medication and given education and support regarding your disease.

If you have been diagnosed with Crohn's disease or Ulcerative Colitis, you will be given the contact details of a specialist nurse. They will explain your diagnosis and are a point of contact if you need advice, or support regarding your disease.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you need any further information please contact the Inflammatory Bowel Disease (IBD) Nurses

Tel: 0151 706 2659

Text phone number: 18001 0151 706 2659

www.nacc.org.uk

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