



Sekhar Dharmarajan, MD

Washington University

Colorectal Surgery

(314) 454-7177

Q: I was recently diagnosed with ulcerative colitis. Am I going to need surgery or a colostomy bag?

Ulcerative colitis (UC) and Crohn's disease are chronic inflammatory conditions of the gastrointestinal tract that are known collectively as inflammatory bowel disease (IBD). About 1 million people in the United States are affected with inflammatory bowel disease. While no one knows exactly what causes IBD, it is an abnormal response of the body's immune system that results in inflammation of the intestines. This inflammation can then produce symptoms such as abdominal pain and cramping, diarrhea, rectal bleeding, loss of appetite and weight loss. It can also affect other areas of the body, causing liver disease, skin lesions and joint pains.

There are a number of conditions that have symptoms similar to those of IBD, and patients with these symptoms need to be evaluated by their physician. The diagnosis of IBD is made using careful history and physical examination, blood work, stool testing, imaging, such as CT scans or MRIs, and colonoscopy or flexible sigmoidoscopy.

The main treatment for IBD involves different classes of medicines that limit or reduce the inflammation in the intestines. Patients whose disease does not respond to

the medications or who have adverse side effects from the medications may require surgery.

Since ulcerative colitis only affects the colon and the rectum, surgery to remove the large intestine can cure patients of their disease. The most common surgery for ulcerative colitis involves removing the entire colon and rectum, creating a new rectum, called a "J pouch," out of small intestine, and attaching this J pouch to the anus. While this is a complex surgery that sometimes requires the creation of a temporary ostomy (bag) after surgery, more than 90% of patients are able to lead relatively normal lives without a permanent ostomy. Surgery can now be performed using minimally invasive approaches that limit pain and scarring and lead to faster recovery.

Optimal care of patients with IBD is best achieved with a multidisciplinary team, including gastroenterologists, surgeons, psychologists and nutritionists, with input from a variety of other specialists as needed.

 **Washington**[®]
University in St. Louis

Physicians