

Living with Bowel Disease

Although bathroom humor keeps audiences chuckling, bowel problems are no laughing matter for people with Crohn's disease or ulcerative colitis.

Known collectively as inflammatory bowel disease (IBD), these conditions affect more than 1 million Americans, causing untold pain, stress and embarrassment.

Plagued by severe cramps, diarrhea, chronic abdominal pain, fever, weight loss and rectal bleeding, people with IBD must often plan their lives around convenient access to a restroom. But there's hope. "With proper treatment and follow-up, most IBD patients can lead normal, pain-free lives," says **Dr. Nimisha Parekh**, an expert in stomach and intestinal disorders at the H. H. Chao Comprehensive Digestive Disease Center (CDDC). Parekh is fellowship-trained in gastroenterology with a concentration in IBD, making her a rare subspecialist in the condition. She's part of a team comprising more than 20 CDDC specialists who provide leading-edge care for people suffering from a wide range of digestive diseases, including IBD.

Because Crohn's and ulcerative colitis share similar symptoms, differentiating between the two can be a real challenge. Yet the way each of these conditions affects the digestive tract differs notably.

An expert diagnosis. "With Crohn's, inflammation appears in patches anywhere along the digestive tract, penetrating all layers of the intestinal lining," says Parekh. "With ulcerative colitis, inflammation and ulcers are limited to the top layer of the intestinal lining in the large intestine. Both types of IBD are believed to be caused by a dysregulation of the immune system in genetically susceptible people."

Since Crohn's and ulcerative colitis can be mistaken for each other, an expert diagnosis is critical. Testing usually involves a physical exam, blood tests, X-rays

and endoscopic procedures. Colonoscopy is considered the gold standard for diagnosing IBD. It involves the insertion of a flexible, lighted tube to look directly at the lining of the gastrointestinal tract from the anus to the lower end of the small intestine. Small samples of the intestinal lining may be taken during the procedure for examination under a microscope.

But even with the most advanced testing, it can be difficult for doctors to distinguish between Crohn's and ulcerative colitis. For this reason, the disease is classified as indeterminate colitis in about 10 percent of all cases.

"Treatment for IBD is highly individualized," says Parekh. For many patients, medications can manage the condition, resulting in long periods of remission. But for others, surgery is the only answer.

With proper treatment and follow-up, most people with inflammatory bowel disease can live normal lives.

One such operation is called a resection. It involves removing the diseased portion of the intestine and reconnecting the two healthy ends. Resections can be performed laparoscopically through tiny incisions,

significantly reducing postoperative pain and speeding recovery.

Another solution. In other cases, the diseased colon must be removed, followed by the creation of a permanent opening known as a stoma. An artificial passageway allows feces



to pass from the intestine to the outside of the body. The matter is collected in an ostomy bag, which is worn externally. However, in patients with ulcerative colitis, doctors routinely perform a procedure called an ileal pouch anal anastomosis. By fashioning a section of the small intestine into a pouch on the inside of the body and joining it to the anus, CDDC doctors are able to eliminate the need for an external bag. This is extremely complex surgery and should only be performed by highly trained colorectal surgeons with extensive experience in treating ulcerative colitis.

For referral to a UC Irvine Medical Center physician specializing in IBD, call toll free 1-888-717-GIMD.

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