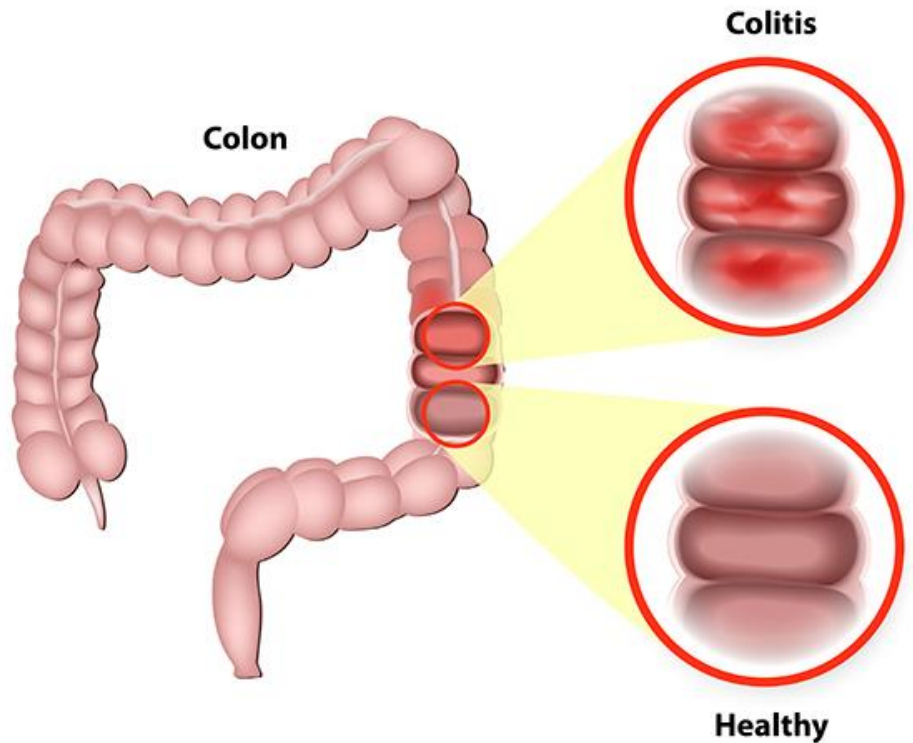


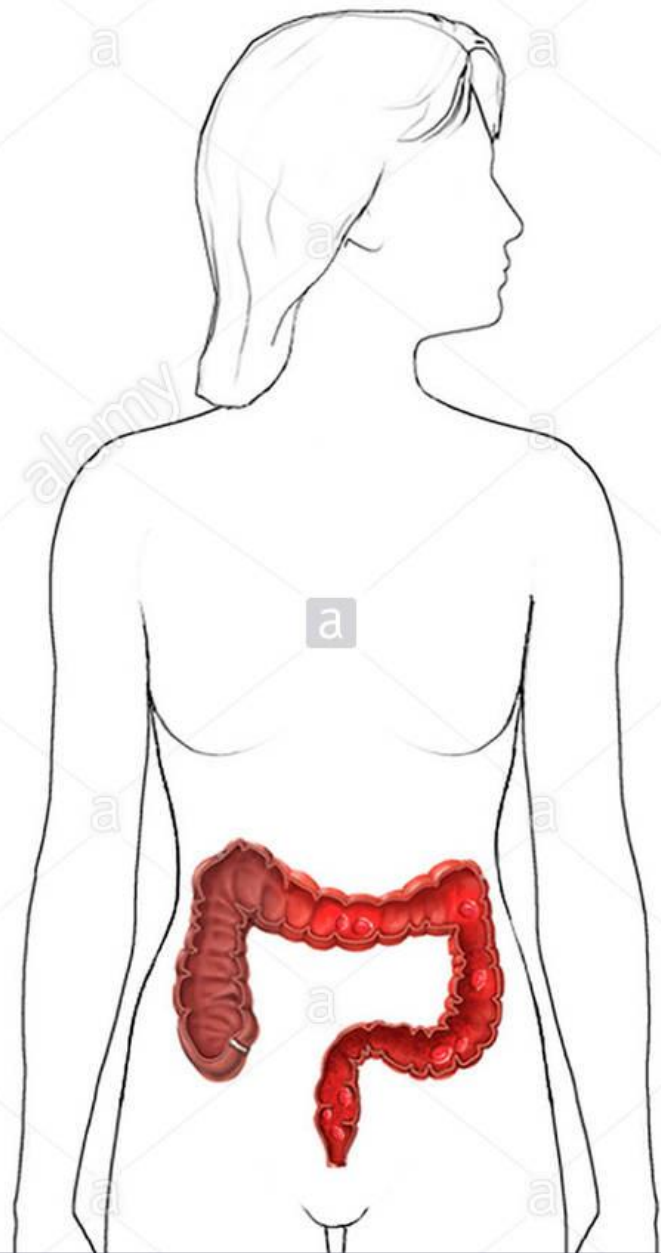
Ulcerative Colitis

Alaa H. Hermis

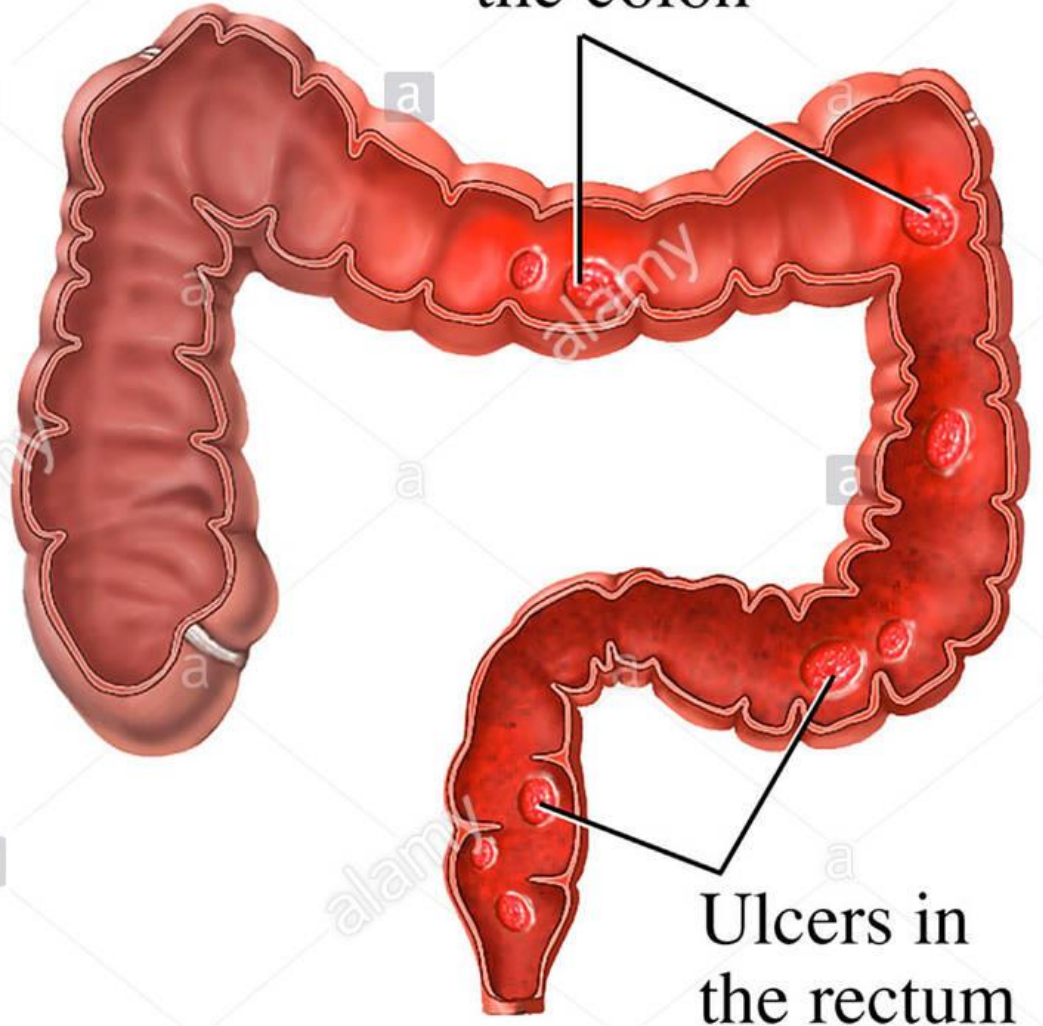


Introduction

- It is a serious disease, accompanied by systemic complications and a high mortality rate; **approximately 5% of patients with ulcerative colitis develop colon cancer.** It is characterized by multiple ulcerations, diffuse and inflammations.
- **Ulcerative colitis** is similar to Crohn's disease. Crohn's disease, however, can occur anywhere in the GI system, **whereas ulcerative colitis occurs in the large colon and rectum.**



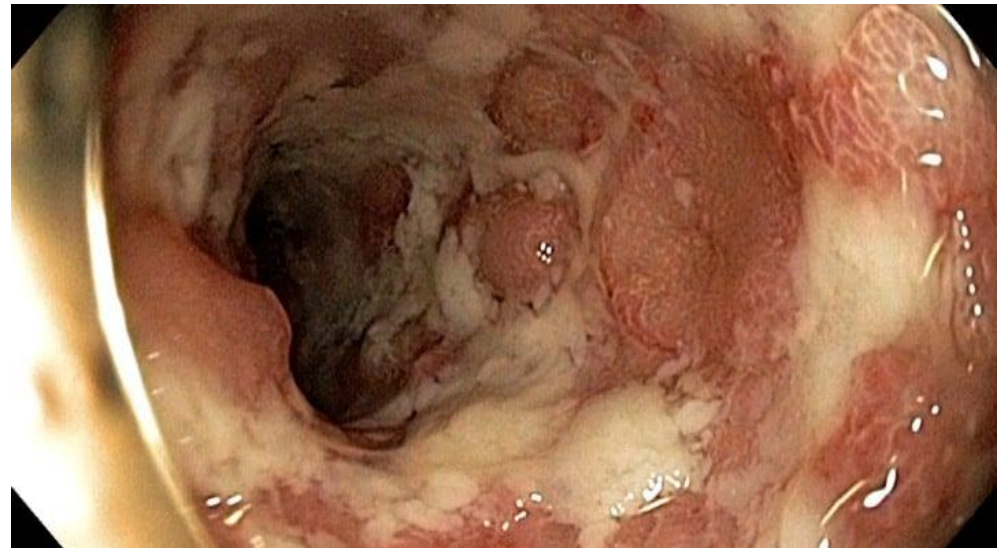
Ulcers in the colon



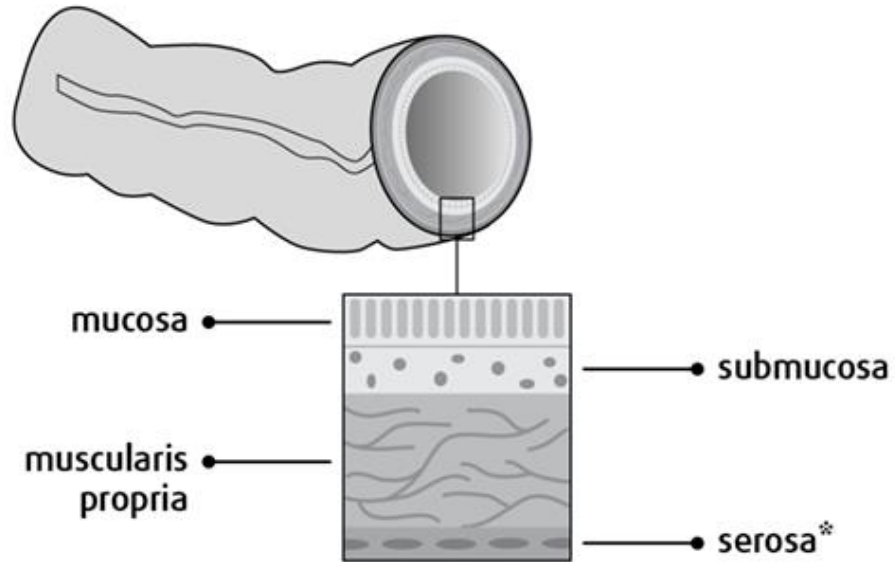
Ulcers in the rectum

Ulcerative colitis

- **Ulcerative colitis:** is a recurrent ulcerative and inflammatory disease of the mucosal and sub-mucosal layers of the colon and rectum.



Layers of the Colon and Rectum



*serosa is not found on most of the rectum

Etiology and Risk Factors

- Infection
- Allergy
- Autoimmune response.
- Environmental agents such as
 - Pesticides
 - Tobacco
 - Radiation
 - Food additives may precipitate an exacerbation.
- **Diet** or **psychological stress** may trigger or worsen an attack of symptoms.
- Ulcerative colitis usually begins between ages 15 and 40.

Clinical Manifestations

- Abdominal pain, diarrhea, rectal bleeding, and fecal urgency are **common symptoms of ulcerative colitis.**
- Anorexia, weight loss, cramping, vomiting, fever, and dehydration associated with passing 5 to 20 liquid stools a day may also occur.

SYMPTOMS

The most common symptoms of UC include:

Diarrhea with bloody stools



Abdominal discomfort



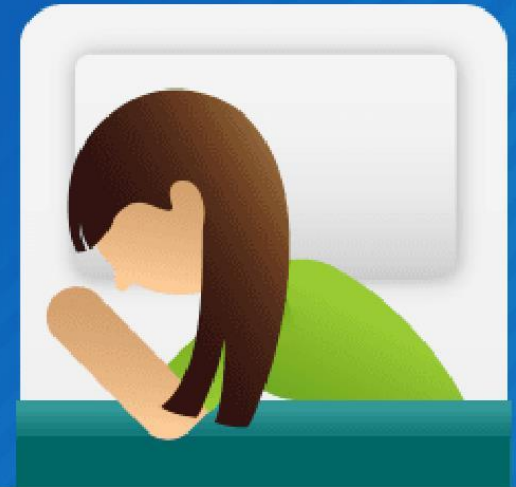
Loss of appetite and weight loss



Urgency — the need to go to the bathroom



Low levels of energy and fatigue



Assessment and Diagnostic Methods

- Assess for tachypnea, tachycardia, hypotension, fever, and pallor.
- Abdomen is examined for bowel sounds, distention, and tenderness
- Endoscopy with biopsy

- Stool examination to rule out dysentery, occult blood test.
- Abdominal x-rays, computed tomography (CT), magnetic resonance imaging (MRI).
- **Sigmoidoscopy or colonoscopy and barium enema.**
- Blood studies (low hemoglobin, high white blood cell count, decreased albumin level, electrolyte imbalance).

Sigmoidoscopy



UC - Spectrum of Disease

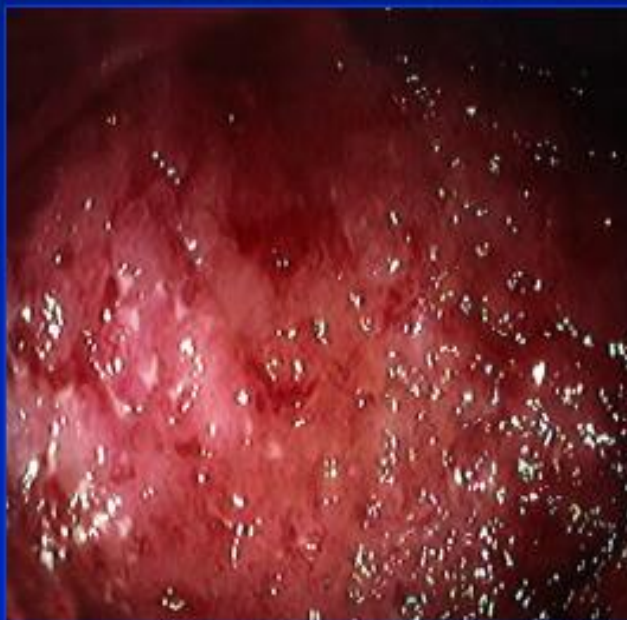
Normal



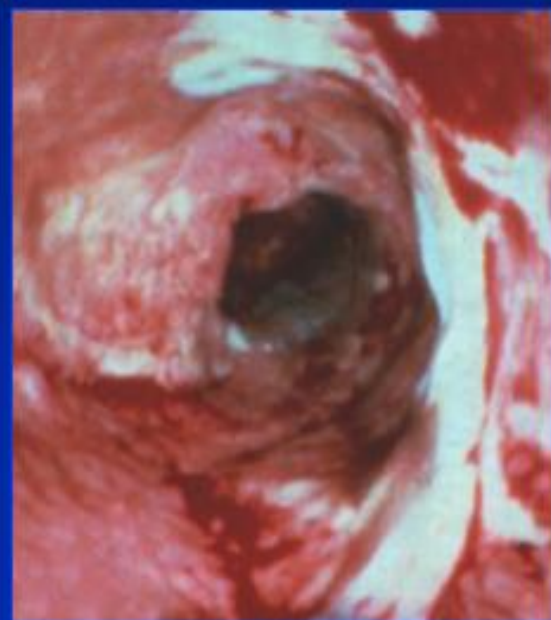
Mild



Moderate



Severe



Medical Management

- Medications:
 - Anti-inflammatories
 - Antidiarrheal
 - Antibiotics
 - Immunosuppressants
 - Corticosteroids
- Surgery if necessary.
- Avoidance of Spicy foods.
- Elemental formula or total parenteral nutrition (TPN) if required.

Home Remedies for Ulcerative Colitis Symptoms



Avoid spicy foods,
alcohol and caffeine



Restrict fiber



Limit dairy products



Try fish high in
Omega-3 fatty acids



Eat small, more frequent meals to
digest better and more efficiently



Complications

- Malnutrition
- **Other serious complications include:**
 - Potential for hemorrhage during an acute phase
 - Bowel obstruction
 - Perforation, and peritonitis.
 - The risk for colorectal cancer is also increased in patients with ulcerative colitis.

Nursing Diagnoses and Implementation

Acute Pain related to increased peristalsis and cramping

- Have patient rate pain on objective scale such as 0 to 10 to determine pain level.
- Document the character of the pain (dull, cramping, burning) and ask whether the pain is associated with meals or other activities to plan care.
- Give analgesics and medications to relieve cramping, as prescribed.

Diarrhea related to the inflammatory process

- Document characteristics of stools, including color, consistency, amount, frequency, and odor to plan care.
- Ensure patient has quick access to the bathroom or provide a bedside commode to prevent incontinence.
- Controlling diarrhea and fluid balance.
- Encourage bed rest to decrease peristalsis.

Diarrhea related to the inflammatory process

- Keep the environment clean and odor free to help alleviate anxiety.
- Teach the patient to avoid high-fiber foods such as whole grains and raw fruits and vegetables, as well as caffeine, alcohol, and nicotine because they stimulate intestinal motility.
- Administer antidiarrheal medication as prescribed.

Risk for Deficient Fluid Volume related to diarrhea and insufficient fluid intake

- Weigh patient daily to determine fluid loss.
- Record intake and output (including diarrhea stools) to determine fluid balance.
- Document and report signs of deficient fluid volume to the HCP to allow treatment.
- Maintain IV fluids as ordered to maintain fluid balance.
- Encourage fluids when acute diarrhea subsides to maintain fluid balance.
- Teach patient signs and symptoms of dehydration to report to allow prompt treatment.

Anxiety related to symptoms and frequency of stools and treatment

- Answer questions
- Talk in a calm, confident manner; and
- Actively listen to the patient to reduce anxiety,

Imbalanced Nutrition: Less Than Body

Requirements related to malabsorption

- Weigh weekly *to detect weight loss.*
- Give special liquid (elemental) formula that is absorbed in the upper bowel as ordered *to allow the colon to rest.*
- Maintain PN as ordered to provide nourishment *if the patient is unable to tolerate oral intake.*



Thank You
For Your Attention