Community matters

People caring for people

RAMSAY HEALTH CARE

Berkeley Vale Private Hospital
Lorraine Avenue, Berkeley Vale NSW 2261

02 4389 1970

Issue 7
Winter 2009

BERKELEY VALE PRIVATE HOSPITAL

Ulcerative Colitis

If you have recently been told you have ulcerative colitis or Crohn's disease, your first reaction may have been shock that you have an illness which could affect you for the rest of your life. You may also have felt some relief that at last you have an explanation for the way you are feeling. There are probably many questions running through your mind. We hope this leaflet will help you to understand more about your condition, how you can help yourself, and the sort of treatment you will receive.

What is inflammatory bowel disease?

Inflammatory bowel disease (IBD) is a term used to describe two diseases, ulcerative colitis and Crohn's disease, which cause inflammation of the bowel.

Ulcerative colitis causes inflammation of the inner lining of the large bowel (colon and rectum). When only the rectum is involved it is sometimes called ulcerative proctitis or just proctitis. When the entire colon is involved it is sometimes called pan-colitis.

Crohn's disease causes inflammation of the full thickness of the bowel wall and may involve any part of the digestive tract from the mouth to the anus (back passage). Most frequently the ileum, which is the lower part of the small bowel (ileitis), the large bowel (colitis) or both (ileo-colitis) are involved.

Sometimes people get confused between inflammatory bowel disease (IBD) and the irritable bowel syndrome (IBS). The two conditions are quite different and so are their treatments.

What causes ulcerative colitis & Crohn's disease?

Despite a great deal of research, the cause of ulcerative colitis and Crohn's disease is unknown. Some scientists believe IBD may be due to a defect in the body's immune system (its natural protection against diseases), while others believe that bacteria or even viruses might play some role. However, there is no evidence that ulcerative colitis or Crohn's disease is contagious. Relatives of people with IBD have a slightly greater risk of developing either disease. Stress or diet are not thought to cause IBD. Both diseases are more common in the Western world.

How is IBD treated?

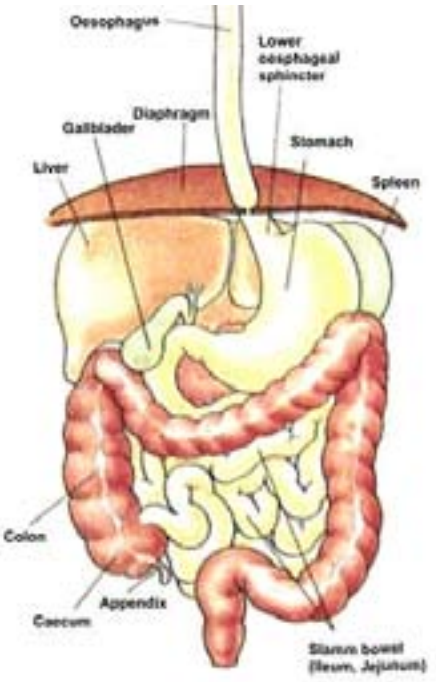
The type of treatment you will be offered depends on whether you have ulcerative colitis or Crohn's disease, the extent of the disease, and the effect of the symptoms on your daily life.

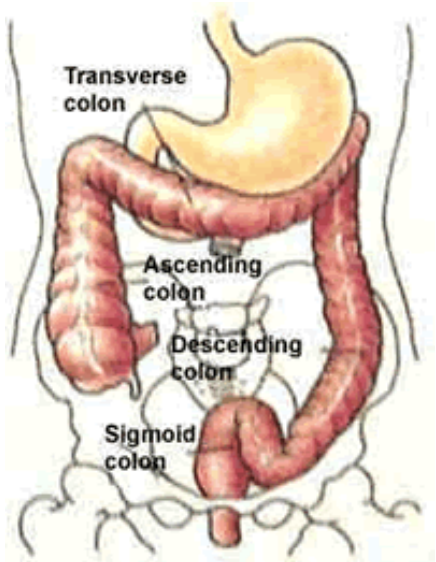
Ulcerative colitis

The treatment of ulcerative colitis depends on the amount of the large bowel affected and the severity of the inflammation. A mild attack may be treated with drugs given directly into the rectum through the back passage (eg. by an enema or suppositories) if the disease is confined to the lower part of the bowel. Steroid tablets (usually prednisolone) may be required if the inflammation is more severe or if more of the bowel is involved. Occasionally

Gastrointestinal Tract

A guide to the different parts of the gastrointestinal tract.

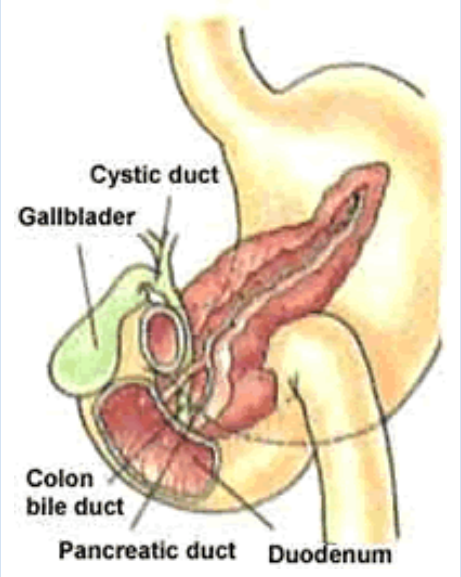




Continued on page 2...

Continued from page 1...

anti-diarrhoeal drugs (e.g. Loperamide (Imodium) or Lomotil (diphenoxylate and atropine) may be helpful.



Most people in remission are advised to take a drug to reduce the chance of a relapse; this is called maintenance therapy.

Imuran or Thioprine orPuri-Nethol, drugs that reduce the activity of the body's immune system, may sometimes be used if colitis is difficult to control. For more severe attacks treatment in hospital with steroid given directly into a vein may be required.

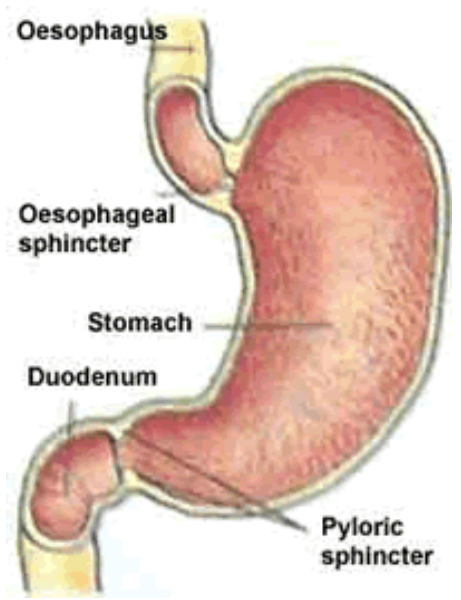
If drug therapy is not effective, surgery to remove the large bowel (rectum and colon) may be recommended. If this is done the disease is cured. Your doctor will fully discuss the surgical options available to you and there will be time to talk with a stoma-care nurse or another person who has already undergone an operation for ulcerative colitis.

Crohn's Disease

The drugs used to treat Crohn's disease are the same as those used for ulcerative colitis. However, drugs that suppress the immune system are more commonly used to help control the inflammation and as maintenance therapy. Active Crohn's disease is generally treated with steroid tablets (usually prednisolone). Sometimes, antibiotics are also used.

Where drug therapy is ineffective, an infusion into the vein of infliximab (Remicade), (an antibody that mops up an important protein made by the body during inflammation), may be used.

In contrast to ulcerative colitis, it is not possible to remove all of the bowel that may be affected by Crohn's disease, so the disease cannot be cured by surgery. However, some people do require surgery if drug treatment is ineffective, or if Crohn's disease causes a blockage or leak in the bowel. Surgery may also be necessary for people with Crohn's disease of the anus that which is not responding to tablets.



You can obtain more detailed information about the drugs used in the treatment of ulcerative colitis and Crohn's disease from the ACCA/DHF publication "Drugs and Inflammatory Bowel Disease", and more information on surgery from the ACCA/DHF publication "Surgery and Inflammatory Bowel Disease". You can also get more information about the drugs used on the GESA website, www.gesa.org.au

Who gets IBD & what are the symptoms?

IBD often develops between the ages of 15 and 30 but can start at any age; it is uncommon in children. It is estimated that about 61,000 Australians have IBD; approximately 28,000 have Crohn's disease and 33,000 have ulcerative colitis.

People with either disease can develop pain in the abdomen, weight loss, diarrhoea (sometimes with blood and mucus) and tiredness. Some people may also experience fever, mouth ulcers or nausea and vomiting. People with Crohn's disease of the anus can experience pain (especially while passing a bowel motion) or an itch. A few people have disease affecting other parts of the body and may experience swollen joints, inflamed eyes, skin rashes or jaundice (yellow colour of the skin). The symptoms and their severity vary from person to person and may flare up or improve over time. Many people will experience periods of remission when they are completely free of symptoms. With current medical treatment, life expectancy is normal.

What tests are used to confirm the diagnosis of ulcerative colitis or Crohn's disease?

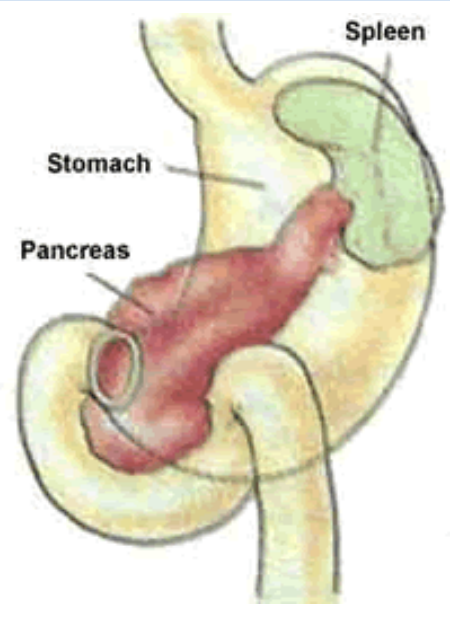
The diagnosis of Crohn's disease or ulcerative colitis is sometimes delayed as the same symptoms can occur with other diseases. It is usually necessary to exclude diseases such as bowel infections or the irritable bowel syndrome.

Blood tests are useful to look for anaemia (low blood count) and to measure the severity of inflammation. They can also detect vitamin or mineral deficiencies. A faeces (bowel motion) specimen may be required to exclude infection. Most people require an examination of part of the bowel, either by direct inspection through a flexible tube inserted through the back passage (colonoscopy or sigmoidoscopy) or mouth (gastroscopy), or by x-rays, include CT scan and barium small bowel series (where dye swallowed and x-rays taken). There is no one test that can reliably diagnose all cases of IBD, and many people require a number of tests.

How important is diet?

Eating a healthy balanced diet is important if you have Crohn's disease or ulcerative colitis. It is particularly important to eat enough to prevent weight loss. Some people are advised to take nutritional supplements to maintain their weight. If you find that you can eat a normal mixed balanced diet without any ill effects, then continue to do so.

There is no evidence that ulcerative colitis or Crohn's disease are due to food allergies. You may find that some foods seem to make your diarrhoea worse, particularly foods with a high fibre content (eg. fruits, vegetables, nuts and wholemeal grains), spicy foods or fatty



foods. If so, it is sensible to reduce the amount of these foods in your diet, during a flare up.

A few people with Crohn's disease are unable to absorb particular nutrients. These individuals may need to take vitamin or mineral tablets. Some require an injection of vitamin B12 every 3 months. Nutritional deficiency is uncommon in people with ulcerative colitis, although blood loss can lead to anaemia (a low blood count), which may require iron tablets. However, there is no evidence to suggest that extra vitamins or special food supplements are necessary or helpful for most people with Crohn's disease or ulcerative colitis.

IBD in children?

IBD is uncommon in children but does occur. Children with IBD develop the same symptoms as adults. However, untreated IBD can lead to delayed or impaired growth and it is important to keep inflammation under control to prevent this. The treatment of children with ulcerative colitis or Crohn's disease is very similar to that of adults with inflammatory bowel disease.

Can people with IBD lead a normal life?

People with IBD lead useful and productive lives, even though they need to take medications. When their disease is inactive, they feel quite well and are usually free of symptoms. People with IBD can marry, engage in sexual activity and have children. They can hold down jobs, care for families and enjoy sport and recreational activities. In short they can lead normal lives.

Even though there is no cure for IBD, current medical therapy has improved the health and quality of life of most people with ulcerative colitis and Crohn's disease. There is good reason to believe that research underway today will lead to further improvements in medical and surgical treatment of inflammatory bowel disease.

Prepared by the Australian Crohn's & Colitis Association (ACCA) in collaboration with the Gastroenterological Society of Australia Digestive Health Foundation (DHF)

In focus

Thomas (Tom) Rae is an 85 year old veteran who has been a patient at Berkeley Vale Private Hospital for the past 8 years. He is a regular visitor to the hospital both as a patient and service on the hospitals Community Council Forum, made up of previous patients and external community support agencies that provide guidance and advice on future services and the direction the hospital can take to provide quality patient care.

Q What were you doing before retirement?

A "After spending 4 ½ years in the army during Word War 11, I took a job interstate driving "WOT" – shocking vehicles we had to drive – later I became a Department Superintendent at Anthony Horderns where I met my dear departed wife. I was in my "spare" time course commentator for motor cycle races and speedway. For some 30 odd years I was a motor mechanic rising to become a workshop manager for a large Sydney council."

Q What is your relationship with Berkeley Vale Private Hospital?

A " I seem to be part of Berkeley Vale Private Hospital having been a patient on so many occasions. Over a long time I have spent two Christmases, three Easters, and three birthdays in bed 46.

I have a very good connections with management, doctors and staff. Each time I am a patient a sign "Tom's Office" goes on the door."

Q How do you keep active?

A "For many years I have been a life member of a big Sydney Ex- Service club – served as a Director of the Club and a Credit Union so it is natural that I keep an eye on these things.

I was president of a Bowling club – a game I now cannot play, but still follow with interest. I also have a bet on "losing" race horses!!!!!"

ACCREDITED ORTHOPAEDIC SURGEONS AT BERKELEY VALE PRIVATE HOSPITAL

Berkeley Vale Private Hospital currently has a total of twelve (12) accredited Orthopaedic surgeons. They include:

Dr Ed Bateman
Dr Stuart Gray
Dr Michael Hunter
Dr John Morton
Dr Ian Stokes
All located at Coastal Orthopaedics and Sports Injury Gosford – Phone 4323 1122

Dr Anthony Burnekis
Dr Jim Hasn
Dr Ian Incoll
Dr John Limbers
Dr Darren Paterson
All located at Central Coast Orthopaedics – Phone 4393 3820

Dr Simon Hutabarat – Phone 4341 9925

Dr Peter Papantoniou – Phone 9588 3555

Hand Hygiene Australia

Background

Everyone has germs. Our bodies are covered with germs that help us stay healthy. In addition to the germs that are usually present on our skin, we also pick up germs from contact with other people or objects in our surroundings. These germs are easy to pick up and transfer. In this way, they can cause you, or others, to get sick. Although people usually think that germs are spread through the air, the fact is that germs are most easily spread through hand contact.

One of the best ways to stop the spread of germs is to wash OR decontaminate your hands. Hand hygiene is a new term to describe washing or decontaminating hands. Washing hands helps to physically remove germs by friction, and to rinse them down the drain. Decontaminating hands reduces the amount of germs present on hands through the use of special alcohol based preparations in the form of solutions, gels or foams.

Alcohol based preparations have two dissecting advantages over soap and water:
1 – they kill many more germs
2 – they are less drying to your skin

While alcohol based preparations reduce the germs on your hands, they cannot remove visible solid or contamination. It is always important to WASH hands with soap and water any time they are visibly dirty. Hand hygiene is the single most important factor in reducing hospital acquired infections. Our hands may look clean but many germs are invisible to our eyes. We can unknowingly transmit germs on our hands to others and our environment.

Why do hand HYGIENE?

When we are fit and healthy we can usually defend ourselves against many germs. Having healthy intact skin is one of the main ways we can do this. Often our natural defences are weakened when we are not well, or after an operation. It's very important that each time you visit someone in a healthcare facility you clean your hands, even if your hands look clean. For A patient, an infection can result in:

- Illness
- A longer stay in hospital
- Slower recovery
- Additional stress for all concerned

Why do infection occur?

Some patients in hospital are more vulnerable to getting an infection because they are very sick, or have had an operation. They may also be at greater risk of getting an infection if they:

- Are very young or very old
- Have underlying medical conditions eg diabetes
- Have a weakened or compromised immune system e.g. patients receving chemotherapy

Other reasons why infections may occur may be due to the type of procedures that are performed or the environment around them such as:

- Surgery (length of surgery, type, antibiotics given)
- Poor hand hygiene by both staff and patients
- Presence of invasive devices eg intravenous drips or urinary catheters
- Longer length of hospital stay
- A hospital stay in a high risk area eg Intensive Care Units
- Use of particular medications

Reducing the risk

There are several things that you can do to optimise your health and reduce risks of infection in health care facilities:

During your stay - wash your hands carefully after handling any type of dirty material and before and after visiting.

When should you clean your hands?

Hand hygiene is a general term for referring to the use of soap and water or a waterless hand rub to cleanse your hands.

It is important to perform hand hygiene as you enter and leave a healthcare facility and also:

- After going to the toilet
- After blowing your nose
- After smoking
- After handling/patting animals
- Before, during and after preparing food
- When your hands are visibly dirty

Using alcohol hand rubs

- When hands are visibly clean
- Remove excess jewellery
- Squirt pump once into your cupped hands
- Roll to distribute over palms, back of hands and between fingers
- Rub hands together until dry.

Using soap & water

- When hands are visibly dirty:
- Remove excess jewellery
- Wet hands with water
- Apply soap
- Rub all over
- Rinse off with water
- Pat hands dry with paper towel
- Dispose of paper towel in bin

For more information on this important initiative please go to the following web sites:

www.hha.org.au – Hand Hygiene Australia

www. preventinfection.org