

## △ GENERAL INFORMATION

*Crohn's disease* is a chronic inflammation of the small and large intestines and often of other areas in the abdomen. It can even affect organs outside the abdomen. Mostly the disease begins at the age of 10 to 15 years and can affect anyone.

Sometimes the condition gets better by itself or with a little treatment only to come back some years later in the same area or in a different area, and even in a different manner. At other times Crohn's disease may be slowed down a bit with treatment but always keeps progressing.

Although there are many theories on what causes Crohn's disease, none has been proven.

## COMMON SIGNS AND SYMPTOMS

- There is colicky pain, especially after eating.
- Diarrhea is common because the bowel is inflamed or working forcefully to overcome a partial blockage, or because the food in it is improperly digested.
- The scarred small bowel can develop enough blockage that there is severe cramping pain or swelling of the abdomen.
- There may be poor nutrition or not enough nutrition because food is not being absorbed properly. Or the person avoids eating so as not to develop the cramping pain.
- There is weight loss because of the above.
- Anemia from bleeding or poor nutrition is common.
- There is a general ill feeling because of inflammation and infection of all the tissue.

## DIAGNOSIS

An absolutely certain diagnosis can't be made in one specific way or even in several ways. Rather, the diagnosis is made by putting together the information from the history, the symptoms, the physical examination and laboratory tests, and the way the disease has behaved.

- Blood and urine tests can show the degree of anemia or infection in the body.
- Careful examination of the area around the anus may show infection there.
- Colonoscopy: This is done with an optical instrument with a light at its tip that is smooth, flexible, and as big around as your little finger. During the procedure you will be given medicine that will make you feel drowsy. The tip of the instrument will be lubricated, gently introduced through the anus, and advanced along the large bowel. It can be used to inspect your entire large bowel and even a short distance into the small intestine. If suspicious tissue is seen, a small piece of it can be taken (a *biopsy*) for laboratory examination.
- Barium enema: Barium (it has the color and consistency of buttermilk) is placed in the colon like a regular enema, and x-rays are taken from various

angles. These x-rays can show the area of the colon that is affected.

- Ultrasound: Harmless sound waves are aimed at the area of your abdomen. The sound waves bouncing back (the echoes) from this area are seen as a picture on a screen. Ultrasound is a convenient and painless way to examine organs and tissues inside this area of your body.
- Small bowel x-rays: You will be given barium to swallow. X-rays will be taken of the barium as it travels through your small bowel to try to pick up areas of involvement.

## ○ TREATMENT

### Medical

Generally, the treatment is medical with several aims:

- To provide nutrition that is easy for the body to utilize because the diseased intestine may not be able to do this with a regular diet.
- To use medication to prevent or treat infection.
- To attempt to boost the person's immune system.

### Surgical

Surgery is reserved for specific problems. Eventually, however, most patients need an operation of one type or another. Mostly the operation is to relieve symptoms rather than to cure the disease. An operation may be necessary for the following:

- An abscess that needs to be drained.
- A connection (a *fistula*) between one portion of the bowel and another segment. Or there may be a connection from the bowel through the skin to the outside.
- Uncontrolled bleeding from the inflamed bowel.
- Blockage, mostly of the small bowel. This is because the small intestine is so inflamed and swollen that little can pass through it. At other times the intestine is not actually blocked but so swollen that it cannot squeeze down to move food along.
- Complications affecting the bladder from inflamed intestine resting on the bladder. Sometimes the inflamed intestine breaks through and makes a connection into the bladder.
- Cancer in the diseased colon.

After the most careful consideration of all factors, the recommendation is that you have an operation for your present problem. The exact nature of the operation can vary depending on what is found during the operation and what is needed to correct it. However, every effort is made *not* to remove intestine because this leaves you with less intestine to digest your food. The emphasis is to fix things so that food can pass through your intestine.

Trust and confidence in the surgeon are necessary, and a discussion before the operation is the best way for you to better understand the course of action. For this reason, there will be a discussion with you at length about your problem and the solutions to it. You are encouraged to ask all the questions you wish.

## **PREOPERATIVE PREPARATION**

- You should be in the best possible condition to reduce the risks of an operation. This may consist of at least some of the following:
  - Giving you extra fluid by vein.
  - Starting antibiotics.
  - Giving you blood transfusions to correct any anemia.
  - Improving your nutrition.
- Do not eat or drink anything for 8 hours before the operation.
- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).

## **□ OPERATION**

- You will be asleep for the operation.
- The length of the operation depends on what is found and what needs to be done.

## **POSTOPERATIVE CARE**

- As with any operation, complications are always possible, some of them serious. With this type of operation, they can include peritonitis, pneumonia, heart attack, blood clots and fistula, and possibly others.
- Arrangements will be made for your medicines, follow-up office visit, and stitch or clip removal.
- Some specific instructions will depend very much on the specific nature of your problem, the treatment

you receive, and how much and how swiftly you recover. For this reason, some specific instructions will not be given to you until shortly before you leave the hospital.

## **⊕ HOME CARE**

- Follow the instructions given to you while you were in the hospital.
- You may walk about as you wish, even climb stairs, but don't overdo things.
- Be certain to take the medicines as prescribed for you.
- A diet will be suggested to you if this is necessary.
- Arrangements will be made for a home visiting nurse if one is needed.
- Unless instructed otherwise, you may shower as you wish and with any dressings on or off. After you dry yourself, replace any dressings with clean, dry ones.
- You may return to work when you feel up to it.
- Do not drive a car unless you can move freely and without pain and you are not on medicines that decrease your alertness.

## **📞 CALL OUR OFFICE IF**

- Any of your previous symptoms return, or if you develop unusual signs and symptoms.
- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.