CERTIFIED COLON HEALTH ONLINE COURSE - SESSION 4:

- **ORTHODOX TREATMENTS OF THE COLON**

Cancer

Tests on feces, barium X-ray examinations, sigmoidoscopy, and colonoscopy may be carried out.

Treatment depends on the stage of development of the cancer, but, in most cases, a partial colectomy is performed. The diseased tissue and a small amount of surrounding normal tissue are removed and the cut ends are sewn together to reestablish the channel. If the disease is extensive, surgery may not be possible.

Outlook

The long-term prospects vary according to the stage the disease has reached when it is discovered. More than 50 percent of patients survive in good health for at least five years after a colectomy. Nonsurgical treatments merely arrest the growth and spread of the cancer and are not curative. The earlier the tumor is detected, the greater the chances of a full recovery after treatment. Anyone over the age of 50 who suddenly experiences a change in bowel movements should see a physician without delay.

Colitis

The diagnosis is based on examination of the rectum and lower colon with a viewing instrument (Sigmoidoscopy) or of the entire colon by colonoscopy or by a barium enema. During sigmoidoscopy or colonoscopy, a biopsy (removal of a small sample of tissue for analysis) may be performed. Samples of feces may also be taken for analysis to exclude the possibility of infection (by bacteria or parasites) as a cause of the symptoms. Blood tests may be required.

People who have had ulcerative colitis for many years require periodic colonoscopy and biopsy to check for the development of cancer.

Treatment

In most cases, medical treatment effectively controls the disease. Treatment usually consists of corticosteroid drugs (to control symptoms by reducing inflammation) and the sulfanamide drug sulfasalazine (to maintain long-term freedom from symptoms). Newer drug treatments using salicylate derivatives of sulfasalazine have recently become available.

Colectomy (surgical removal of the colon) may be required if inflammation is extensive, severe, and uncontrollable; colectomy is required by most patients who have toxic megacolon. The operation usually produces a dramatic improvement in the patient's health.

Crohn's Disease

If the symptoms suggest Crohn's disease, a physical examination may reveal tender abdominal swellings that indicate thickening of the intestinal walls. Sigmoidoscopy (examination of the rectum with a viewing tube) may confirm the disease's presence in the rectum. X rays using barium meals or barium enemas will show thickened loops of bowel with deep fissures. It may be difficult to differentiate between Crohn's disease that affects the colon and ulcerative colitis, a form of inflammatory disease that is limited to the large intestine, but colonoscopy (examination of the colon using a flexible viewing tube) and biopsy (removal of a piece of tissue for microscopic examination) may help in doubtful cases. Blood tests may show evidence of protein deficiency or anemia.

Treatment

Sulfasalazine may be given by mouth to try to control the inflammatory process and corticosteroid drugs may be given by mouth or as enemas. Severe acute attacks may require admission to the hospital for blood transfusion, intravenous feeding, and treatment with corticosteroid drugs given intravenously. The severity of the disease fluctuates widely, and the patient is usually under long-term medical supervision.

Some patients find that particular foods exacerbate their symptoms. Others may benefit from a high-vitamin, low-fiber diet.

A surgical operation to remove damaged portions of the intestine may be needed to treat chronic obstruction or blood loss. If the small intestine is involved, the surgeon will remove as little of the intestine as possible, seeking only to remove the most affected parts since the surgery is not curative.

If the large intestine is involved, surgery may involve removal of narrowed obstructing segments.

Emergency surgery may be required to deal with an abscess. Simple drainage of an abscess will produce an external fistula, but occasionally the patient is too ill for any further treatment. Surgery may also occasionally be required for obstruction, perforation, or severe bleeding.

Outlook

This disease is chronic and the symptoms fluctuate over many years, "burning out" the time for some patients. Many patients eventually require surgical treatment to deal with the complications of the disease. The recurrence rate after surgery is high, although recurrences may be delayed for many years. Some patients with localized disease remain in normal health indefinitely after surgery and seem to be cured. There is no predisposition to intestinal cancer.

Diverticular Disease

Diverticula are easily diagnosed by barium X-ray examination of the colon or by colonoscopy (visual examination via a flexible, fiberoptic instrument).

Treatment

In patients with muscle spasms that cause cramps, a high-fiber diet, fiber supplements, and antispasmodic drugs may abolish symptoms. A high-fiber diet has also been shown to reduce the incidence of complications. Bleeding from diverticula usually subsides without treatment, but occasionally requires surgical treatment such as that for diverticulitis. Otherwise, surgery is rarely necessary.

Diverticulitis usually subsides with bed rest and antibiotics. If the symptoms are severe, treatment may also include a liquid diet or intravenous fluids when oral feeding must be temporarily stopped. Surgical treatment may be needed if perforation causes a large abscess or peritonitis, if a tight stricture develops, or if hemorrhage cannot be controlled. In most cases requiring surgery, the diseased section of the intestine is removed and the remaining sections joined together. In some patients, a temporary colostomy (an operation to bring part of the large intestine to the body surface to form an artificial anus) is required.

Irritable Bowel Syndrome

Following a careful history and physical examination (which is valuable in both diagnosis and treatment), patients may have their feces tested and may be given a barium X-ray examination and a sigmoidoscopy (examination of the colon through an endoscope passed via the anus). These tests are intended to exclude conditions, such as cancer and inflammatory bowel disease that may have similar symptoms.

Treatment

Bulk-forming agents, such as bran or methylcellulose, may be prescribed for constipation along with an antispasmodic drug to relieve some of the muscular spasm. Antidiarrheal drugs (such as loperamide) may be given briefly for prolonged diarrhea. A high-fiber diet is advised for certain types of irritable bowel syndrome. Although these treatments can alleviate the disorder's troublesome symptoms, there is no cure.

Obstruction

A careful history and physical examination are usually all the physician requires to make a diagnosis. Abdominal X rays are confirmatory. Most of the gas and intestinal contents are removed through a flexible tube inserted down the throat. Complete mechanical obstruction must be corrected by surgery, but the actual type of operation depends on the nature and site of the blockage to the flow of intestinal contents.

Outlook

The prospects for a full recovery after surgery are excellent, particularly if the underlying problem is a hernia, congenital atresia, or intussusception. However, if the problem is a tumor in the colon of an elderly patients, the risks of the operation are greater.

Peptic Ulcer

The condition can be diagnosed with certainty only after a barium X ray examination or endoscopy (inspection through a viewing tube) of the stomach and duodenum.

Treatment and Outlook

Antacid drugs neutralize excess acidity and assist in the healing of ulcers. They ultimately relieve pain if taken regularly, and, along with the other self-help measures listed below, may be enough to heal the ulcer. If not, and if symptoms persist, professional treatment is necessary. It usually consists of ulcer-healing drugs (such as cimetidine, ranitidine, or famotidine), which reduce acid production, or sucralfate, which may form a protective covering on the ulcer.

In more than two thirds of cases, the drugs promote healing within six to eight weeks of the start of treatment. In the remaining one third, long-term drug treatment is usually required; very rarely, if the ulcer fails to respond to medication, surgery is necessary. Usually the surgery is a vagotomy (cutting the fibers of the vagus nerve that control digestive acid production).

Occasionally, a partial gastrectomy (surgical removal of a portion of the stomach) is performed to treat the ulcer and reduce acid production.

Substantial bleeding from an ulcer sometimes requires a blood transfusion to be performed.

Perforation, obstruction, or penetration into the pancreas usually necessitate surgery to correct the problem. In some cases of perforation, however, passing a suction tube into the stomach via the nose to drain off digestive juices may be treatment enough. This procedure sometimes allows the perforation to heal of its own accord in the absence of irritation from acidic juices.

Ulcer Care – Self-help Methods

- Avoid smoking, the most important step in self-help.
- Avoid drinking alcohol, coffee, and tea.
- Avoid using aspirin and nonsteroidal anti-inflammatory drugs.
- Eat several small meals a day, at regular intervals, rather than two or three large ones.

Ulcer Care – Drug Treatment

- Antacids neutralize acid in the stomach
- H_2-blockers, such as ranitidine, cimetidine, and famotidine, reduce acid secretion by blocking nerve receptors on acid-producing cells.
- Drugs such as sucralfate work by forming a protective coat over the ulcer crater.

Tumors

See Cancer.