

GUT FEELING



INFLAMMATORY BOWEL DISEASE, OR IBD, IS USED TO REFER TO TWO TYPES of chronic diseases that affect the gastrointestinal tract: ulcerative colitis, a condition that affects the mucosa (inner lining) of the colon and rectum only, and Crohn's disease, a condition that is not limited to only the colon and rectum but can affect anywhere from the patient's mouth to the patient's anus; although it most frequently affects the patient's small intestine and/or colon.

For reasons yet unknown to medical science, IBD usually affects young people between the ages of 10 to 40, though it may affect people of all ages. While it is largely a "Western" disease that affects Caucasians more than Asians, the incidence of IBD appears to be rising in Asia in these recent years.

Nobody is quite sure what exactly causes IBD, but it is believed to be caused by an overactive immune response to environmental triggers (such as an infection, sensitivity to drugs and so on) in genetically susceptible individuals. This leads the intestinal wall to become damaged, causing bloody diarrhoea as well as abdominal pain, stool urgency and a feeling of incomplete passage of stools.

As IBD constantly goes in and out of remission – that is to say, it has an active stage when the disease flares up and the symptoms are present, and an inactive stage when the disease seems to disappear completely – symptoms often come and go seemingly without warning. However, the disappearance of the symptoms does not mean that the disease has gone away; IBD is a chronic condition and is extremely persistent, usually staying with the patient for the rest of his life.

Sufferers of IBD are associated with an increased risk of colonic cancer and are thus advised to undergo a colonoscopy after eight to ten years to re-evaluate the extent of the disease. For patients suffering from severe ulcerative colitis, colonoscopies should be performed every three years in the first decade, every two years in the second decade and every year in the third decade of the disease: the risk of cancer increases with every decade.

A diagnosis of IBD is confirmed through a combination of clinical evaluation, blood tests, endoscopic examinations, X-rays and biopsies. Once confirmed, most patients are initially managed with medications that suppress the immune system. However, in particularly severe cases that do not respond to medical therapy - or when there are complications such as the development of colonic cancer - surgery

is required.

Approximately 20–30 per cent of patients with extensive ulcerative colitis will end up with a colon resection: that is to say, a procedure where a part of the colon is surgically removed. As the inflammation and the disease are confined only to the colon & rectum in ulcerative colitis, a surgical resection that removes the entire colon and rectum can often cure ulcerative colitis completely.

This is different in Crohn's disease as the disease in these cases can affect just about any part of the patient's intestinal tract between the mouth and anus. For this reason, surgery is not curative and is only performed for the management of certain complications. At least 50 per cent of patients with Crohn's disease will receive surgery in the first ten years of the disease, and approximately 70-80 per cent will require surgery within their lifetime.

Despite the impact IBD has on a patient's life - for, aside from the frequent need to use the bathroom, poorly controlled IBD can often lead to poor energy levels from the strain of persistent diarrhoea and constant blood loss- many young adults are often reluctant to undergo surgery. There is a certain sentimentalism about keeping their original rectums and colons despite the fact that they are diseased organs hurting them both physically and socially. Once these diseased organs are removed, a patient will frequently feel like a new person, regaining their energy levels and becoming able to lead an active lifestyle once more.■

DR KOH POH KOON | Colorectal Surgeon
 MBBS (S'pore), MMed (Surg), MRCSEd
 FRCSE (Gen), FAMS (Gen Surg)

Capstone Colorectal Surgery Centre
 3 Mount Elizabeth #07-08 Mount Elizabeth Medical Centre. Tel: 6836 5480
www.capstonecolorectal.com.sg