CANTERBURY
Endoscopy & Gastroenterology

# Inflammatory Bowel Disease (IBD)

Inflammatory Bowel Disease (IBD) is an umbrella term used to describe chronic conditions that involve inflammation of the digestive tract. It is an immune-mediated condition, where the body's immune system mistakenly attacks the lining of the bowel.
The two most common forms of IBD are Ulcerative Colitis and Crohn's Disease. Aotearoa New Zealand has one of the highest rates of IBD in the world.

## What is the difference between Ulcerative Colitis and Crohn's Disease?

While both conditions involve chronic inflammation, they affect the digestive system differently:

- Ulcerative Colitis (UC): The inflammation is limited to the large intestine (colon) and the rectum. It only affects the inner lining (mucosa) of the bowel in a continuous pattern.
- Crohn's Disease (CD): Inflammation can occur anywhere in the digestive tract, from the mouth to the anus. It can affect the entire thickness of the bowel wall and often appears in "patchy" areas, with healthy bowel in between.

## What are the symptoms of IBD?

Symptoms of IBD can vary depending on the severity and location of the inflammation, but can include:

- Persistent diarrhoea (sometimes containing blood or mucus).
- Abdominal pain and cramping.
- Urgency (a sudden, pressing need to have a bowel movement).
- Unexplained weight loss and fatigue.
- Anaemia (due to blood loss or poor absorption of nutrients).
- Lesions or pain around your bottom.

## How is IBD diagnosed?

A combination of tests is used to diagnose IBD and monitor response to treatment. These may include:

- Colonoscopy & Gastroscopy: These allow direct assessment of the lining of the gut for inflammation and take small tissue samples (biopsies) for microscopic examination.
- Capsule Endoscopy: This involves swallowing a miniature camera, roughly the size of a vitamin pill, to capture high-resolution images of the small intestine that are inaccessible via standard gastroscopy and colonoscopy. It is a non-invasive tool used primarily to identify early inflammation or ulceration within the deep segments of the small bowel.
- MR or CT Enterography: These specialized scans provide cross-sectional imaging of the entire bowel wall and surrounding abdominal cavity. They are essential for detecting "transmural" complications that occur beyond the surface lining, such as strictures (narrowing), fistulas, or abscesses.

- Faecal Calprotectin: A non-invasive stool test that measures the level of inflammation in the bowel.
- Blood Tests: To check for signs of inflammation (CRP), anaemia, and nutritional deficiencies.

## How is it treated?

IBD is a lifelong condition, but the goal of modern treatment is to achieve remission—a state where symptoms are well managed, and the bowel lining heals.

Medical Therapy:

- Corticosteroids: Typically used for short periods to rapidly control a flare-up.
- 5-ASAs: Medications such as *Pentasa* are anti-inflammatory medications typically used for mild-to-moderate Ulcerative colitis.
- Immunomodulators: Medications such as Azathioprine or Methotrexate that work by dampening the overactive immune system response. These are often used as "maintenance" therapy to keep the disease in remission over the long term.
- Biologic therapy and small molecules: These are advanced, targeted treatments (given via injection or infusion, or as tablets) that block specific proteins in the immune system responsible for inflammation. These are typically reserved for moderate-to-severe disease that has not responded to traditional therapies.

Diet therapy:

Occasionally, some patients may be recommended to have Exclusive Enteral Nutrition (EEN), a specialized dietary treatment primarily used to treat active Crohn's Disease. It involves using a complete liquid formula (such as Ensure or Fortisip) as the sole source of nutrition for a period of 6 to 8 weeks, with no solid food permitted during this time.

Surgery:

For patients, where medical therapy is no longer sufficient or complications arise, surgery may be needed. In Ulcerative Colitis, removing the colon (colectomy) can be curative and often allows for the creation of an internal pouch to maintain normal function. In Crohn's Disease, surgery is focused on "bowel conservation," aimed at repairing specific issues like strictures or fistulas to improve quality of life while maintaining as much healthy bowel as possible.

Cancer surveillance:

Given slightly increased risk of cancer in patients with Inflammatory bowel disease, regular surveillance colonoscopy is recommended after 8 years of diagnosis. Regular surveillance colonoscopy helps in detecting pre-cancerous lesions, which may be amenable to endoscopic resection, thereby reducing risk of developing bowel cancer.
Patients with co-existing primary sclerosing cholangitis (PSC) have higher risk of developing colorectal cancer and are recommended to undergo annual colonoscopy from the time of diagnosis.

## Where can I find further support?

For many patients, connecting with others who understand the journey of living with IBD is an invaluable part of management. We highly recommend joining Crohn's and Colitis New Zealand (CCNZ), a nationwide charitable trust dedicated to supporting IBD patients and their whānau.

- Resources: Access to patient-led support groups, educational resources, and events, and the "I Can't Wait" toilet card.
- Advocacy: CCNZ works at a national level to improve access to medications and specialist care for all New Zealanders.
- How to Join: Visit www.crohnsandcolitis.org.nz to access local Christchurch support networks.

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This information should not be used to diagnose or treat a health problem or disease. Always seek the advice of a healthcare professional regarding any medical condition or symptoms.