

Pros to Know

Manage Your Crohns Disease



Perianal Crohn's Disease

INTESTINAL CROHN'S DISEASE

Crohn's disease can disrupt the normal function of the bowel in a number of ways. The tissue may:

- Swell, thicken, or form scar tissue leading to blockage
- Lose its ability to absorb nutrients from digested foods (malabsorption)
- Develop abnormal passageways (fistulas) from one part of the bowel to another part of the bowel, or from the bowel to nearby tissues such as the bladder or vagina, even skin

TYPES OF INTESTINAL CROHN'S DISEASE - Broadly speaking Crohn's disease is of three types:

1. Inflammatory type in which there is inflammation of the intestine with diarrhea, sometimes bloody;
2. Strictureing type, in which there is scarring and fibrosis of the intestine leading to obstruction with crampy abdominal pain;
3. Fistulizing type in which abnormal channels or tracts form between adjacent loops of bowel, or even between bowel and the skin.

Oftentimes, the three types co-exist to some extent.

Intestinal Crohn's Disease

SYMPTOMS - People with Crohn's disease experience periods of severe symptoms followed by periods of remission that can last for weeks or years. Because Crohn's disease can affect any part of the intestine, symptoms may vary greatly from patient to patient. Common symptoms include cramping, abdominal pain, diarrhea, fever, weight loss, and bloating. Other symptoms may include anal pain or drainage, skin lesions, rectal abscess, fissure, and joint pain (arthritis).

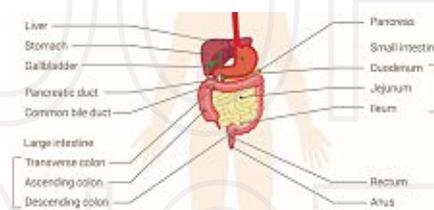
PATIENT GROUP - Any age group may be affected, but the majority of patients are young adults between 16 and 40 years old.

About 20 percent of people with Crohn's disease have a relative, most often a brother or sister, and sometimes a parent or child, with some form of inflammatory bowel disease. Crohn's disease and a similar condition called ulcerative colitis are often grouped together as inflammatory bowel disease.

CAUSES - The exact cause is not known. However, current theories center on immunologic and/or bacterial cause. Crohn's disease is not contagious, but it does have a slight genetic tendency.

DIAGNOSIS - Tests are used to distinguish Crohn's disease from other gastrointestinal conditions.

- Colonoscopy with biopsy
- Blood tests looking for inflammatory markers
- Barium X-ray
- CT scan



Pathology in Crohn's Disease

TREATMENT - Initial treatment is almost always with medication. There is no "cure" for Crohn's disease, but medical therapy with one or more drugs provides a means to treat early Crohn's disease and relieve its symptoms. The most common drugs prescribed are corticosteroids, various anti-inflammatory agents and immune system modulators. Commonly used medications include 5-aminosalicylic acid (5-ASA) formulations, prednisone, immunomodulators such as azathioprine (Imuran®), mercaptopurine and methotrexate. Biologics treatments, such as Infliximab (Remicade®), Adalimumab (Humira®), and vedolizumab (Entyvio®), may also be used.

In more advanced or complicated cases of Crohn's disease, surgery may be recommended. Emergency surgery is sometimes necessary when complications, such as perforation of the intestine, blockage of the bowel or significant bleeding occur. Other less urgent indications for surgery may include abscess formation, fistulas, severe anal disease or persistence of the disease despite appropriate drug treatment.

SURGERY FOR INTESTINAL CROHN'S DISEASE

Not all patients with Crohn's disease complications require surgery. This decision is best reached through consultation with your colorectal surgeon.

Surgery is not "curative," but may be necessary to control symptoms in cases of complications. A conservative approach is frequently taken, with a limited resection of intestine being the most common approach.

Strictureplasty Surgery for Correcting Intestinal Narrowing

Colorectal surgeons have been specifically trained to manage colorectal conditions such as Crohn's Disease with evidence-based medicine. With advances in medicines and surgical techniques, the management of Crohn's disease has changed a lot. Many of the patients who would have ended up with multiple abdominal and perianal surgeries can be spared of surgeries.

Like many other disorders, understanding and education about Crohn's disease is the most important tool to manage and prevent complications. **If you have Crohn's Disease, or are at a higher risk for Crohn's Disease based on your family history and recurrent perianal abscesses, then consult a colorectal surgeon to discuss management options.**

Crohn's disease is a chronic inflammatory process primarily involving the intestinal tract and perianal region.

Although Crohn's disease may involve any part of the digestive tract from the mouth to the anus, it most commonly affects the last part of the small intestine (ileum) and/or the large intestine (colon and rectum), along with the perianal region.

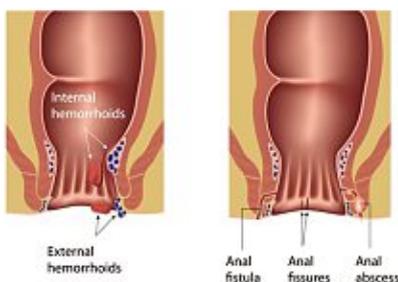
PERIANAL CROHN'S DISEASE

Crohn's disease is commonly complicated by perianal manifestations. Colorectal surgeons play a pivotal role in caring for these patients. Other than abscess drainage, medical management to control proximal disease often precedes any surgical attempt to cure the disease. Surgical interventions are indicated in selective patients but are often complicated by poor wound healing and recurrences.

MANIFESTATIONS OF PERIANAL CROHN'S DISEASE

- Skin tags
- Hemorrhoids
- Anal fissure
- Perianal abscess and fistula
- Rectovaginal and Anovaginal fistula
- Anorectal stricture

Anal Disorders



Hemorrhoid Treatment

Siouxland's only Colorectal Surgeon, Gokul Subhas, MD, with UnityPoint Clinic, offers office based treatment options for conditions such as hemorrhoids and rectal bleeding.

Trained in the most advanced techniques, he also provides minimally invasive surgery, allowing for a faster recovery.

UnityPoint Clinic® - Colorectal and General Surgery

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Other conditions treated:

- Colonoscopy Screening
- Anal & Pelvic Pain
- Abdominal Pain
- Irritable Bowel Disorder
- Fecal Incontinence
- Constipation & Diarrhea
- Anal Fissure
- Anal Abscess & Fistula
- Diverticular Disease
- Colon & Rectal Cancer
- Crohn's & Colitis
- Pilonidal Disease
- Perianal Warts