

Limited Bowel Resection

Surgery for Crohn's Disease



What Is Crohn's Disease?

Crohn's disease is inflammation (irritation and swelling) of the digestive tract. Crohn's disease occurs anywhere from the mouth to the anus. In most cases, it affects the last part of the small intestine. Symptoms may include stomach cramps or diarrhea, often after meals. No one knows the exact causes of Crohn's disease. But it can be treated. Work with your doctor. As a team, you can control Crohn's disease so you can live a full life.



Your Treatment Options

Your doctor can discuss your treatment options. Treatments such as medications and lifestyle changes ease symptoms and help you stay active. If these options don't work well enough for you, surgery is an option. Surgery can help ease symptoms. Keep in mind that Crohn's disease is considered chronic. That means it usually can't be cured, even with surgery. But you can still live a full life.



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The Digestive Tract at Work

The digestive tract starts at the mouth and ends at the anus. After you chew and swallow food, the stomach turns it into a liquid. The liquid then moves through the small intestine. This is where nutrients are absorbed. Next, the large intestine removes water and salts from the liquid. This helps form a solid stool. Stool is then stored in the rectum. Finally, stool leaves the body through the anus.

A Healthy Digestive System

The esophagus carries food from the mouth to the stomach.

The stomach breaks down food into a liquid mixture.

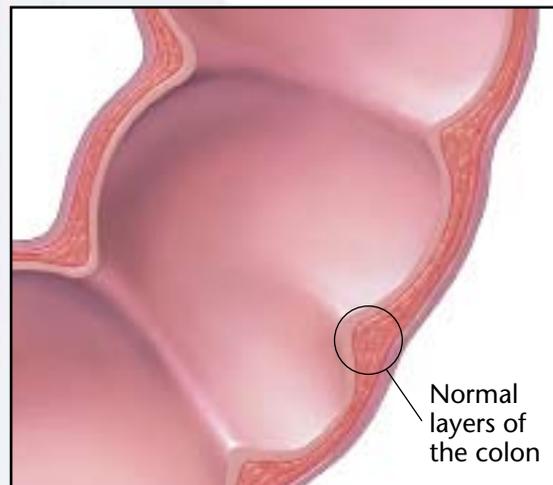
The small intestine absorbs nutrients after foods have been turned into a liquid by the stomach.

The ileum is the last part of the small intestine. Digested food passes from the ileum to the colon as liquid waste.

The large intestine (colon) absorbs water and minerals such as salt, forming a solid stool.

The rectum stores stool until a bowel movement occurs.

The anus is the opening where stool leaves the body



A healthy intestine has smooth inner and outer layers.

Crohn's Disease and the Digestive Tract

Crohn's disease can cause inflammation, sores, infections, and other problems. It can affect all layers of the digestive tract. The inflammation may lead to cramps, diarrhea, and blood in the stool. Symptoms may vary from person to person.

Crohn's Disease Symptoms

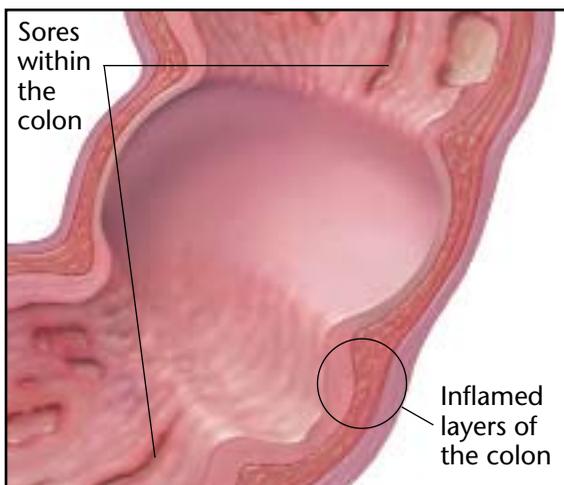
Crohn's disease can affect any part of the digestive tract. Some of the signs and symptoms of Crohn's disease can include:

- Abdominal pain and bloating after meals
- Sores in the anal area
- High fever and chills
- Loss of appetite and possible weight loss
- Bloody diarrhea

Crohn's Disease Complications

Crohn's disease can cause other problems in the digestive tract. These include:

- **Fistula:** Abnormal opening within the digestive tract that may drain into another part of the body.
- **Stricture:** Narrowing within the small or large intestine.
- **Abscess:** Tender mass filled with infected pus.
- **Megacolon:** Enlargement of the colon and loss of muscle tone.



Crohn's disease can affect all the layers of the digestive tract.

Medications

Your doctor may prescribe medication to control your symptoms and improve your quality of life. Medication won't cure Crohn's disease. But it can help keep the disease from slowing you down. As always, work closely with your doctor. Your medication or dosage may need to be changed if you have certain side effects or if your symptoms change.

Anti-Inflammatories

Special anti-inflammatories treat the lining of the intestine. These medications can reduce inflammation and discomfort. But they're not like aspirin or other over-the-counter medications. They must be prescribed by a doctor.

The most common anti-inflammatories for Crohn's disease are called **5-ASA compounds**. They can help control symptoms over long periods of time. 5-ASA compounds may be taken as pills. But they also can be taken as an enema or suppository (the medicine is put directly into the rectum).

The 5-ASA compound prescribed most often is in the "sulfa" family. Your doctor will explain its side effects to you. Some of them include:

- Headache
- Upset stomach
- Vomiting
- Skin rash

Less common but more severe side effects may include fever and heart or liver problems. Severe side effects can be a sign of a sulfa allergy. If you have a sulfa allergy, your medication may need to be changed. Your doctor will explain the side effects and other details of any new medications you may need to take. Call your doctor if your side effects become severe.



Corticosteroids

Your doctor may prescribe corticosteroids to reduce inflammation. Unlike 5-ASA compounds, corticosteroids are usually taken for short periods only. They shouldn't be taken in remission (a long period without severe symptoms). Taken over time, they can cause severe side effects. They also may put you at risk for diabetes (a blood sugar problem). Your doctor will watch you for:

Short-Term Side Effects

- Mood changes
- Trouble sleeping
- Weight gain
- Changes in body shape
- Puffy face or acne

Long-Term Side Effects

- Bone loss or fractures
- Eye problems
- Facial hair (women)
- Stretch marks
- High blood pressure



Other Medications

Immunosuppressives treat the part of your body that fights disease (the immune system). By treating the immune system, inflammation may be reduced. Immunosuppressives can be taken for long periods. But you may need to see your doctor more often than usual for monitoring.

Antibiotics fight the bacteria that can lead to infections in some cases of Crohn's disease. Some patients may get sores in the digestive tract. These sores then drain into other parts of the body. This can lead to an infection. In some cases, antibiotics also help reduce inflammation.

Handling Side Effects

You and your doctor will discuss side effects. In most cases, side effects are easy to manage. But sometimes they can become severe enough that you need to change medication. Call your doctor if you're having trouble managing. Also call if you're having any side effects that are unexpected.



Managing Daily Life

You can lead a full life even if you have Crohn's disease. Focus on keeping your symptoms under control. And don't let this disease isolate you. By planning ahead and working with support groups, you can find ways to cope. And you may even help others who have Crohn's disease.

Have a Plan

Make this your goal: *Crohn's disease won't keep me from the activities I enjoy.* You may need to do some planning to reach that goal. But by staying positive, you can help make sure you're in control—not Crohn's disease. Here are some other tips:

- Know where to find clean bathrooms.
- Eat more small meals instead of three big meals, especially when on the road or when you don't have easy access to bathrooms.
- If you've had a recent flare-up, eat foods that you know will limit your symptoms. Keep those foods on hand, both at home and at work.
- Get some exercise every day.
- Take a stress reduction class.
- If going on a long trip, discuss your plans with your doctor. He or she can teach you what to do if you have a flare-up while on the road.

Find a Support Group

A support group can help you with many concerns you may have. Other people have felt much of what you may be feeling. Just knowing that you're not alone can be a great comfort. Or someone in a support group may offer a travel tip or a coping skill that's perfect for you. And don't forget how satisfying it can feel to help another Crohn's disease patient who's in need.



Managing Nutrition

You may be able to eat most foods until you have a flare-up. But like anyone else, you need to make healthy eating choices. Some of the healthiest foods can make symptoms worse, though. Keeping track of your “problem foods” may be helpful. Ask your doctor any questions you have about healthy eating.

Avoid Your Problem Foods

There’s no rule for which foods can be a problem. How you feel after eating them is the best guide. You may need to avoid high-fiber foods and foods that are hard to digest. These can include fresh fruits and vegetables. High-fat foods, such as whole-milk dairy products and red meat, also can worsen symptoms in a flare-up.

Write down what you eat and how it affects you. If one kind of food often gives you trouble, stay away from it. Also note the foods that work well for you.

Your doctor may have you see a nutritionist to come up with the best food choices for you. A nutritionist can help ensure that you eat foods that are “safe” while getting proper nourishment.

Foods That Are Often “Safe”

No two people respond the same to all foods. But these choices are often “safe” to eat during a flare-up:

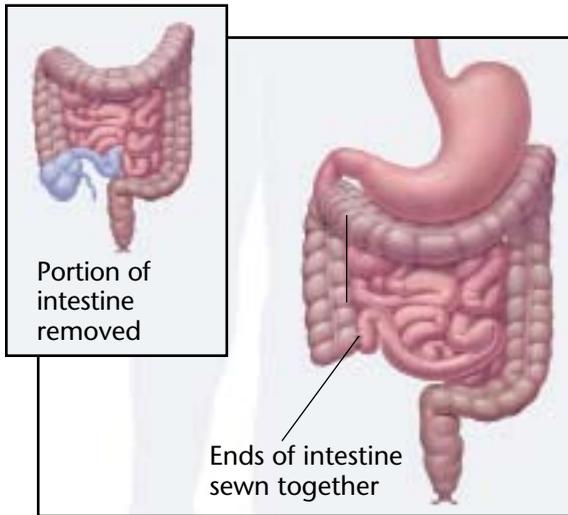
- Tuna packed in water
- Skinless chicken
- White rice
- Baked potatoes (don’t eat the skin)
- Mashed potatoes
- Plain pasta
- Instant oatmeal
- Canned peaches or pears
- Applesauce
- Melba toast
- Flavored gelatin
- Vanilla pudding
- Custard

If You Need Special Nourishment

In rare cases, the small intestine can’t absorb nutrients. **Total parenteral nutrition (TPN)** is a treatment that provides nourishment through an IV (intravenous) tube. This lets you get nutrition without eating, giving your digestive tract time to rest. TPN also may be used to help prepare for surgery, if needed. TPN can be done either in the hospital or at home with the aid of a home health nurse.

Considering Surgery

Surgery can be done to help treat Crohn’s disease. It may be done to control symptoms, to treat complications, or when other treatments don’t work for you. Surgery can help improve how you feel. But it is not likely to cure Crohn’s disease. Whether or not to have surgery is a choice for you to make with your doctor.



Limited Bowel Resection

This surgery is done to help relieve symptoms of Crohn’s disease. It’s also done to treat complications, such as strictures or an internal fistula.

- The diseased portion of the intestine is removed (resected).
- If an internal fistula has caused an abscess (infected area), the abscess is drained or removed.
- The ends of the intestine are sewn together. This connection is called an **anastomosis**.

When healed: Bowel movements still occur through the rectum and anus.

Other Surgeries

Strictureplasty: This surgery widens a stricture (narrowed portion of intestine). An incision is made across the stricture. The intestine is then surgically widened and sewn back together.

Anal fistula surgery: This surgery helps heal an anal fistula (an abnormal opening near the anus). It may be done on an outpatient basis. The fistula is surgically opened. This helps control infection and lets nearby tissue and skin heal. In some cases, a catheter or **suture** (stitch) may be temporarily placed in the fistula. This allows an abscess to drain.

Risks and Complications of Surgery

Surgery for Crohn’s disease has certain risks and complications. Your doctor will discuss them with you. They may include:

- Infection
- Injury to nearby organs
- An anastomosis that leaks
- Blood clots
- Risks related to anesthesia

Your Surgical Experience

You need to know what to expect before, during, and after surgery. Take some time to prepare. This can help limit complications. You may be in the hospital for a week or longer. Once out of the hospital, recovery may take up to 6 months, depending on the type of surgery you had.

Preparing for Surgery

Follow any instructions you're given, including:

- If you smoke, try to quit.
- Tell your doctor about any medications you take. You may need to stop taking some of them before surgery.
- If instructed, stop eating solid food a day or two before surgery. Switch to a diet of clear liquids such as broth.
- Don't eat or drink after midnight the night before surgery. This includes water, gum, and breath mints.
- Use an enema or laxative as directed before surgery.
- If your doctor tells you to take medication the morning of surgery, swallow it with only small sips of water.

Recovering from Surgery

After surgery, a doctor or nurse will give you medication to ease any discomfort. While in recovery, you'll be closely monitored.

You will be urged to get up and walk around as soon as you can. This helps you heal faster. Gentle movement can improve digestive function. Walking also helps your heart and lungs. And it can keep clots from forming in your legs.

During the first few days, you'll get nutrition through an IV line. You may have a **nasogastric tube** at first to keep your stomach empty and help your digestive tract heal.

Getting Back to Normal

- Stay active. But avoid vigorous exercise and heavy lifting in the first month.
- You can walk, climb stairs, shower, and bathe soon after surgery. But don't drive until your doctor says you can.
- Follow all special diet instructions.

After a few months, you may be feeling back to normal. For many people, it's well worth the wait. They often have more energy and confidence than they've felt in years.

When to Call Your Doctor

Call your doctor right away if you notice any of these symptoms:

- Fever
- Redness, swelling, or pain near the incision
- Nausea
- Constipation, diarrhea, or bloating
- Vomiting
- Difficulty controlling bowel movements

Enjoying an Active Life

Crohn's disease doesn't need to get in the way of your life. Work closely with your doctor. Surgery and other treatments can help control your symptoms. Then you can get out and enjoy yourself again.



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