

# INFLAMMATORY BOWEL DISEASE (IBD)



**NZNO College of Stomal Therapy Nursing Conference 2018**  
Set Your Sails  
October 18 - 19, 2018  
Rydges, 59 Federal Street, Auckland

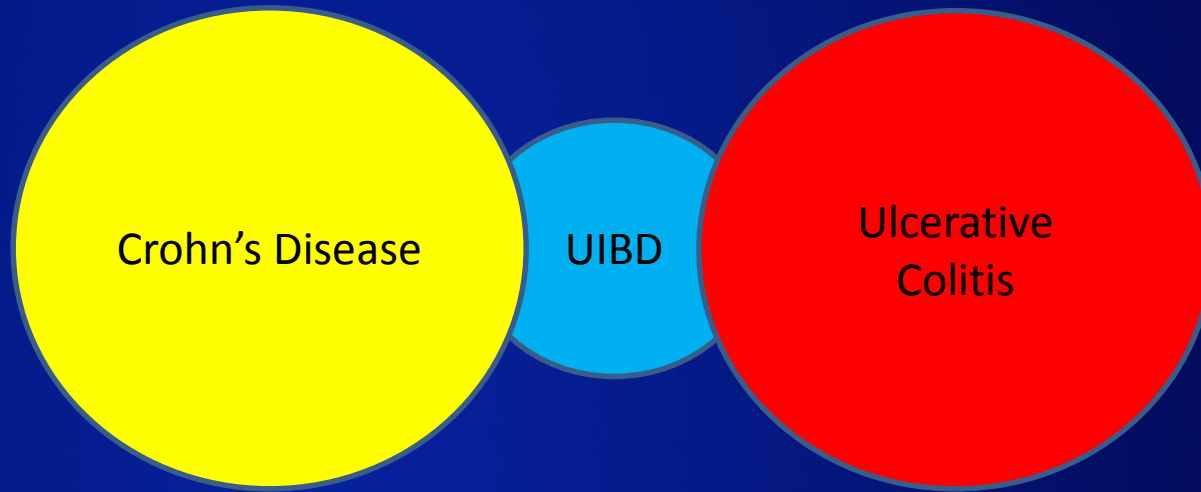
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Nurse Endoscopist Trainee

# Overview

- What is IBD?
- Prevalence & Incidence
- UC vs CD
- Extraintestinal Manifestations
- Management of IBD
- Role of IBD Nurse

# What is IBD?

# Inflammatory Bowel Disease



# IBD is not IBS

## Clinical features

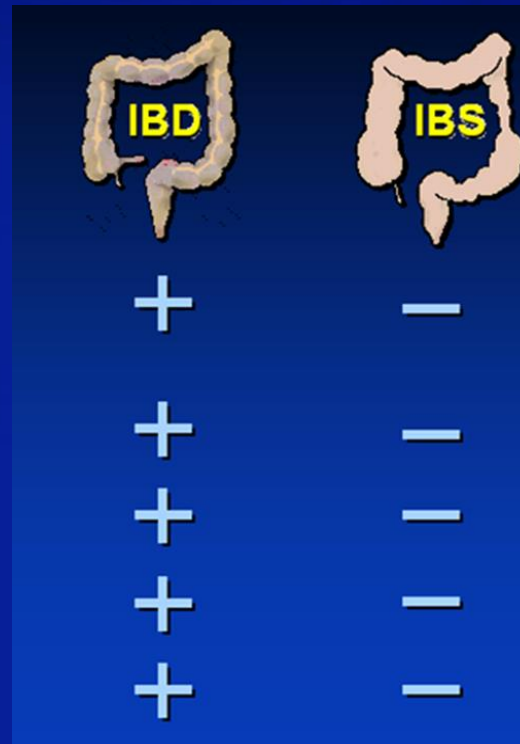
Anemia, ↑platelets,  
↑sed. rate, ↓albumin

Weight loss, fever

Perianal disease

Bloody stools, tenesmus

Fecal WBC, occult blood



## IBS IRRITABLE BOWEL SYNDROME

THE SYMPTOMS, THE QUESTIONS, THE FOODS

### SYMPTOMS

- ABDOMINAL PAIN**  
This includes aches and cramps ranging from mild to intense pain.<sup>13</sup>
- BLOATING & GAS**  
If you're bloated, your abdomen may feel full & tight, and your stomach can be swollen, hard, & painful.<sup>14</sup>
- CONSTIPATION**  
Straining & cramping can occur when trying to have a bowel movement but cannot eliminate any stool.<sup>14</sup>
- DIARRHEA**  
Frequent, loose, watery stools where you may find yourself feeling an urgent and uncontrollable need to have a bowel movement.<sup>14</sup>
- UNUSUAL STOOL**  
If texture and color of your stool is not consistent and changes frequently, this could be a sign of IBS.<sup>14</sup>
- NAUSEA**  
With IBS, nausea is often related to other common symptoms like fullness, abdominal pain, & bloating after eating.<sup>14</sup>
- STRESS**  
Anxiety and digestive IBS symptoms reinforce one another in a vicious cycle.<sup>15</sup>

### CAUSES

IBS doesn't have a specific cause, however, physiological studies have shown those with IBS tend to have guts that are more sensitive and reactive (irritable).<sup>1</sup>

Even though there is an uncertainty of what causes IBS, a few triggers have been identified:<sup>1</sup>

- ▲ **STRESS**
- ▲ **ABNORMAL LEVELS OF SEROTONIN IN THE DIGESTIVE SYSTEM**
- ▲ **A BACTERIAL OR VIRAL INFECTION IN THE DIGESTIVE SYSTEM**
- ▲ **MILD CELIAC DISEASE**
- ▲ **STRONG RESPONSE TO CERTAIN FOODS**
- ▲ **INEFFECTIVE COLON MUSCLES**

### DIAGNOSIS

There is no test to diagnose IBS. Many doctors refer to a list of specific symptoms that must be present to make a diagnosis of IBS. These symptoms include:<sup>4</sup>

- ▲ Abdominal pain or discomfort for at least 12 weeks out of the previous 12 months. Does not have to be consecutive.
- ▲ Abdominal pain or discomfort has 2 out of 3 of the following features:
  - ▲ Relief by having a bowel movement.
  - ▲ When it starts, there is a change in how often you have a bowel movement.
  - ▲ When it starts, there is a change in the form of the stool or the way it looks.



# Prevalence & Incidence

# Prevalence?



Country	Rate as % of population	Proportion of people affected	Source
Canada	0.65%	1 in 154	CCF Canada
USA	0.50%	1 in 201	CCF of America 'The Facts about IBD'
New Zealand	0.44%	1 in 227	This Report
Australia	0.33%	1 in 303	PWC Report 2013
Europe	0.30%	1 in 333	Burden of IBD Europe

## Prevalence & Incidence in New Zealand: *“The burden of disease”.*

- 20,792 New Zealanders living with IBD (31 December 2016)
- Approximately 1 in 227 people
- Over 12 years from 2004-2016 estimated number of people with IBD (prevalence) increased by around 68%, or 5.6% per year.
- Incidence rose from 25.2 per 100,000 in 2004 to 39.5 per 100,000 in 2014.

# Causes of IBD

- No one knows for certain
- Combination of genetic, environmental and immunological factors.
- Exposure to environmental triggers
  - possibly viruses, bacteria and/or proteins prompts the immune system to switch on its normal defence mechanism (inflammation) against a foreign substance.
- Immune response gradually winds down once the foreign substance is destroyed in most people. In some (possibly those with a genetic susceptibility to IBD), the immune system fails to react to the usual 'switch off' signals so the inflammation continues unchecked.
- Prolonged inflammation eventually damages the walls of the gastrointestinal tract and causes the symptoms of IBD.

# Differences between CD vs UC

# Crohn's Disease vs Ulcerative Colitis

## **Crohn's Disease:**

Mouth – anus

Patchy

inflammation  
(skip lesions)

Transmural  
thickness

Perianal disease



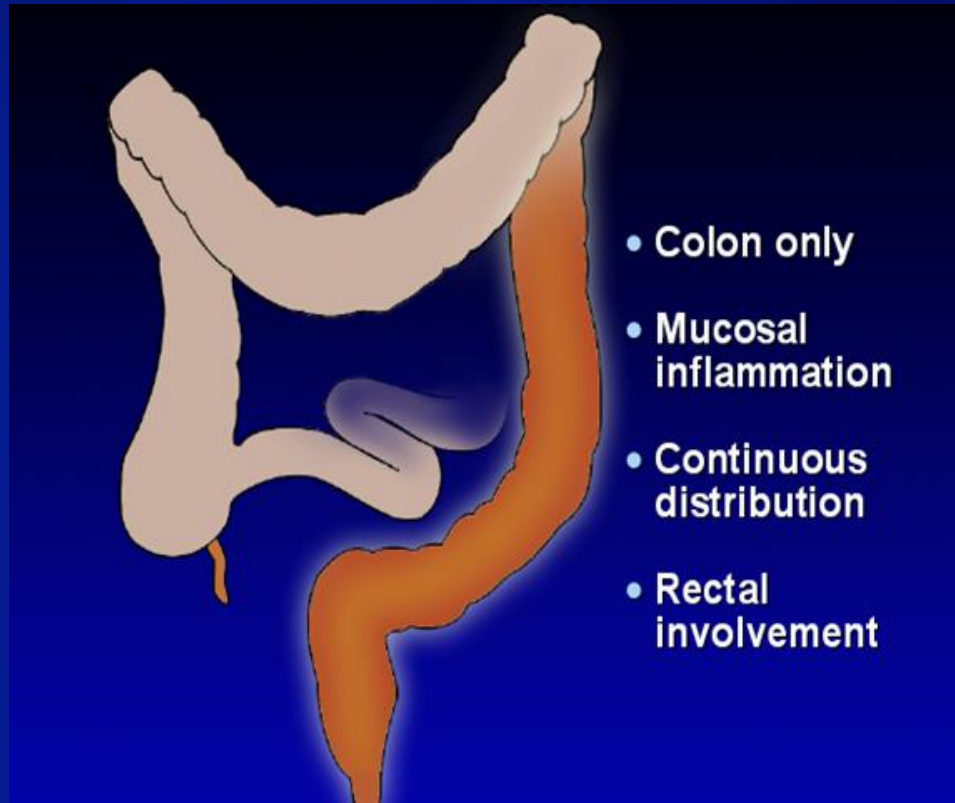
## **Ulcerative Colitis:**

Colon only

Continuous  
inflammation  
- rectum then proximally

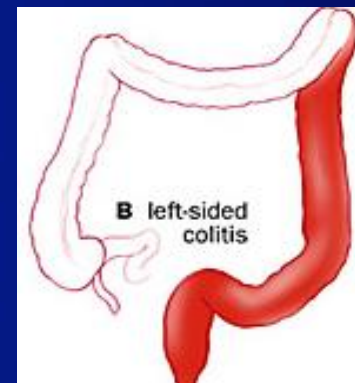
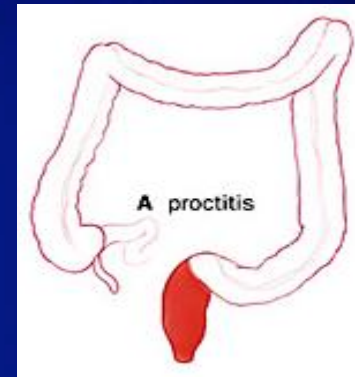
Mucosal inflammation  
only

# Ulcerative Colitis



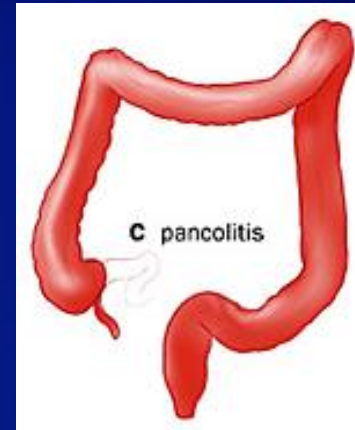
# Ulcerative Colitis

- Proctitis
  - Urgency
  - Rectal Bleeding
- L) sided colitis
  - Proctitis symptoms +
  - Diarrhoea
  - Blood/mucus
  - Abdominal Cramping

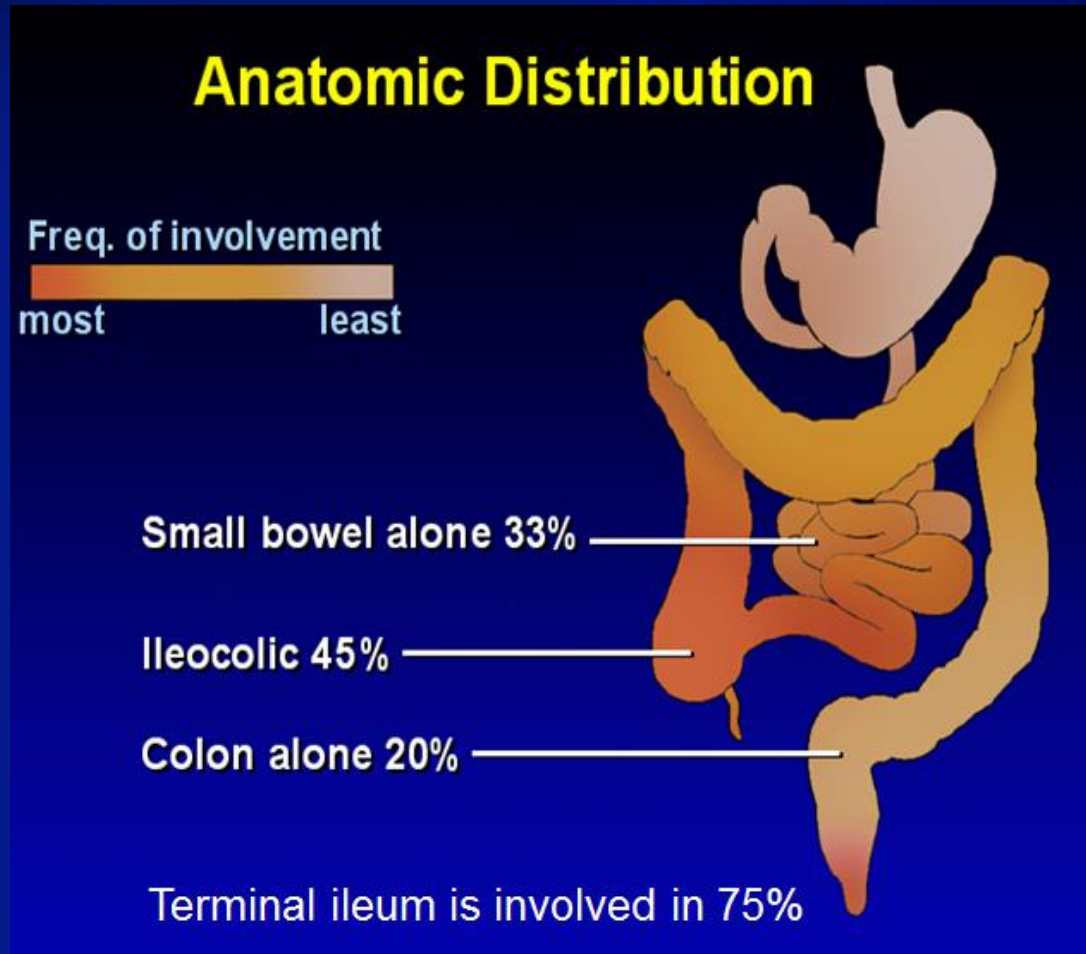


# Ulcerative Colitis

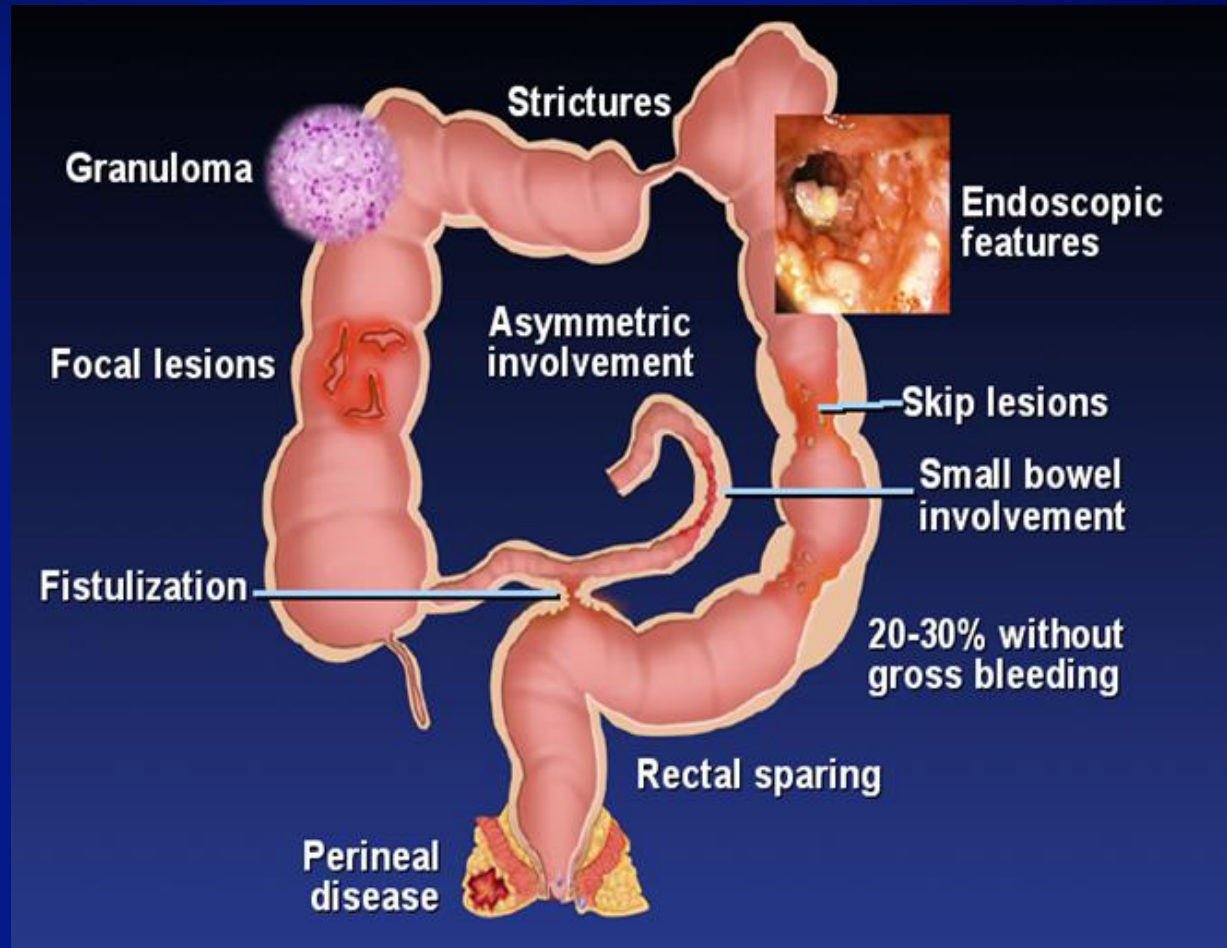
- Pan Colitis
  - Diarrhoea
  - Blood/mucus
  - Abdominal Cramping



# Crohn's Disease

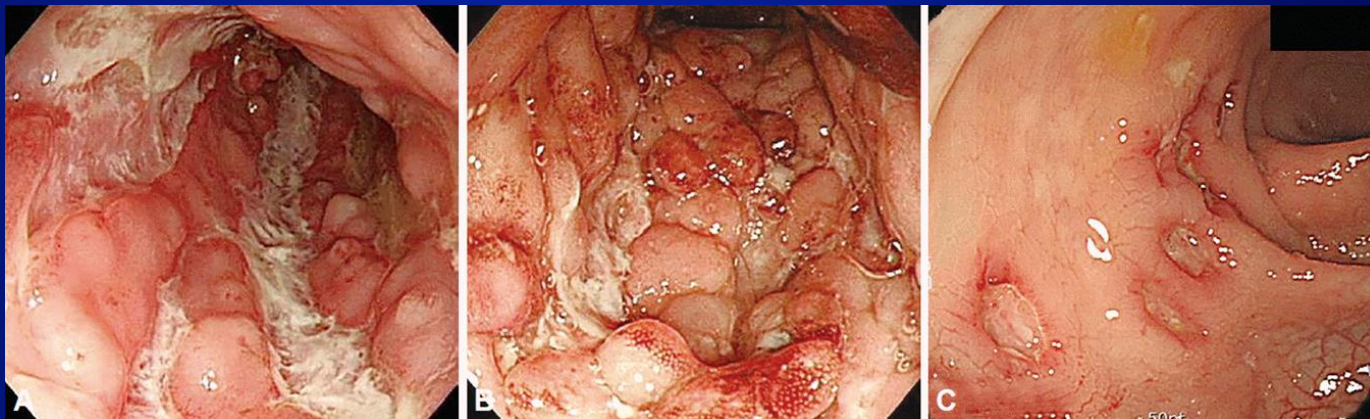


# Crohn's Disease



# CD – Colonic

- Colon:
  - Bloody diarrhea
  - Mucus
  - Abdominal Cramping
  - less rectal bleeding (**rectal sparing**).



# Small bowel CD

- Abdominal pain (mainly RLQ),
  - constant and dull, may be colicky (obstruction)
- Diarrhea
- Vomiting (obstruction)
- Weight loss
- Fatigue/Malaise
- Fever
- Acute presentation may resemble appendicitis

# CD – Perianal Disease

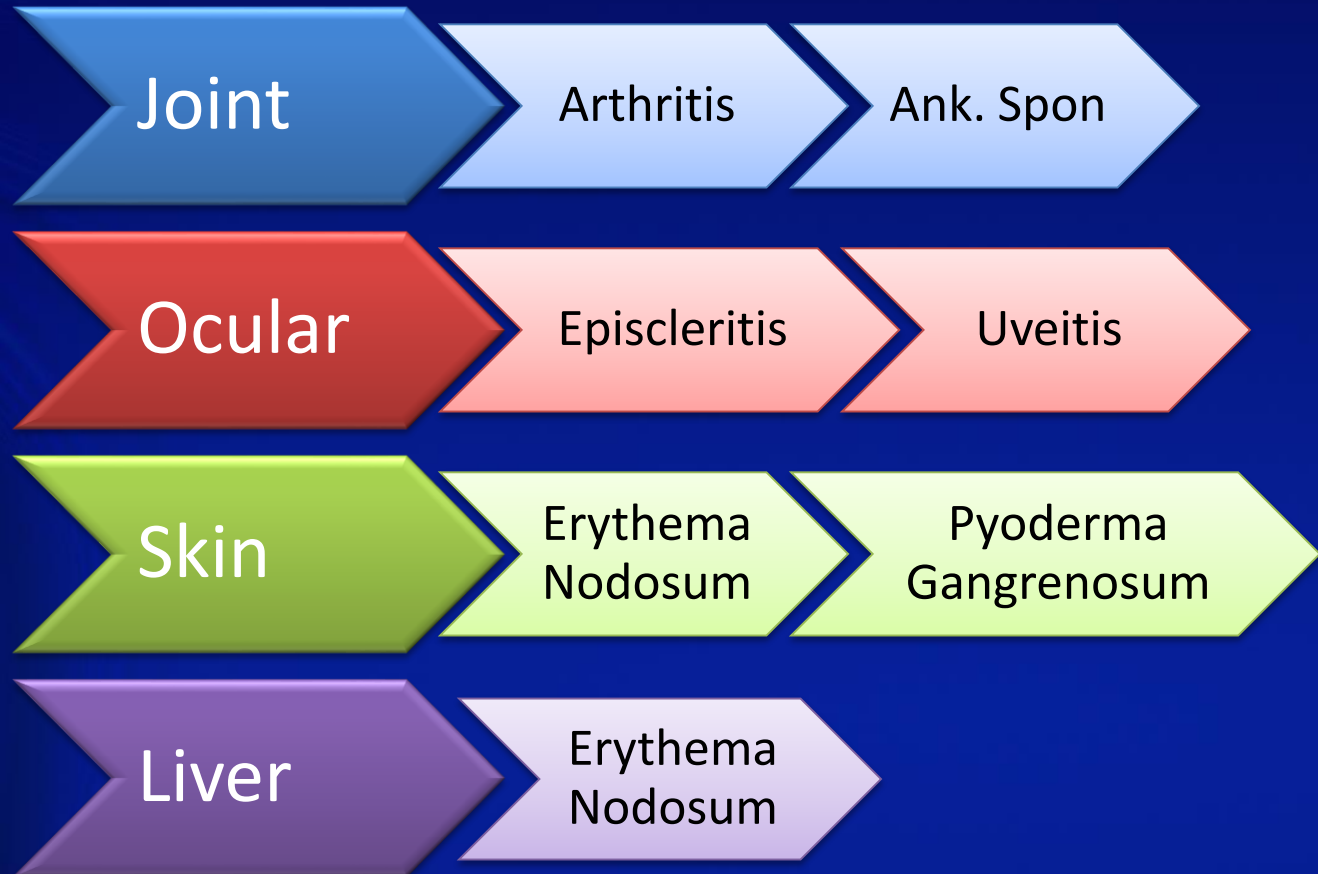
- Fissures
- Fistulas
- Perianal abscess





# Extraintestinal Manifestations

# Extraintestinal Manifestations





# Management of IBD

# Medical Management

Biological therapies

5-ASA

Medical  
Management

Immunosuppressant's

Steroids

# Surgical Management

Total colectomy + Ileoanal pouch

Panproctocolectomy

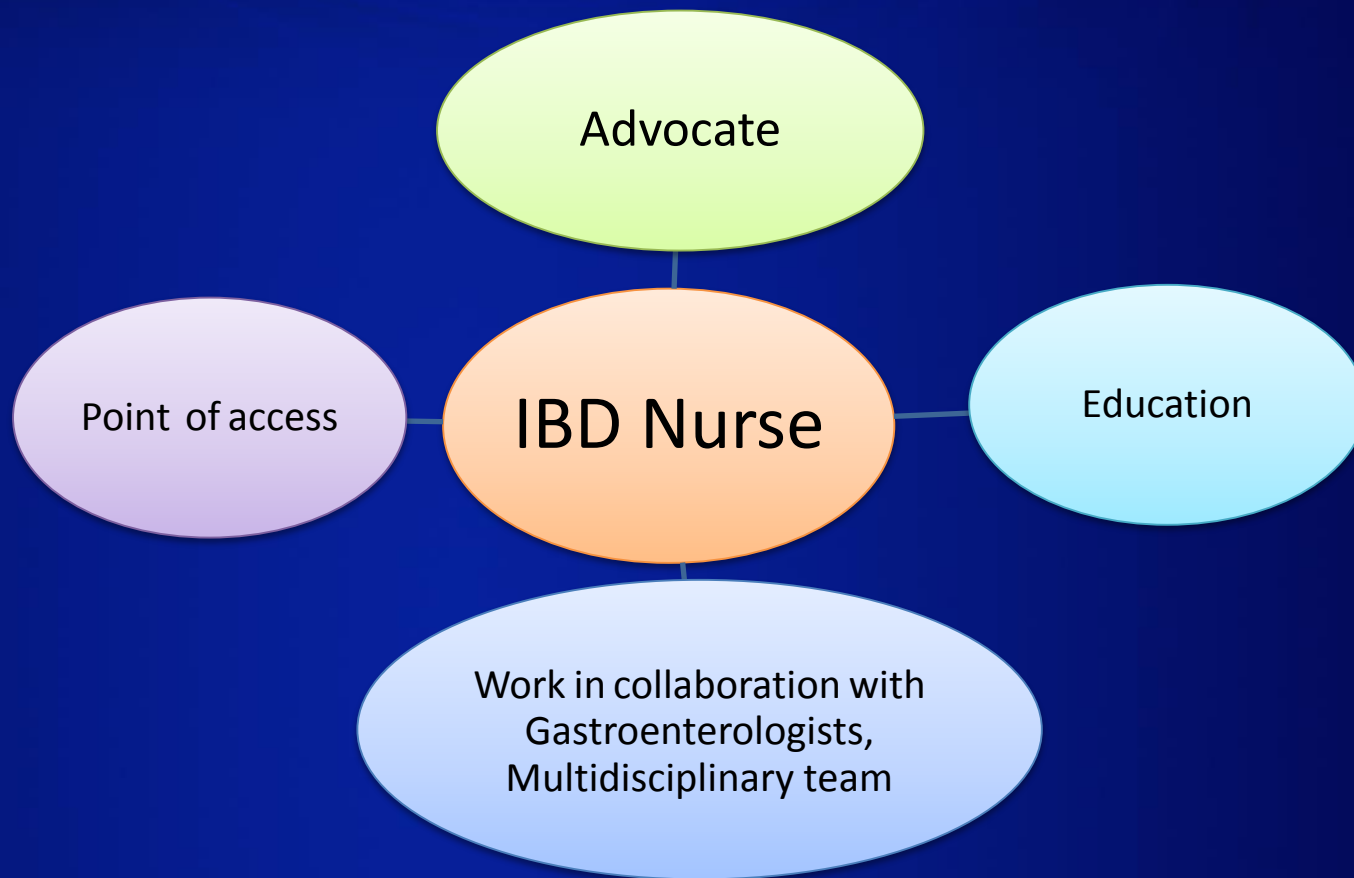
Surgical  
Management

Stricturoplasty/resection

Perianal/Seton/defunctioning

# IBD Nurse

# Role of the IBD Nurse



# IBD Nurse - ADHB

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Thank you