

Definitions of common UC terms

Colon — the large intestine; the lower part of the bowel, which connects to the rectum

Colonoscopy — exam in which a narrow, flexible tube is inserted into the colon by way of the anus, allowing a doctor to examine and photograph the inside lining of the colon

Crohn's disease — a type of inflammatory bowel disease marked by patchy areas of inflammation anywhere in the gastrointestinal tract from the mouth to the anus

Enema — liquid introduced into the rectum by way of the anus

Flare or flare-up — a return or worsening of UC symptoms

Inflammation — the body's response to injury, which includes pain, swelling, redness, and heat. Inflammation is the body's attempt to clear out whatever caused the injury (for example, bacteria) and repair damaged tissue

Inflammatory bowel disease (IBD) — the most common types of IBD are Crohn's disease and ulcerative colitis

Mucosa — also called "mucous membrane," it's a moist tissue layer that lines the hollow organs and cavities of the body that open to the outside (in this case, the colon)

Remission — a period of time when the symptoms of a disease go away

Sigmoidoscopy — an exam that's similar to a colonoscopy (see above), but limited to the lower part of the colon

Ulcerative colitis (UC) — a chronic disease of the colon that is of unknown cause and is characterized by diarrhea with discharge of mucus and blood, cramping abdominal pain, and continuous inflammation of the colon lining with patches of ulcers (sores)



This material is not intended to replace conversation with your health care team. If you have questions, comments, or concerns about your condition, please speak to your doctor or nurse.

JustAskAboutUC.com

Just Ask: Start the UC Dialogue is an educational service provided by Shire for people with ulcerative colitis. To learn more about Shire, visit Shire.com.

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Understanding Ulcerative Colitis (UC)

What you need to know
so you can be an active
partner in your care



**What to talk to your doctor about when
you're flaring *and when you're not.***



What is ulcerative colitis?

Ulcerative colitis (UC) is a type of inflammatory bowel disease (IBD) that produces chronic inflammation and sores or ulcers along the inside lining of the large intestine, also called the bowel or colon. You may also hear the colon lining referred to as the **mucosa**, or **mucous membrane**. Symptoms of UC may include abdominal pain and cramping, frequent and sometimes uncontrollable bloody diarrhea, fatigue, and weight loss.

The other major type of IBD is **Crohn's disease**. In some cases, it may take a while to decide whether a person has UC or Crohn's depending on the symptoms. For example, bloody diarrhea is more common in people with UC. And Crohn's disease may affect other organs in the digestive system, such as the small intestine.

Ulcerative colitis affects different people in different ways

UC affects people differently, making it hard to give detailed, general information about what you can expect. For example:

- Not everyone who is diagnosed with UC has all of the symptoms.
- Some have mild symptoms, while others have moderate or even severe symptoms.
- People respond to therapy differently; what works for one person may not work for another.
- A **flare** or **flare-up** (when you have active symptoms) can last days for some people and weeks for others. The time between flares (called **remission**) can last for months or years.



By being a careful observer and a thorough reporter, you can help your doctor learn what he or she needs to know about your particular case of UC. Your doctor is the best person to answer specific questions about your diagnosis, treatment, and **prognosis** (what your outcome may be), but here are some general facts that you should know about UC.

What to expect at diagnosis

- Your doctor should explain that UC is a **chronic** disease — that is, there is no cure — but there are effective medical and surgical treatments that can help manage your UC and its symptoms.
- If you have not yet had a **colonoscopy** (a procedure that allows your doctor to look inside your entire colon), your doctor may be planning for you to have one soon. Finding out how severe your UC is with a colonoscopy can help your doctor choose the best treatment for you. If you are having a flare, your doctor may suggest waiting until you are in remission. Or he or she may want to do a more limited procedure, called a **sigmoidoscopy**.
- Once your doctor knows the extent of your UC, he or she will prescribe a course of treatment. This may be topical (a suppository or enema), a pill you take by mouth, or, in severe cases, an IV medication.

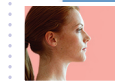
UC treatment goals

If your treatment works and you stop having UC symptoms, this is called **remission**. One of the goals of your treatment is getting to remission and staying in remission as long as possible. Another treatment goal may be healing the lining, or **mucosa**, of the colon. **Healing** the colon lining is not the same thing as **curing** UC — as of today, there is no known cure for UC. In one recent study, people who showed healing of the mucosa after one year were less likely to need surgical treatment.

When you have your next flare, make sure your doctor knows your symptoms have returned.

Preparing for your next doctor's visit

- Your doctor will want to know if your medication is helping you. Depending on your specific treatment, it may take weeks or months for your treatment to take full effect.
- You may be more prepared to answer your doctor's questions if you keep notes or a diary of your symptoms. This may make it easier to see if your symptoms are getting better, getting worse, or not changing.
- Be sure to tell your doctor if your symptoms have caused you to miss work, cancel plans, or rearrange your life in any way.
- It is important to take your medication exactly as your doctor has prescribed, so you get a fair test of whether your medication is working for you. If you have difficulty remembering to take your medication, tell your doctor. He or she may have some tips that have worked for other patients.



Your doctor is the best person to answer specific questions.