

An Overview of Gastrointestinal Disorders

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Functional Disorders

Functional disorders are those in which the bowel looks normal but doesn't work properly. They are the most common problems affecting the colon and rectum and include constipation and irritable bowel syndrome (IBS). The primary causes for functional disorders include:

- A diet low in fiber
- Not drinking enough water or other fluids
- Lack of exercise
- Travel or another change in routine
- Eating large amounts of dairy products
- Stress
- Resisting the urge to have a bowel movement
- Pain from hemorrhoids that causes a person to resist bowel movements
- Overuse of laxatives (stool softeners) which, over time, weaken the bowel muscles
- Antacid medicines containing calcium or aluminum
- Medicines (especially strong pain medicines such as narcotics, antidepressants and iron pills)
- Pregnancy

Constipation

Constipation is the difficult passage of stools (bowel movements) or the infrequent (less than three times a week) or incomplete passage of stools. Constipation is usually caused by inadequate "roughage" or fiber in the diet or a disruption of regular routine or diet. Constipation causes a person to strain during a bowel movement, may include small, hard stools, and sometimes causes anal problems such as fissures and hemorrhoids. Constipation is rarely the sign of a more serious medical condition.

Treatment of constipation includes increasing the amount of fiber you eat, drinking more fluids, exercising regularly, and moving your bowels when you have the urge (resisting the urge causes constipation). If these treatment methods don't work, laxatives are a temporary solution. Note that the overuse of laxatives can actually aggravate symptoms of constipation. Always follow the package instructions on the laxative medication, as well as the advice of your doctor.

Irritable Bowel Syndrome (IBS)

Irritable bowel syndrome (also called spastic colon, irritable colon or nervous stomach) is a condition in which the colon muscle contracts more readily than in people without IBS. A number of factors can trigger IBS including certain foods, medicines and emotional stress. Symptoms of IBS include abdominal pain and cramps, excess gas, bloating, and a change in bowel habits such as harder, looser or more urgent stools than normal. Often people with IBS have alternating constipation and diarrhea.

Treatment includes avoiding caffeine, increasing fiber in the diet, drinking more fluids, monitoring which foods trigger IBS (and avoiding these foods), quitting smoking, minimizing stress or learning different ways to cope with stress, and sometimes taking medications as prescribed by your health care provider.

Structural Disorders

Structural disorders are those in which the bowel looks abnormal and doesn't work properly. Sometimes, the structural abnormality needs to be removed surgically. The most common structural disorders are those affecting the anus, as well as diverticular disease and cancer.

Anal Disorders

Hemorrhoids are swollen blood vessels which line the anal opening caused by excess pressure from straining during a bowel movement, persistent diarrhea or pregnancy. There are two types of hemorrhoids: internal and external.

Internal Hemorrhoids

Internal hemorrhoids are normal structures, cushioning the lower rectum and protecting it from damage by stool. When they fall down into the anus as a result of straining, they become irritated and start to bleed. Ultimately, internal hemorrhoids can fall down enough to prolapse (sink or protrude) out of the anus.

Treatment includes improving bowel habits (such as avoiding constipation, not straining during bowel movements and moving your bowels when you have the urge), using elastic bands to pull the internal hemorrhoids back into the rectum, or removing them surgically. Surgery is needed only for a small number patients with very large, painful and persistent hemorrhoids.

External Hemorrhoids

External hemorrhoids are veins that lie just under the skin on the outside of the anus. Sometimes, after straining, the external hemorrhoidal veins burst and a blood clot forms under the skin. This very painful condition is called a pile.

Treatment includes removing the clot and vein under local anesthesia in the doctor's office.

Anal

Fissure

An anal fissure is a split or crack in the lining of the anal opening. The most common

cause of an anal fissure is the passage of very hard or watery stools. The crack in the anal lining exposes the underlying muscles that control the passage of stool through the anus and out of the body. An anal fissure is one of the most painful problems because the exposed muscles become irritated from exposure to stool or air and leads to intense burning pain, bleeding, or spasm after bowel movements.

Initial treatment for anal fissures includes pain medication, dietary fiber to reduce the occurrence of large, bulky stools, and sitz baths (sitting in a few inches of warm water). If these treatments don't relieve pain, surgery may be needed to decrease spasm in the sphincter muscle.

Perianal Abscess

When the tiny anal glands that open on the inside of the anus become blocked, the bacteria always present in these glands cause an infection. When pus develops, an abscess forms. Treatment includes draining the abscess, usually under local anesthesia in the doctor's office.

Anal Fistula

An anal fistula often follows drainage of an abscess and is an abnormal tube-like passageway from the anal canal to a hole in the skin near the opening of the anus. Body wastes traveling through the anal canal are diverted through this tiny channel and out through the skin, causing itching and irritation. Fistulas also cause drainage, pain and bleeding. They rarely heal by themselves and usually need surgery to drain the abscess and "close off" the fistula.

Other Perianal Infections

Sometimes the skin glands near the anus become infected and need to be drained. Just behind the anus, abscesses can form which contain a small tuft of hair at the back of the pelvis (called a pilonidal cyst).

Sexually transmitted diseases that can affect the anus include anal warts, herpes, AIDS, chlamydia and gonorrhea.

Diverticular Disease

Diverticulosis is the presence of small outpouchings (diverticula) in the muscular wall of the large intestine which form in weakened areas of the bowel. They usually occur in the sigmoid colon, the high-pressure area of the lower large intestine.

Diverticular disease is very common and occurs in 10 percent of people over age 40 and in 50 percent of people over age 60 in Western cultures. It is often caused by too little roughage (fiber) in the diet. Diverticulosis rarely causes symptoms but may include tenderness over the affected area or muscle spasms in the abdomen.

Complications of diverticular disease happen in about 10% of people with outpouchings. They include infection or inflammation (diverticulitis), bleeding and obstruction. Treatment includes antibiotics, increased fluids and a special diet. Surgery is needed in

about half the patients who have complications to remove the involved segment of the colon.

Colon Polyps and Cancer

Each year 130,000 Americans are diagnosed with colorectal cancer, the second most common form of cancer in the United States. Fortunately, with advances in early detection and treatment, colorectal cancer is one of the most curable forms of the disease. By using a variety of screening tests, it is possible to prevent, detect and treat the disease long before symptoms appear.

The importance of screening

Almost all colorectal cancers begin as a polyp, a benign (non-cancerous) growth in the tissues lining the colon and rectum. Cancer develops when these polyps grow and their cells start to invade surrounding tissue. Removal of polyps can prevent the development of colorectal cancer. Almost all precancerous polyps can be removed painlessly using a flexible lighted tube called a colonoscope. If not caught in the early stages, colorectal cancer can spread throughout the body. More advanced cancer requires more complicated surgical techniques.

Most early forms of colorectal cancer do not cause symptoms, which makes screening especially important. When symptoms do occur, the cancer may already be quite advanced. Symptoms include blood on or mixed in with the stool, a change in normal bowel habits, narrowing of the stool, abdominal pain, weight loss or constant tiredness.

Most cases of colorectal cancer are detected in one of four ways:

- by screening people at average risk for colorectal cancer beginning at age 50
- by screening people at higher risk for colorectal cancer, for example, those with a family history or a personal history of colon polyps or cancer
- by investigating the bowel in patients with symptoms
- a chance finding at a routine check-up

Early detection is the best chance for a cure.

Colitis

There are several types of colitis, conditions that cause an inflammation of the bowel. These include:

- Infectious colitis
- Ischemic colitis (caused by not enough blood going to the colon)
- Radiation colitis (after radiotherapy)
- Ulcerative colitis (cause not known)
- Crohn's disease (cause not known)

Colitis causes diarrhea, rectal bleeding, abdominal cramps and urgency (frequent and immediate need to empty the bowels). Treatment depends on the diagnosis, which is made by colonoscopy and biopsy.

Summary

Many diseases of the colon and rectum can be prevented or minimized by maintaining a healthy lifestyle and practicing good bowel habits.

If you have a family history of colorectal cancer or polyps, you should have a colonoscopy every 5 years beginning at age 40, or 10 years younger than your youngest family member with cancer (for example, if your brother was diagnosed with colorectal cancer or polyps at age 45, you should begin screening at age 35). If you have a personal history of colorectal cancer or polyps, you should have a colonoscopy before surgery or within 1 year after surgery and then a follow-up colonoscopy in 3 years. If the follow-up colonoscopy is negative, you should have a colonoscopy every 5 years. If you have symptoms of colorectal cancer you should consult your physician right away. Common symptoms include:

- A change in normal bowel habits
- Blood on or in the stool that is either bright or dark
- Unusual abdominal or gas pains
- Very narrow stool
- A feeling that the bowel has not emptied completely after passing stool
- Unexplained weight loss
- Fatigue

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