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**Consulting at: Spire Tunbridge Wells Hospital, Maidstone &
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(KIMS) and BMI Somerfield Hospital Maidstone**

**PATIENT INFORMATION:
PROCTOCOLITIS**

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What is Proctocolitis?

Proctocolitis is an inflammation of the lining of the rectum, the rectum being the first part of the large bowel within the pelvis. Proctitis is an uncommon condition and its symptoms are usually short lived with treatment, but for a small group of patients it becomes chronic. There are a number of causes of proctocolitis, but the vast majority are sporadic events and a specific causal agent is never identified.

Causes

There are a number of diseases and conditions that can cause the rectum to become inflamed (proctitis) and these include:

1. Inflammatory bowel disease – approximately 30% of people with inflammatory bowel disease (Crohn's disease or ulcerative colitis) have inflammation of the rectum.
2. Infections – sexually transmitted infections, spread particularly through anal intercourse, can result in proctocolitis. Such infections include gonorrhoea, herpes and Chlamydia. In rare circumstances, proctitis can also be associated with HIV. Other infections are associated with food borne illnesses such as salmonella, campylobacter or shigella infections.
3. Radiation therapy for cancer - Treatment for the prostate or vulval cancer can result in inflammation of the lining of the rectum, as these structures are very closely related to each other within the pelvis. Radiation proctitis can begin during the treatment but can also occur months or years after the treatment has ceased.
4. Antibiotics - Some powerful antibiotics, particularly those used to treat chest infections can kill the helpful bacteria that live within the bowel, allowing the harmful bacteria, clostridium difficile to grow within the rectum and cause proctocolitis.
5. Diversion proctitis - Patients who have undergone certain types of colonic surgery, in which the passage of stool is diverted away from the rectum can develop the condition.

(Food protein induced colitis or eosinophilic proctitis are extremely rare conditions and usually affect children under the age of 5).

Symptoms

The signs and symptoms of an acute coloproctitis include

1. Increased frequency of bowel movements often associated with an urgent need to open the bowels.
2. A continuous feeling that the bowel has not been completely emptied at the end of defecation
3. Rectal bleeding (bright or altered blood).
4. The passage of clear or dark mucus from the rectum.
5. Rectal pain.
6. Pain on the left side of the abdomen.
7. Pain with bowel movements.
8. An uncomfortable sensation when sitting down, relieved by standing.

Should you develop any of these signs or symptoms that persist for more than a week, it is most important that you seek medical advice.

Complications

If proctocolitis is not treated in the long term, this can lead to complications which include:

1. Anaemia - Chronic bleeding from your rectum can cause your blood counts to drop, meaning that you don't have enough red blood cells to carry adequate oxygen to your tissues. Anaemia can cause tiredness, dizziness, and shortness of breath, headaches, pale skin and general lethargy.
2. Ulcers - Chronic inflammation in the rectum can cause open sores (inside the lining of the rectum) which take much longer to heal.
3. Fistulae - Some ulcers can break through the intestinal wall creating an abnormal connection between the rectum and the skin around the anus and buttocks, occasionally into the vagina or bladder. This is a very rare condition and only occurs in longstanding, poorly controlled untreated proctitis.

Diagnosing Proctitis

1. Mr Bailey will take a thorough history from you during the clinic, discussing all your symptoms and possible risk factors. He may well examine both your abdomen and your tail end and he may use a small instrument (rigid sigmoidoscope) to examine your rectum.
2. Blood tests will be carried out to check your blood counts, clotting of your blood and a bowel marker may well be organised.
3. You may be asked to collect a stool specimen for testing; this will help to determine if your proctitis has been caused by an infection.
4. It may be recommended that you undergo either a flexible sigmoidoscopy or a colonoscopy to assess the lining of the bowel. During the procedure it is possible to take small samples of tissue (biopsy) which can be analysed in the laboratory.
5. If a fistula or complicating factor is considered, an MRI scan of your pelvis may be organised.

Treatment

Treatment for proctocolitis depends upon the underlying cause of the inflammation. Mr Bailey may recommend the following potential options:

1. Antibiotics for proctocolitis caused by a bacterial infection.
2. Antiviral agents for proctocolitis caused by viral infections such as sexually transmitted viral herpes.
3. Anti-inflammatory medication, these medications can be given either in tablet form or as suppositories or enemas. These help reduce the degree of inflammation and may need to be taken for 4-6 weeks in the initial phase.
4. Medications to reduce the frequency of bowel movements may be used in the initial phase to make urgency and frequency more tolerable.
5. Probiotic capsules may be recommended to help repopulate the bowel with 'good bugs'.

6. Mr Bailey may recommend surgical intervention if there are complicating factors, but this is rare and he will discuss it clearly with you.

This leaflet is for information only, as a guide, if you have any questions, please make a note of them and ask them during your consultation.