Your Diagnosis

Your doctor has determined that you have ischemic colitis, an injury of the colon that results from reduced blood flow to the intestine. Ischemic colitis can range from mild or moderate with few symptoms to extremely severe and life-threatening. The condition most often affects people age 50 and older.

About the Condition

The colon, or large intestine, is a tube lined with muscles that extracts moisture and nutrients from food, storing the waste matter until it is expelled from the body. It is typically 5 to 6 feet long in adults. The last segment of the colon is called the rectum.

Ischemic colitis occurs when there is a blockage of the blood flow in an artery that supplies the colon, causing damage to the intestinal lining and layers. Occasionally the blockage happens in a vein. Ulcers, or open sores, frequently result from the colon damage.

Contributing risk factors may include atherosclerosis (hardening of the arteries), hernia, surgical scar tissue, blood clots, low blood pressure, certain conditions such as lupus or sickle cell anemia and various medications that include blood vessel constrictors and birth control pills.

Ischemic colitis can be acute, coming on suddenly, but is more often chronic, developing gradually and persisting. Sometimes when the cause is a blood clot, the colon’s blood flow can be cut off totally and rapidly, a serious medical emergency.

Symptoms of ischemic colitis may include abdominal tenderness, bloody diarrhea, an urgent, frequent need to have a bowel movement and sudden but usually mild abdominal cramps, often after eating and on the left side. In severe cases, patients may experience dangerous infections, bleeding, gangrene (tissue death) or intestinal rupture.

Because ischemic colitis symptoms are similar to those of other conditions, your doctor may want to perform one or more tests to confirm your diagnosis, which could include the following:

- Ultrasound
- Colonoscopy
- Barium Enema
- X-ray
- CT Scan
- MRI Scan
- X-ray
- CT Scan
- MRI Scan

Treatment Options

The treatment plan for ischemic colitis depends on the severity of the condition. The main goal of treatment is to restore the blood supply to the colon.
For less severe cases, patients are placed on either a very limited diet or intravenous fluids for 1 or 2 days to give the colon time to rest. Antibiotics are also given as a precaution to prevent serious infection. The majority of the time, the condition clears up within 2 weeks.

In more severe cases, colon resection surgery is performed to eliminate or bypass the blood flow blockage as well as remove any part of the intestine that is damaged. The colon is then reconnected. When that is not possible, a colostomy is created to allow waste to leave the body through the abdominal wall to be collected in a bag.

If an underlying medical disorder contributed to the development of ischemic colitis, it will also be treated. Any medications that played a role in the condition may be stopped as well. Talk with your doctor about what medications are best for your individual situation.

**What You Can Do**

Because ischemic colitis can be a sign of atherosclerosis, you should take the following steps to maximize your general health and minimize your risk for heart attack and stroke:

♦ Eat a low-fat diet high in fruits, vegetables and whole grains
♦ Avoid the use of tobacco
♦ Take part in some form of exercise
♦ Maintain a healthy body weight

Also, be sure to take all medications as prescribed by your doctor and promptly report any new symptoms that develop.

**Additional Resources**

American College of Gastroenterology, 301.263.9000, www.acg.gi.org
Digestive Diseases Information Clearinghouse, 800.891.5389, www.digestive.niddk.nih.gov