

DIGESTIVE HEALTHCARE OF GEORGIA

Patient Education: Ulcerative Colitis

What it is, how it's evaluated, treatment options, and what to do next

What is ulcerative colitis?

Ulcerative colitis (UC) is a chronic inflammatory bowel disease (IBD). It causes inflammation and sores (ulcers) in the lining of the large intestine—the colon and rectum. The inflammation usually begins in the rectum and may extend continuously into part or all of the colon. UC is different from Crohn's disease, another type of IBD that can affect other parts of the digestive tract. [1, 2]

UC often has periods when symptoms become active, called **flares**, and periods when symptoms improve or disappear, called **remission**. It is not contagious. Researchers think genes, immune-system responses, the gut microbiome, and environmental factors may all contribute; the exact cause is not fully known. [1, 2]

What symptoms can occur?

Symptoms vary and may include:

- Diarrhea, sometimes with blood
- Rectal bleeding or blood in the stool
- Abdominal cramping or pain
- A strong or urgent need to have a bowel movement
- Feeling that you still need to go after having a bowel movement
- Mucus in the stool
- Fatigue or reduced appetite

More severe disease may also cause fever, nausea, vomiting, or weight loss. Symptoms can resemble an infection or other digestive condition, so testing may be needed. [2]

How do clinicians find it?

A clinician will ask about your symptoms, medical and family history, and medicines, and may perform a physical examination. The evaluation helps determine whether UC is present, how much of the colon is affected, how active the inflammation is, and whether another condition could explain your symptoms. [3]

Tests may include:

- **Blood tests** to look for anemia, signs of inflammation, infection, or other health effects.
- **Stool tests** to check for infection and signs of intestinal inflammation. Your clinician may test for *C. difficile* and other infections, especially during a flare.
- **Colonoscopy or flexible sigmoidoscopy, often with biopsies.** A clinician uses a flexible camera to examine the bowel lining and may take small tissue samples. These tests help confirm UC and assess its

extent and severity.

- **Additional tests or imaging** when needed to investigate complications or other possible causes. [3, 4]

No single symptom or blood test confirms UC by itself. Diagnosis is based on the overall clinical picture, test results, and examination of the bowel lining.

How is ulcerative colitis treated?

Treatment is individualized according to disease location and severity, previous treatment, other health conditions, and your preferences. The aims are to bring on remission, keep inflammation controlled, reduce symptoms, and prevent complications. Current guidance emphasizes monitoring symptoms as well as objective measures of inflammation, such as stool or blood markers and endoscopy when appropriate. [4, 5]

Treatment may include:

- **Aminosalicylates (5-ASAs):** Often used for mild-to-moderate UC. Depending on where inflammation is located, medicine may be taken by mouth, as a rectal suppository or enema, or in combination.
- **Corticosteroids:** Sometimes used for a limited time to control a flare. They are generally not used as long-term maintenance treatment because prolonged use can cause serious side effects. Do not start, change, or stop steroids without your prescriber's guidance.
- **Immune-modifying or advanced medicines:** Depending on the condition, options may include immunomodulators, biologic medicines, or targeted oral medicines. Your care team can discuss expected benefits, risks, monitoring, and whether screening or vaccinations are needed before treatment.
- **Hospital care:** Severe flares may require hospital treatment, such as IV fluids, medicines, close monitoring, and sometimes surgical consultation.
- **Surgery:** Surgery to remove the colon may be considered when medicines do not control disease or when serious complications or certain precancerous changes occur. Surgical options and their effects should be discussed with a gastroenterologist and colorectal surgeon. [5, 6]

Food does not cause UC, and there is no single diet that treats everyone. During a flare, certain foods may worsen symptoms, but individual triggers vary. Aim for adequate nutrition and fluids; ask your clinician or a dietitian for help if you are losing weight, avoiding many foods, or concerned about deficiencies. Check with your clinician before using over-the-counter medicines, supplements, or restrictive diets. [1, 6]

What are the next steps?

1. **Arrange a medical appointment** if you have ongoing diarrhea, blood in your stool, urgency, or abdominal pain—especially if these symptoms are new or recurring.
2. **Keep a symptom record.** Note bowel frequency, bleeding, pain, urgency, fever, weight changes, and medicines or supplements you take.
3. **Bring relevant information** to your appointment, including previous test results, medication allergies, family history of IBD or colorectal cancer, and recent travel or infections.
4. **Ask about your evaluation and treatment plan:** What tests are recommended? How extensive and active is the inflammation? What treatment goal are we aiming for? How will we check that treatment is working?
5. **Keep follow-up visits and monitoring tests.** UC often needs ongoing care even when symptoms improve. Ask whether your disease history means you need a specific colorectal-cancer screening

schedule.

6. **Do not stop maintenance treatment on your own.** Contact your care team if medicines are not helping, symptoms return, or you have side effects.

When to seek urgent medical care

Seek urgent medical care for heavy or persistent rectal bleeding, severe or worsening abdominal pain, frequent bloody diarrhea, fever, repeated vomiting, inability to keep fluids down, or signs of dehydration such as very little urine, dizziness, or fainting.

Call 911 or go to an emergency department for severe symptoms, fainting, confusion, or rapidly worsening illness. Do not wait for a routine appointment if you feel seriously unwell.

Set up an appointment

Call Digestive Healthcare of Georgia to set up an appointment with a provider. The practice lists these office numbers:

- **Atlanta:** (404) 355-3200
- **Cartersville or Jasper:** (706) 253-7340
- **Fayetteville:** (770) 719-3240
- **Newnan:** (678) 326-4812
- **Ellijay:** (706) 253-5514
- **Woodstock, Marietta, or Canton:** (404) 425-5570

Call to confirm the appropriate location and appointment availability. [7]

Sources

[1] National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). *Ulcerative Colitis: Definition & Facts*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/ulcerative-colitis>

[2] NIDDK. *Symptoms & Causes of Ulcerative Colitis*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/ulcerative-colitis/symptoms-causes>

[3] NIDDK. *Diagnosis of Ulcerative Colitis*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/ulcerative-colitis/diagnosis>

[4] American College of Gastroenterology (ACG). *The Updated 2025 ACG Guidelines to Manage Adult Ulcerative Colitis Patients*.

https://gi.org/journals-publications/ebgi/alkazzi_aug2025/

[5] NIDDK. *Treatment for Ulcerative Colitis*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/ulcerative-colitis/treatment>

[6] Crohn's & Colitis Foundation. *Ulcerative Colitis Treatment Options*.

<https://www.crohnscolitisfoundation.org/patientsandcaregivers/what-is-ulcerative-colitis/treatment-options>

[7] Digestive Healthcare of Georgia. *Contacts & Locations*.

<https://digestivehealthcare.net/contact-locations/>

This handout is for general education and does not replace medical advice, diagnosis, or treatment. Your provider can recommend care based on your symptoms, test results, and health history.