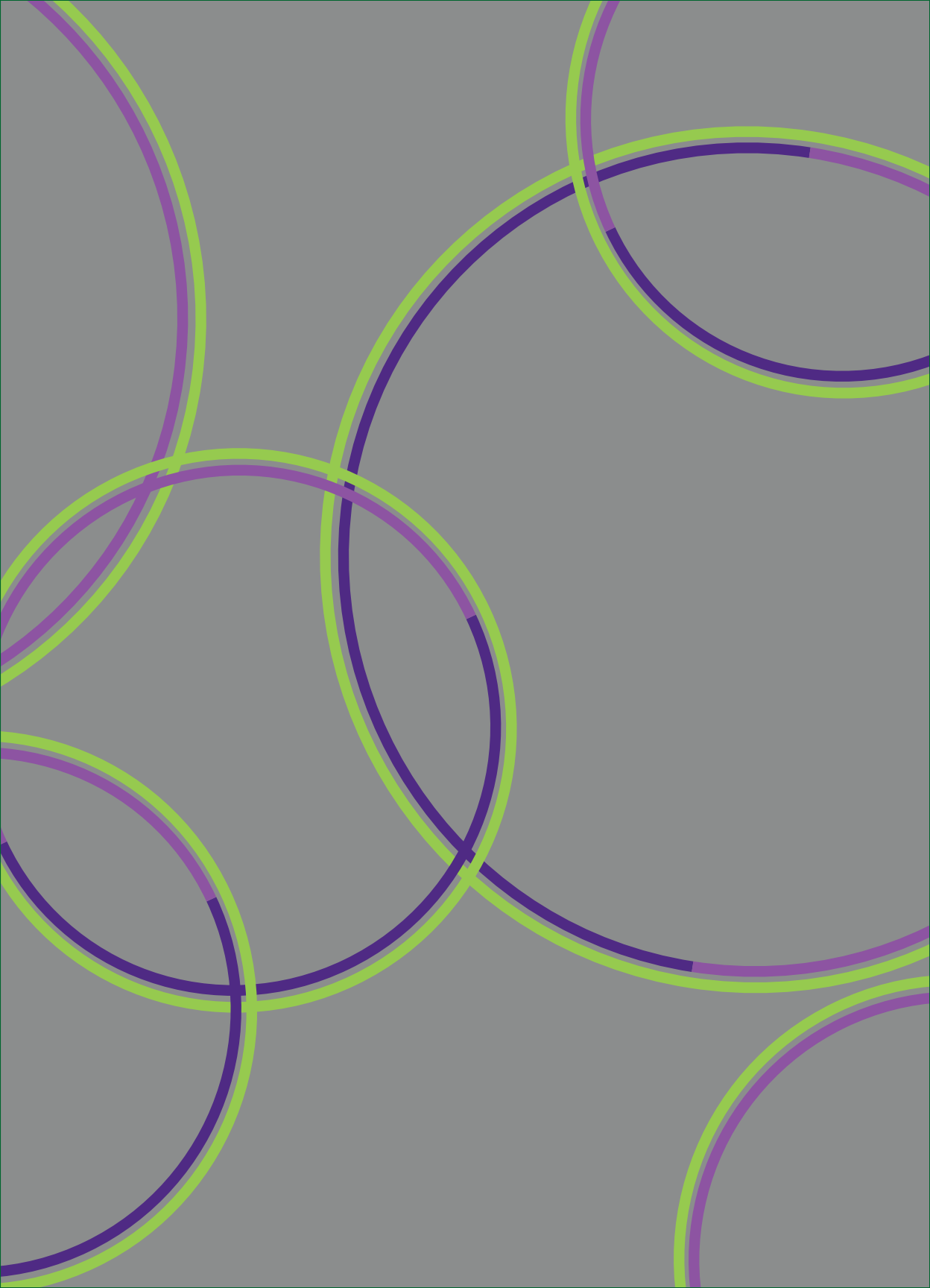




What's Next?

A Patient's Guide to
Crohn's & Ulcerative Colitis
Testing and Tracking





What you should know about Crohn's & Ulcerative Colitis Testing and Tracking.

The first step to treatment.

You've been diagnosed with Crohn's disease or ulcerative colitis (UC). Both conditions are *inflammatory bowel diseases*—which are characterized by inflammation that causes damage to the intestines. Because Crohn's and UC symptoms are so similar and can overlap with other digestive diseases, several different medical tests may be required to diagnose and distinguish them from each other.

Whether you are just diagnosed, or have known you've had Crohn's or UC for a while, periodic testing will be integral to your treatment plan. If you're confused about the tests you'll be taking, or feeling a little bit overwhelmed, it's not surprising.

Remember, tests are your first step to effectively treating Crohn's and UC. This brochure has been created to help you better understand the different tests your doctor may recommend, and what they show. It will also explain how keeping track of your test results can help in managing your condition.

How these tests help your doctor.

Medical tests help your doctor in several important ways. First, they aid in diagnosis, allowing your doctor to determine which of these conditions you have.

Next, they provide a roadmap of your symptoms. Crohn's and UC symptoms occur in different places along the gastrointestinal (GI) tract, which runs from your mouth to your anus. Tests allow your doctor to pinpoint the exact location of your symptoms.

Once your doctor has determined where your symptoms are, tests help assess their severity. Tests also help your doctor identify any potential complications of Crohn's or UC.

Perhaps most important, tests help your doctor find a treatment plan for you, because they help measure the effectiveness of a treatment plan he or she recommends.

How these tests help you.

Just as they help your doctor, tests can be an important benefit to you. By learning your test results, and discussing them with your doctor, you will better understand your condition.

Tests also help you play a more proactive role in your treatment, have productive conversations with your doctor, and make more informed decisions. This allows you to be a more involved patient, so you can manage your Crohn's or UC.

Keeping track to stay on track.

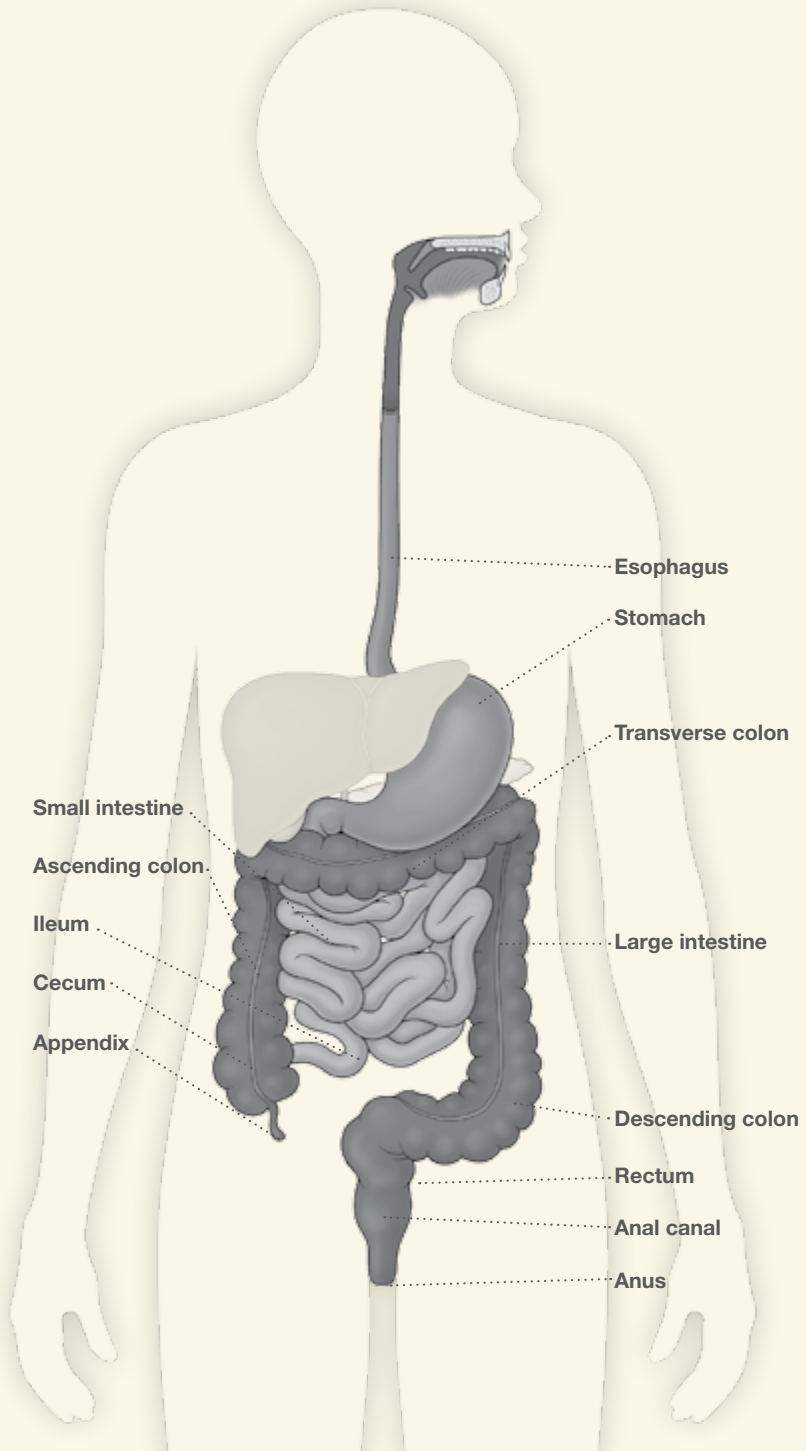
Keeping careful track of your scheduled tests and their results is a good step toward effective treatment. It lets you keep an up-to-date record of your symptoms and how your treatment plan is working.

At the back of this brochure, you'll find 3 simple tracking tools: a way to track your symptoms month by month, a log of the tests you've taken, and a record of your medications. There's also a handy pocket to store your test results.



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The Gastrointestinal Tract





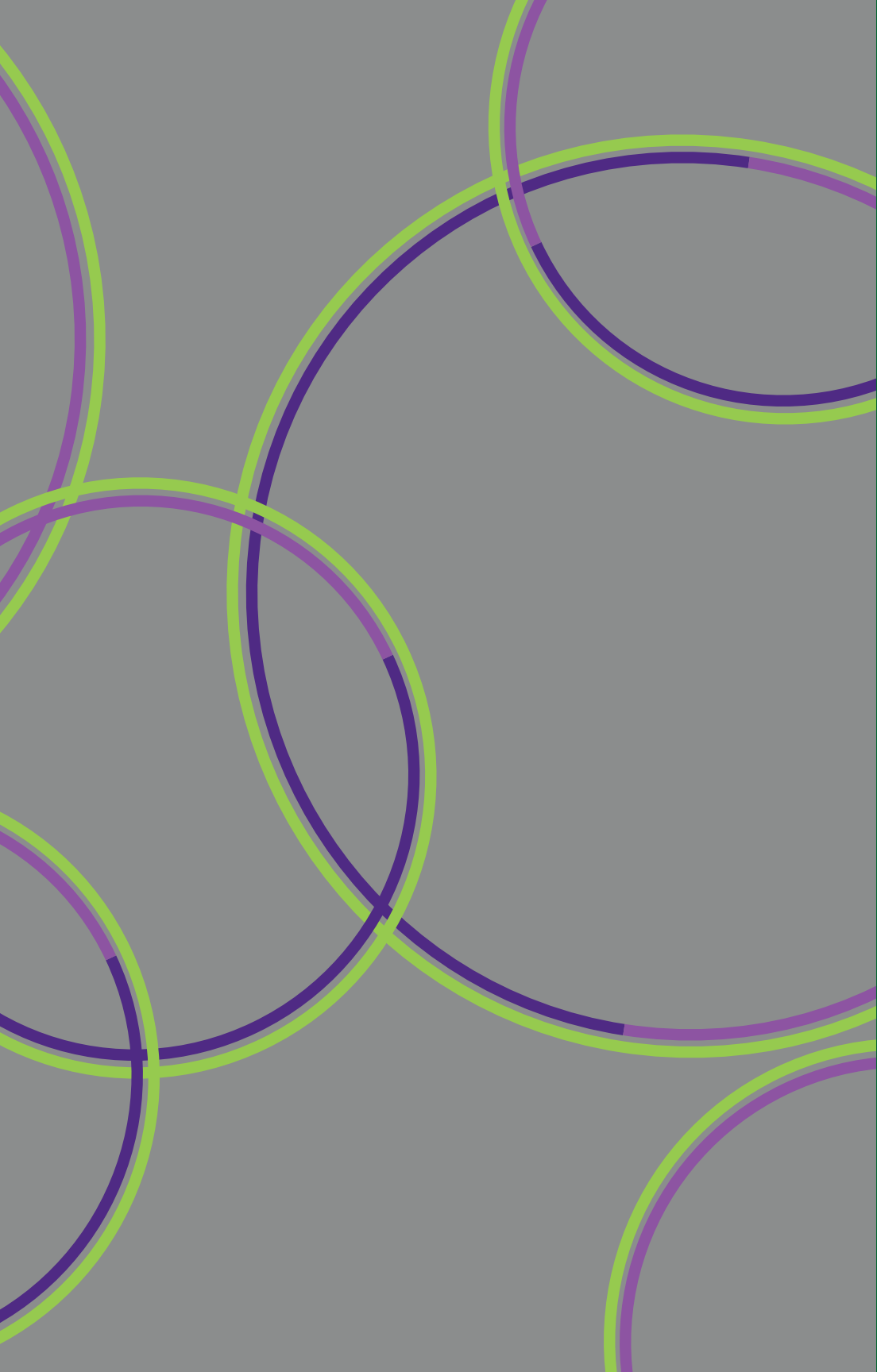
Crohn's, UC, and your GI tract.

Crohn's disease and ulcerative colitis (UC)

cause symptoms that occur in different places along the GI tract. Crohn's can affect any part of the digestive tract while UC affects only the large intestine. The diagram on the left shows the GI tract and the vital organs it includes.

- **The esophagus**, which connects the mouth to the stomach
- **The stomach**, which secretes acid and enzymes that digest food
- **The small intestine**, involved in the digestion of food and the absorption of nutrients
- **The large intestine (colon and rectum)**, which absorbs excess water and salts from waste material. It also stores solid waste, converting it to stool, and excretes it through the anus

Crohn's disease can affect any part of the digestive tract from the mouth to the anus whereas Ulcerative Colitis affects the large intestine only. Therefore, these organs will be the primary focus for some of your doctor's tests.



About Blood Tests

Although blood tests alone cannot diagnose Crohn's or UC, they're an important tool in diagnosis and monitoring of these diseases. Several different kinds of blood tests are used.

- **Routine blood tests**

These are used to detect infection, anemia (caused by bleeding), **indicators of inflammation** such as C-reactive protein (CRP) and Erythrocyte Sedimentation Rate (ESR), and to identify deficiencies of vitamins or minerals that can be associated with Crohn's or UC.

These tests are generally administered in a doctor's office or commercial facility. Blood is drawn, collected, and sent to a laboratory for analysis.

- **Fecal occult blood test**

This is conducted to detect blood in your stool (with a stool sample), an indicator of bleeding in the intestines. It also helps rule out other causes of GI diseases, such as infection.

Your doctor will give you a container for collecting and storing the stool. The sample is returned to your doctor and sent to a laboratory for analysis.





● **Antibody blood tests**

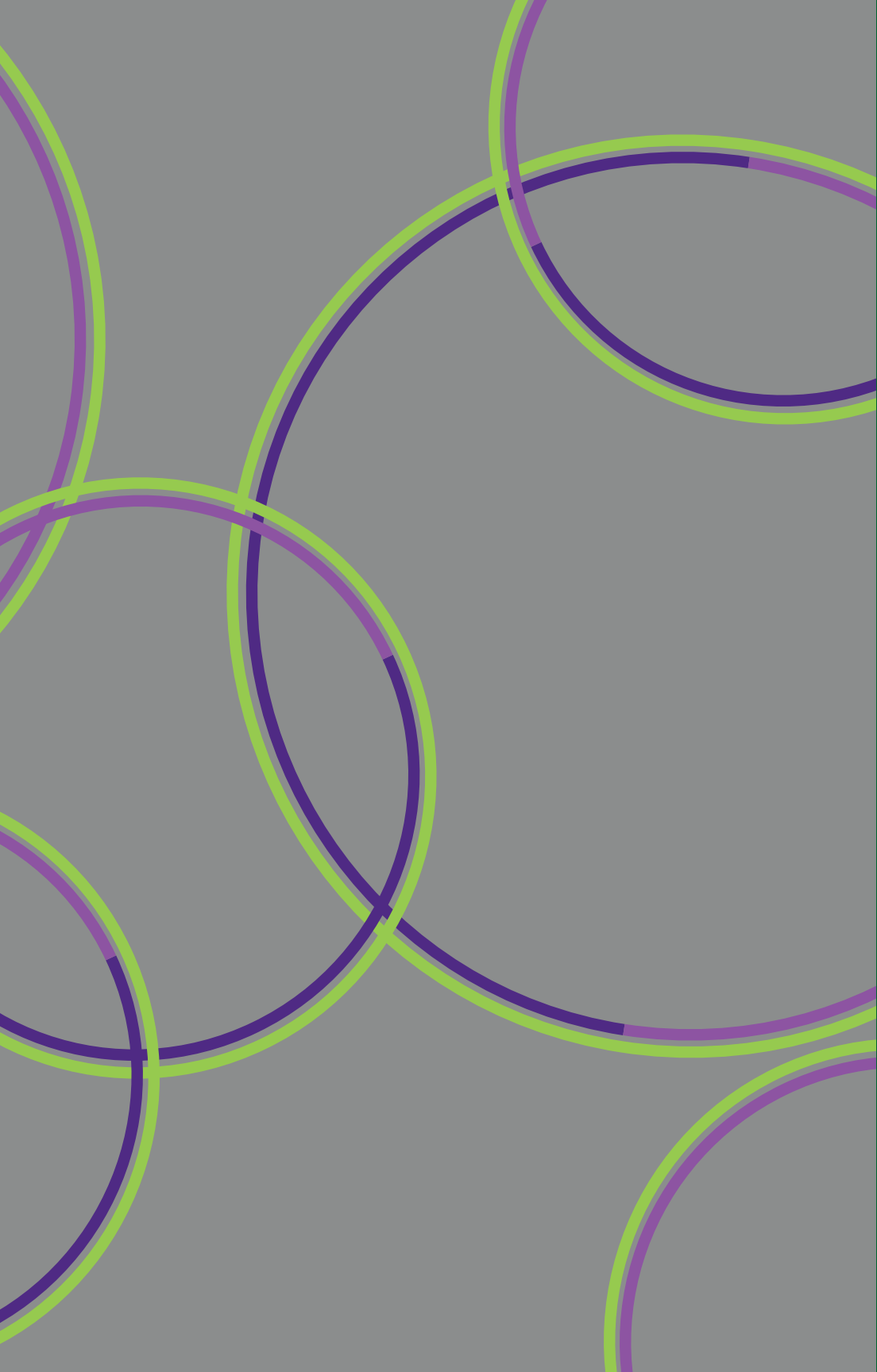
These tests help your doctor determine whether you have Crohn's or UC. They look for antibodies, proteins produced by the immune system that indicate the presence of one disease or the other.

Often, people with ulcerative colitis have a specific antibody (called *pANCA*) in their blood, while those who have Crohn's disease are more likely to contain a different antibody (called *ASCA*).

These tests, however, are not conclusive. A positive finding doesn't mean you have either disease, and a negative finding doesn't mean that you're free of them.

Like routine blood testing, antibody blood tests are generally administered in a doctor's office or commercial facility. Blood is drawn, collected, and sent to a laboratory for analysis.

These are only some of the blood tests used for Crohn's or UC. There are others your doctor may recommend.





About Imaging Tests

These are tests that take pictures of different parts of your body to provide a clearer picture of your condition. They show your doctor areas of disease activity and identify possible complications.

● Conventional X-rays

A standard X-ray of your abdominal area

can show narrowing of the intestines or an intestinal blockage, possibly from inflammation or scarring. It may also be done to rule out certain Crohn's or UC related conditions, such as toxic megacolon (a life-threatening inflammatory complication caused by widening of the large intestine) or perforation (a hole that develops in the GI tract).

● Contrast X-rays

This diagnostic test allows your doctor to evaluate your intestine

by tracking the movement of a thick, chalky liquid called *barium*. The barium dye coats the lining of the bowel, creating a silhouette of your rectum, colon, and a portion of your intestine that's visible on an X-ray.

If you are having contrast X-rays of the small intestine (small bowel series), you will be asked to drink the barium when you arrive for the test. If you are having contrast X-rays of the large intestine, barium will be inserted into your rectum (called a *barium enema*).

Because of the availability of more advanced tests such as colonoscopy and computerized tomography (CT) scanning, contrast X-rays are not typically used anymore.



- **Computerized tomography**

A CT scan uses a combination of X-rays and computer technology to create 3-dimensional images that provide more detail than a standard X-ray. It takes simultaneous X-rays from several different angles to create a cross-sectional image of the bowel, as well as images of tissues outside the bowel that can't be seen with other tests.

CT scans help your doctor to diagnose your Crohn's or UC, and determine the location and extent of your disease. They can also help check for potential complications such as intestinal blockages, abscesses (localized infection or collection of pus), or abnormal connections between different loops of the intestine called fistulas, and rule out conditions with similar symptoms, such as appendicitis.

Before a CT scan, you may be given a solution to drink and an injection of a special dye called *contrast medium*. You will then be required to lie on a table that slides into a machine with large, tube-like magnets that takes the X-rays.

- **Leukocyte scintigraphy**

(white blood cell scan)

White blood cells are drawn to the site of inflammation in the body. This test tracks your white blood cells to determine how much inflammation Crohn's or UC may be causing in your gastrointestinal tract.

First, your doctor draws a blood sample from your arm, and tags its white blood cells with a small amount of radiation. Then, he or she injects the blood back into your body and uses a special camera to track the radioactive white blood cells to see where they migrate.

- **Endoscopy**

This test uses a thin, flexible tube with a lighted camera inside the tip (called an *endoscope*) that allows your doctor to explore the different parts of your GI tract. This technique includes tests such as:

- **Sigmoidoscopy**

Examines the sigmoid, the lower third of your large intestine (the rectum and sigmoid colon).

- **Colonoscopy**

Provides a view of your entire colon, and helps your doctor determine whether you have Crohn's or UC.



- **Capsule endoscopy**

Uses a tiny camera that you swallow in a capsule. The camera takes as many as 50,000 images, which are transmitted to a computer that you wear on your belt. Your doctor then downloads the images onto a monitor to check for signs of Crohn's disease. Once it has gone through your digestive tract, the camera is passed painlessly in your stool.

- **Esophagogastroduodenoscopy (EGD)**

Also referred to as *upper gastrointestinal (GI) endoscopy*, EGD examines 3 areas that can be affected by Crohn's disease: the esophagus, the stomach, and the duodenum (the first part of the small intestine).

- **Endoscopic retrograde cholangiopancreatography (ERCP)**

A procedure that combines upper gastrointestinal (GI) endoscopy and X-rays to examine bile ducts in the liver and pancreatic ducts, which may be affected in some people with Crohn's or UC.

● **Double-balloon endoscopy**

A longer scope with 2 inflatable balloons attached is used to explore areas of the small bowel where standard endoscopes are unable to reach.

● **Endoscopic ultrasound**

This technique attaches an ultrasound probe to an endoscope to examine deep below the lining of the intestines. It is most often used to look at fistulae in the rectal area, a complication of Crohn's disease.





- **Magnetic resonance imaging (MRI)**

Large, tube-shaped magnets that use a magnetic field and radio waves to create images. MRI's biggest advantage is that there is no radiation exposure. It is very helpful in diagnosing and managing Crohn's. During the test, you will lie on a movable table inside the MRI machine.

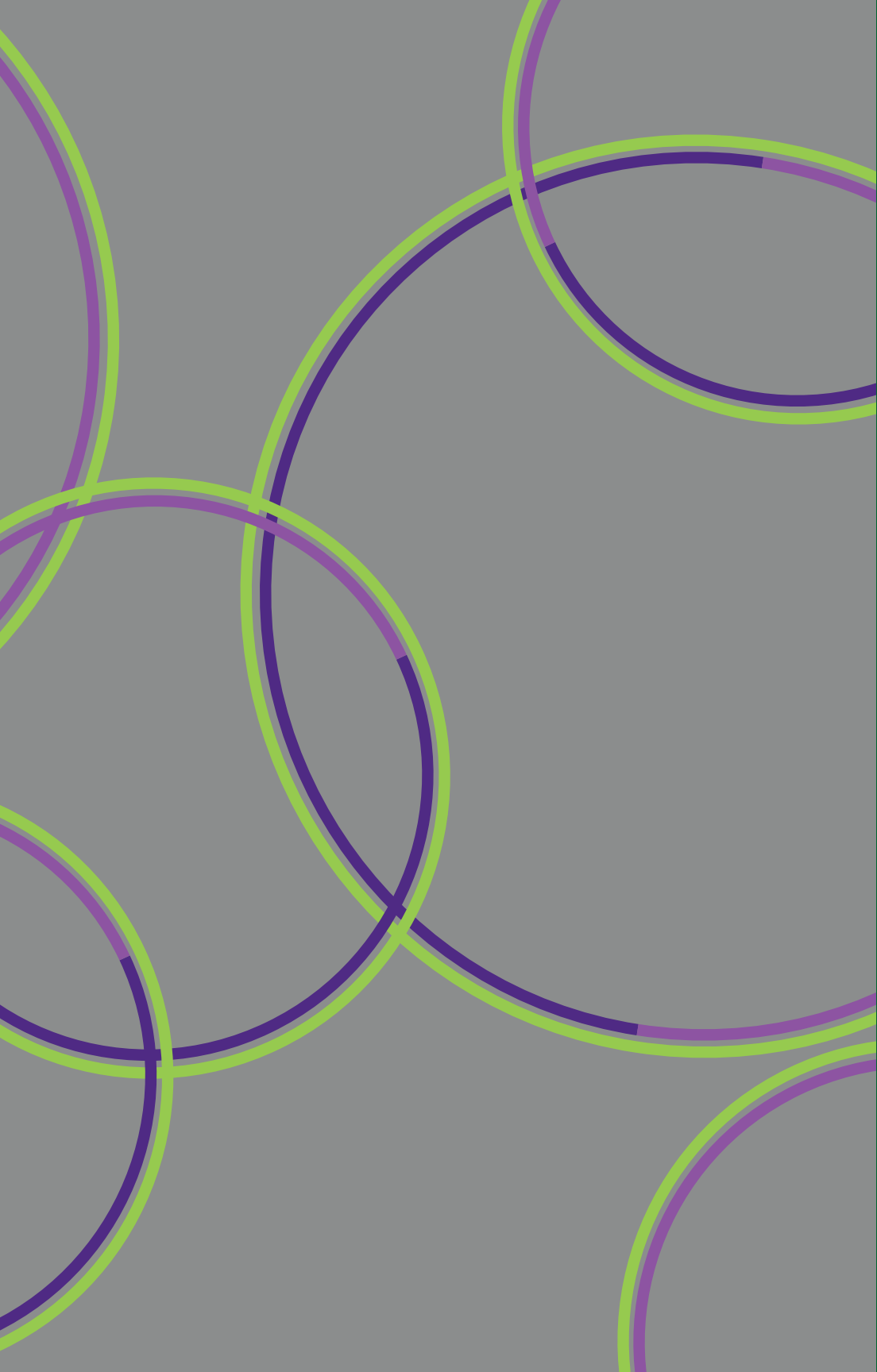
- **Pelvic MRI**

Commonly used for evaluating a fistula around the anal area.

- **MR enterography**

Commonly used for examining the small intestine.

These are only some of the imaging tests used for Crohn's and UC. There are others your doctor may recommend.





The Importance of Keeping a Medical Record

Your doctors keep your medical records. But it's important that you keep your own records, too.

Your records are a resource in managing your condition.

They help you keep track of your Crohn's or UC treatment history, and where you are with it now.

This can help you better understand your options, and work more closely with your doctor to reach your treatment goals.

- **What your medical record should include:**

Your record should contain all the medical tests you've taken for Crohn's or UC (as well as other conditions you may have), including:

- **Medical tests:**

- The date the test was performed**
- The type of test**
- The purpose of the test**
- The name of the health care provider who performed the test**
- Any comments** such as: results of the test, Doctor notes, costs, etc.

- **Medication list:**

You should also keep a record of all the medications you take, including:

- The name of the medication**
- Date started**
- Its prescribed dose or strength**
- How often you take it**
- Date stopped** (if applicable)
- Any comments** such as: results of the test, Doctor notes, costs, etc.

We hope this brochure has helped you better understand the role that tests play in treating your Crohn's or UC. And we hope that the 3 tracking tools we've included will help you keep a record of your symptoms and your tests as you move forward with your treatment. If you have any further questions about your tests and why they are being recommended, your doctor is the best source for the answers you need. Your Crohn's or UC Advocate can also provide you with resources to help you better understand your disease.



Chart Your Symptoms Month by Month: Year _____

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Week 1	Good											
Week 2												
Week 3												
Week 4												



Because the symptoms of Crohn's and ulcerative colitis vary widely from day to day and from person to person, it's important to keep a record:

- Fill in the year so you can record your symptoms
- Select the sticker (find them in the back pocket of this brochure) that best describes the kind of week you had and place it on the chart
- Bring this journal to your next appointment with your gastroenterologist

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This Guide Belongs to

Important Contacts

