Ulcerative Proctitis
Proposed guidelines for management in primary care
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Definition
Ulcerative colitis is a chronic, relapsing remitting disease characterised by diffuse mucosal inflammation limited to the colon. The disease is classified according to the maximal extent of inflammation, which correlates with the risk of complications. Ulcerative proctitis is disease limited to the rectum.

Presentation
Patients with proctitis tend to have milder symptoms than those with more extensive disease. Patients usually present with anorectal bleeding, possibly with the passage of mucous in addition. Patients often complain of urgency. Stool consistency can vary from being normal to diarrhoea or even constipation. Proximal constipation, due to rectal dysfunction, is a common problem.

Management
Patients should be managed initially by secondary care. Patients will be referred back to primary care with a clear diagnosis and management plan. Most patients will only require treatment during a disease flare as follows:

- Always consider acute infection as a potential cause of symptoms in a patient presenting with a disease flare. If necessary, send a stool sample for culture whilst treating the flare, but arrange early review with the results.
- Mesalazine 1g suppository daily is the preferred initial treatment for mild or moderately active proctitis. Suppositories are preferred to enemas as they target the rectum more
efficaciously (although enemas are effective and can be used as an alternative based on patient choice).

- Topical steroids (such as colifoam, predfoam, predsol suppositories etc.) should be reserved for second line management, either for patients intolerant of topical mesalazine or as an adjunct in patients with uncontrolled symptoms.

- Patients who fail to improve on topical mesalazine and topical steroids should be treated with oral mesalazine 2.4g daily or balsalazide 6.75g daily in addition. Oral 5-ASA alone is less effective.

- Proximal constipation should be managed with a stool softener such as sodium docusate or a macrogol laxative for more resistant cases.

**When to Refer Back to Secondary Care**

Consider referring back to specialist services (Department of Gastroenterology; RVI fax: 0191 2820523, FRH fax: 0191 2231249) for the following:

- Patients with severe proctitis who require ongoing treatment with both a topical agent and a systemic 5-ASA. These patients are likely to need monitoring in secondary care.

- Patients who develop evidence of perianal disease.

- Patients who develop symptoms of more extensive UC, such as abdominal pain, weight loss, profuse diarrhoea or systemic malaise.

- Patients in whom the G.P. is concerned about colorectal cancer can be referred under the normal Two Week Wait pathway.

**References**


2. NACC - Crohn's and Colitis UK, Ulcerative Colitis Patient Information Booklet

3. IBD Section of BSG, Guidelines for the management of inflammatory bowel disease in adults, *Gut* 2011; 60:571-607