

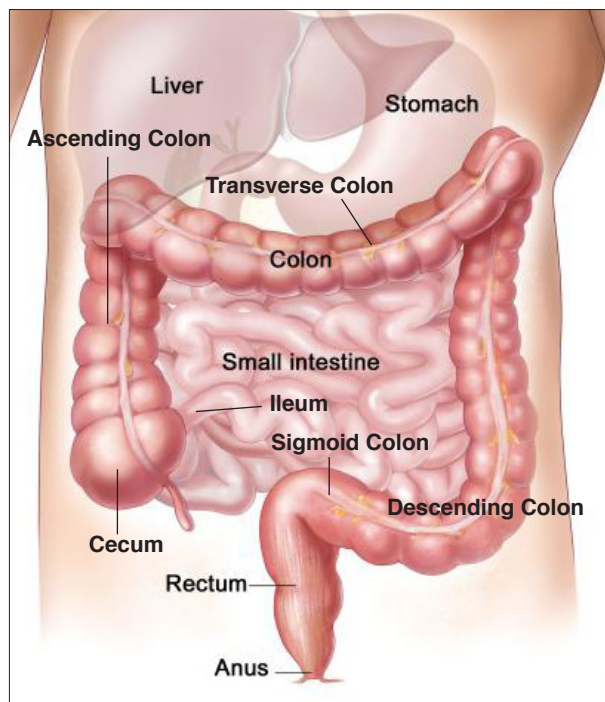
WHAT ARE CROHN'S DISEASE AND COLITIS?

Both Crohn's disease and ulcerative colitis (UC) are thought to be immune reactions of the body against its own intestinal tissue. This chronic immune defense causes inflammation/irritation in the lining of the intestines. Both afflictions are considered a disease of young people, affecting those between the ages of 15-30. They affect both males and females equally. They are more common in whites than non-whites, and more common in Jewish than non-Jewish ethnicities. They are thought to be hereditary. Women with either disease who become pregnant should be seen by a maternal fetal medicine specialist.

Crohn's disease and ulcerative colitis primarily represent inflammatory bowel disease (IBD). While both Crohn's disease and UC cause chronic inflammation of the intestinal tract, they are separate diseases and are treated differently. Both are characterized by periods of active disease and periods of remission (without symptoms).

Crohn's Disease (also called *regional enteritis*)—Crohn's disease can affect any part of the gastrointestinal (GI) tract, from the mouth to the anal area. Two of the most common areas are the lower part of the small intestine, called the *ileum*, and the first part of the colon. Irritation can involve the whole bowel wall, which may lead to *fistulae* (an abnormal connection between the intestine and other organs); *strictures* (a narrowed pathway); or an *abscess* (a collection of pus). The inflammation may skip healthy tissue and occur in different segments of the intestine. Common symptoms are bloody diarrhea, lower right-side abdominal pain, and weight loss. Although Crohn's disease cannot be cured, it can be controlled with appropriate medications and patients can be symptom-free for years.

Ulcerative Colitis (UC)—UC strikes the inner lining of the colon (large intestine) or the rectum. The disease usually starts at the rectum and can progressively move up the colon. The most common symptom is bloody diarrhea associated with cramping abdominal pain. Other symptoms include fatigue, an urgency to have a bowel movement (*tenesmus*), and weight loss. Surgery (removal of the affected part of the colon) can cure UC.



TESTS AND STUDIES

As part of your evaluation for Crohn's disease or UC, you may undergo several tests and/or studies to determine the exact nature of your disease and the most appropriate course of treatment. Included among these tests and studies are:

Lab Tests

Markers of Inflammation Activity

- HS CRP (high sensitivity C-reactive protein)
- Stool Lactoferrin
- Stool Calprotectin

Markers of Nutritional Adequacy

- Albumin, Prealbumin, vitamin levels

Routine Blood Work

- CBC (complete blood count)
- LFT (liver function test)
- CMP (complete metabolic panel)—Includes 14 tests that are done for screening and evaluating organ function.

Breath Testing

- Hydrogen, methane breath test—A noninvasive clinical procedure done to evaluate lactose intolerance or an abnormal growth of bacteria in the intestine. It can take up to three hours with episodic capture and testing of exhaled air after drinking a sugary solution.

Endoscopic Studies

(done with varying degrees of sedation)

Colonoscopy—Insertion of a thin, flexible tube with a light and lens on the end into the rectum to evaluate the mucosa of the colon and rectum. Inflammation, polyps, and ulcers can be visualized.

- **Narrow Band Imaging**—Uses a different spectrum of light
- **Chromo Endoscopy**—Uses topical application of dye

Flexible Sigmoidoscopy—Allows visualization of the lower part of the large intestine (sigmoid) and the rectum.

Rectal Endoscopic Ultrasound (rectal EUS)—

Insertion of a flexible tube that has an ultrasound tip to see if cancer has grown through the outer lining of the rectum. It is also used to evaluate local lymph nodes and do biopsies.

Upper Endoscopy (EGD-Esophagogastroduodenoscopy)

—Insertion of a flexible scope orally to evaluate the esophagus, stomach, and part of the small intestine.

Spirus Endoscopy (Enteroscopy)—A special endoscope that allows visualization of the whole small bowel, which is more than 20 feet long.

Capsule Endoscopy—A small video camera the size of a large pill is swallowed. It takes multiple pictures as it passes through the digestive tract and enables visualization of the small intestine, looking for possible bleeding. (This procedure is done in the clinic.)

Radiology Studies

CT Enterography—A special CT scan that looks specifically at the small and large bowels. A water-based oral contrast is used along with IV contrast, which provides better enhancement of the bowel walls. No eating or drinking is allowed four hours prior to the scan.

Small Bowel Series—A fluoroscopy procedure done to evaluate the small intestine. Barium is swallowed, which coats the lining of the intestines, making them visible on x-ray. This test may take 3-4 hours.

TREATMENTS

Your physician may recommend one or more treatments, including:

Mesalamine (5 ASA or aminosalicic acid)—Includes Asacol®, Lialda®, Canasa®, Pentasa®, Sulfasalazine (Azulfidine®), Apriso®, and Balsalazide (Colazal®). It is used mainly to treat mild-to-moderate UC and is less effective in treating Crohn's disease.

These medications are anti-inflammatory drugs that block several important immune response pathways. It can take 3-6 weeks to reach maximum benefit. These medications should be taken with food and should not be chewed or crushed. The makeup of some of these medications allows release in different parts of the colon; some are delayed-release and some have a pH coating that delays release. In addition to oral pills, some of these medications come in a topical rectal form to treat inflammation of the rectum.

Side effects can include headache, nausea, diarrhea, and rash. It can be used during pregnancy if benefits outweigh risks.

Immunomodulators (6 MP, Azathioprine)—Includes Mercaptopurine (Purinethol®), Azathioprine (Imuran®), Methotrexate, and Cyclosporine.

These medications are also called anti-metabolites and are used to treat certain cancers in higher doses, as well as autoimmune disorders in smaller doses. They suppress the immune system.

Side effects can include diarrhea, nausea, vomiting, loss of appetite, and abdominal pain. This class of medications can lower the body's ability to fight off infection. Therefore, patients should avoid live vaccines, as well as contact with persons sick with a cold, the flu, or other contagious illnesses. Another potential side effect is that patients who take this medication may be at higher risk to develop cancers. Blood work to monitor kidney and liver function may be needed.

Methotrexate—Used to treat Crohn's disease, it is usually a weekly dose initially starting as an injection then progressing to an oral route. Methotrexate is not recommended for pregnant women or women who are planning a pregnancy.

Imuran and Mercaptopurine—Taken orally every day, they can treat both Crohn's disease and UC.

Cyclosporine—Used only in the inpatient setting for UC. It is not safe to take this class of medications while pregnant.

Biologic Agents

Includes Adalimumab (Humira®), Infliximab (Remicade®), Certolizumab Pegol (Cimzia®), and Natalizumab (Tysabri®).

These medications intercept a protein that causes inflammation before it can act on its natural receptor to “switch on” inflammation. Since these medications alter the immune system, it is important to check for infections before starting.

In addition, these medications cannot be given during an active infection. A documented TB test must be done before starting these medications. Patients are at higher risk of developing infections (URI or bladder infections) and certain cancers. Other reported reactions to this class of medications include headache, rash, stomach pain, heart failure, liver injury, blood disorders, allergic reactions, or reactivation of Hepatitis B.

- **Humira®**—A subcutaneous injection, self-administered every 1-2 weeks.
- **Remicade®**—A two-hour infusion usually done every eight weeks at an infusion center. Dosage is based on body weight.
- **Cimzia®**—A subcutaneous injection, self-administered every four weeks.
- **Tysabri®**—A one-hour monthly infusion. A rare side effect of this medicine is a serious brain infection. Patients have to be enrolled in the manufacturer’s “Touch Program,” which is initiated by the physician’s office.

Antibiotics / Prebiotics / Probiotics

- **Antibiotics** are used to treat active bacterial infections.
- **Prebiotics** are certain foods that stimulate the good bacteria in the gastrointestinal (GT) tract. Some examples include whole grains, onions, bananas, garlic, honey, leeks and artichokes.
- **Probiotics** are live microorganisms such as bacteria or yeast that are beneficial to digestion and general GI health. They can be found in foods, drinks, or as pill supplements. Probiotic foods include yogurts, cultured dairy products, or fermented food containing active live cultures. There are several over-the-counter or prescription probiotic pills to choose from.

Corticosteroids

Includes Budesonide (Entocort EC) and Prednisone.

- **Budesonide**—Used to treat mild-to-moderate active Crohn’s disease. It is a specially formulated anti-inflammatory steroid allowing concentration in the intestines. It is taken once daily and should not be chewed or crushed. The most common side effect is headache. Patients may be transitioned from Prednisone to Budesonide.
- **Prednisone**—Prevents the release of substances in the body that cause inflammation. If used long term, potential side effects can include weight gain, vision changes, mood changes, dry skin, bruising and headache. Steroids should **never** be stopped abruptly. Steroid use can weaken the immune system, making it easier to get an infection or worsen a current infection.

The UT Southwestern Crohn's and Colitis Program offers comprehensive treatment for the first time in Texas for patients suffering from Crohn's disease and ulcerative colitis. Our goal is to make our patients feel "normal" again and reduce hospital admissions and complications. Patients who see an IBD specialist early in the course of their disease have the best chance of successfully managing their disease and resuming an active lifestyle.

For patient appointments, please call the clinic directly at 214-645-3070 or Patient and Physician Referral Services at 214-645-8300, Monday through Friday, 8:00 - 5:00 pm. Online appointment requests are available at utsouthwestern.edu/patientcare/appt.

Program Director

Prabhakar P. Swaroop, M.D.

Associate Professor

Dr. Swaroop is an expert in Crohn's disease and UC with a particular interest in evaluating new treatments and creating a tissue data-base to further understanding of the diseases. He has served as principal investigator in several national clinical trials for the treatment of gastrointestinal disease. In addition, he has authored articles and several chapters in textbooks. Dr. Swaroop is a member of the American Medical Association, the American Gastroenterology Association, the American College of Gastroenterology, and the Crohn's and Colitis Foundation of America.

SURGERY FOR CROHN'S DISEASE OR UC

Surgery for treatment of Crohn's disease or UC is reserved for patients for whom medical therapy is ineffective, intolerable, or in cases where complications have occurred such as bleeding, intestinal obstruction, or perforation. Most surgical procedures involve resection (removal) of the involved areas of the intestine and connection of the two remaining ends of the healthy intestine (*anastomosis*). In some circumstances when connection of the intestines is impossible or unsafe, an ostomy (*stoma*) is created. These procedures may be performed via the traditional open approach with an incision or via laparoscopic surgery (minimally invasive surgery). The choice between open vs. laparoscopic surgery is dependent on many factors, including disease progression and patient health status.

Any intestinal surgery is associated with certain risks, such as complications related to anesthesia, bleeding, infection, or leakage from the intestinal connection (*anastomosis*). The risk of any operation is determined in part by the nature of the specific operation and the individual's general health. Function of the ostomy may be affected by weight fluctuation.

Surgical Procedures

Most abdominal operations for Crohn's disease or UC in our medical center are performed via the laparoscopic (minimally invasive surgery) approach, but this is decided with your surgeon. The most common procedures for surgical treatment are below.

Abdominoperineal Resection (APR)

This surgical procedure involves the removal of the sigmoid colon, rectum, and anus. After this procedure, the patient will have a permanent colostomy. This operation is performed for certain rectal cancers, as well as Crohn's disease or UC that is unresponsive to medical treatments.

Colon Resection (Colectomy)

During this operation, the diseased portion of the colon is removed and the healthy ends of the colon are connected together. This operation is performed for many conditions, including Crohn's disease and UC.

Small Bowel Resection

The diseased small intestine is removed and the healthy ends are connected to each other. This operation is commonly performed with Crohn's disease.

Total Abdominal Colectomy

This operation involves removal of the entire colon and connection of the ileum (the terminal portion of the small intestine) to the rectum or creation of an ileostomy. This operation is performed for Crohn's disease, UC, and other diseases of the colon.

Total Proctocolectomy with Ileanal Pouch or with End Ileostomy (UC only)

During this procedure, the entire colon and rectum are removed and the ileum is either connected to the skin as an ileostomy, or a J-Pouch is constructed and connected to the anus to function as a new rectum. This operation is usually performed in stages and will require a temporary ileostomy for eight weeks.

What Should You Expect Following Colorectal Surgery?

Your hospital stay can vary from 3-10 days. This is dependent on the severity of your disease, the type of surgical procedure, and your overall health. A short (1-2 day) stay in the Intensive Care Unit (ICU) may be necessary for some patients. A team of physicians and other medical professionals will be caring for you during your hospitalization.

Following the operation you will have some pain, which will be most severe for the first 1-2 days, but will subside. You will be given adequate intravenous (IV) analgesics via a patient-controlled analgesia pump. At the time of surgery, you may also have a pain pump inserted around the incision. The pump will later be removed. A nasogastric tube (a tube into your stomach through the nose) is unlikely, but you will have a bladder catheter (Foley catheter) to drain urine for the first day or two following the operation. You will also have an IV to give you fluids and medications following the operation.

You will likely be allowed to drink clear liquids the evening of the operation. As the function of your intestinal tract returns, you will be allowed to progress to solid foods. You should immediately stop all oral intake if you feel abdominal bloating, nausea, or feel like vomiting. These sensations will resolve as the intestinal function returns following the operation.

You will be assisted out of bed and into a chair the morning following the operation and will be asked to walk in the halls. Initially, this may be somewhat difficult due to pain, weakness, and dizziness, but it will become easier and will facilitate your recovery and discharge from the hospital.

Once you tolerate a regular diet, have bowel function, and your pain is controlled with oral medications, you will be ready for discharge.

The UT Southwestern Crohn's and Colitis Program offers comprehensive treatment for the first time in Texas for patients suffering from Crohn's disease and ulcerative colitis. Our goal is to make our patients feel "normal" again and reduce hospital admissions and complications. Patients who see an IBD specialist early in the course of their disease have the best chance of successfully managing their disease and resuming an active lifestyle.

For patient appointments, please call the clinic directly at 214-645-3070 or Patient and Physician Referral Services at 214-645-8300, Monday through Friday, 8:00 - 5:00 pm . Online appointment requests are available at utsouthwestern.edu/patientcare/appt.

Our Specialists

Farshid Araghizadeh, M.D., F.A.C.S.

Associate Professor

Dr. Araghizadeh is a Fellow of the American College of Surgeons and the American Society of Colon and Rectal Surgeons (ASCRS), and is a member of several other professional organizations. He has authored numerous book chapters and articles, and lectures frequently on colorectal disease. He currently serves on the Standards Committee and the Professional Outreach Committee of the ASCRS.

Craig Olson, MD

Assistant Professor

Dr. Olson is a surgeon who specializes in the treatment of colon and rectal cancer. He received his initial medical training at the University of Iowa, followed by a residency in general surgery and a fellowship in colon and rectal surgery, both at UT Southwestern. In addition to his surgical interests, Dr. Olson has expertise in colon cancer screening and colon polyp surveillance. He is board certified by the American Board of Surgery.

OSTOMY

An *ostomy* is a surgically-created opening connecting an internal organ to the skin. The most common types of ostomies are an *ileostomy* (connecting the ileal part of the small intestine to the abdominal wall) and a *colostomy* (connecting the colon, or large intestine, to the abdominal wall).

A temporary ostomy may be required if the intestinal tract has blockage and can't be properly prepared for surgery or to "protect" an anastomosis. A temporary ostomy may also be created to allow inflammation or an operative site to heal without contamination by stool. Temporary ostomies can usually be reversed with minimal or no loss of intestinal function. A permanent ostomy may be required for impaired intestinal function or when the muscles that control elimination do not work properly or require removal.

An ostomy appliance, or pouch, is designed to catch eliminated fecal material (stool). The disposable pouch is made of plastic and is held to the body by an adhesive to create a moisture barrier. It is changed as needed and this system is quite secure; "accidents" are not common, and the pouches are odor-free.

UT Southwestern enterostomal nurses will teach you and your family how to change the ostomy appliance and care for the stoma before discharge from the hospital. These specialized therapy nurses are also available to meet with you prior to your surgery to provide a hands-on demonstration of your ostomy appliance and answer any questions you may have. You will be given detailed instructions and literature.

Placement of the Ostomy

A colostomy is usually placed to the left of your navel and an ileostomy to the right.

Bowel Movements

Your bowel movements will naturally empty into the pouch. The frequency and quantity of your bowel movements will vary, depending on the type of ostomy you have, your diet, and your bowel habits prior to surgery. You may be instructed to modify your eating habits in order to control the frequency and consistency of your bowel movements. If the ostomy is a colostomy, irrigation techniques may be learned that allow for increased control over the timing of bowel movements.

Daily Activities

An ostomy is easily hidden by your usual clothing. All your usual activities, including active sports, may be resumed once healing from surgery is complete. Most patients with ostomies resume their usual sexual activity.

The UT Southwestern Crohn's and Colitis Program offers comprehensive treatment for the first time in Texas for patients suffering from Crohn's disease and ulcerative colitis. Our goal is to make our patients feel "normal" again and reduce hospital admissions and complications. Patients who see an IBD specialist early in the course of their disease have the best chance of successfully managing their disease and resuming an active lifestyle.

For patient appointments, please call the clinic directly at 214-645-3070 or Patient and Physician Referral Services at 214-645-8300, Monday through Friday, 8:00 - 5:00 pm . Online appointment requests are available at utsouthwestern.edu/patientcare/appt.

Our Specialists

Farshid Araghizadeh, M.D., F.A.C.S.

Associate Professor

Dr. Araghizadeh is a Fellow of the American College of Surgeons and the American Society of Colon and Rectal Surgeons (ASCRS), and is a member of several other professional organizations. He has authored numerous book chapters and articles, and lectures frequently on colorectal disease. He currently serves on the Standards Committee and the Professional Outreach Committee of the ASCRS.

Craig Olson, MD

Assistant Professor

Dr. Olson is a surgeon who specializes in the treatment of colon and rectal cancer. He received his initial medical training at the University of Iowa, followed by a residency in general surgery and a fellowship in colon and rectal surgery, both at UT Southwestern. In addition to his surgical interests, Dr. Olson has expertise in colon cancer screening and colon polyp surveillance. He is board certified by the American Board of Surgery.

Frequently Asked Questions

About Crohn's Disease & Colitis

1. What are Crohn's disease and colitis? Are they an infection?

Crohn's disease and ulcerative colitis (UC) are chronic autoimmune diseases of the bowels. These two diseases primarily represent inflammatory bowel disease (IBD). The body creates inflammation or irritation (ulcers) in the bowels because the immune system is overactive. The diseases are not infections.

2. Are they caused by something I eat or drink?

No, but you may find that certain foods make your symptoms worse.

3. Are Crohn's disease or UC hereditary?

Yes, there is a genetic predisposition to the diseases.

4. Can they be cured?

Crohn's disease cannot be cured but can be well-controlled with the right combination of medications. UC can be cured with surgery.

5. Will I need to have surgery or can I simply take medications instead?

Medications are the first line of treatment. If medical management is unsuccessful, surgery is an effective option to cure UC. Surgery may be needed for treatment of Crohn's complications, such as strictures (narrowing of the passageway), abscesses (a collection of pus), or fistulae (abnormal passages).

6. How do you differentiate Crohn's disease from ulcerative colitis?

While there is no one test that will definitively indicate which disease you have, these two diseases have different characteristics that can be evaluated by scans, endoscopy, and blood work.

7. Will I have Crohn's disease or UC for the rest of my life?

Yes, these are chronic diseases. Symptoms range from mild to severe. You will have periodic flareups, but you can be symptom free (in remission) for months or years.

8. Do I have to observe special precautions while on medications for Crohn's disease or UC?

Patients taking specific classes of medications called biologic agents or immunomodulators are more prone to infections. If you are taking these, you should avoid contact with persons who are sick with a cold, the flu, or other contagious diseases. These medications should not be taken if there is an active infection.

9. Are the medicines used to treat Crohn's disease or UC expensive?

Some medications can be expensive but most of the pharmaceutical companies offer financial assistance programs that help reduce the out-of-pocket expenses.

10. Should I be taking food supplements or over-the-counter vitamins?

Generally, these products are not thought to lessen or prevent disease. However, supplements may be recommended if lab work indicates a deficiency.

11. Will I need to have frequent lab work?

Several tests are needed initially to help determine the correct treatment for your disease. These initial tests are done to make sure you have no active infections and to evaluate how you might respond to certain treatments. Certain medications require periodic testing of kidney and liver function.

12. When should I call my physician about a change in my symptoms?

If the pain level increases, diarrhea worsens, or you notice more blood in your stool, you should call your physician. Medication changes may be needed or, if symptoms are severe, you may need to be hospitalized.

13. Can Crohn's disease or UC progress into cancer?

Patients who have these diseases do have a slightly higher risk of developing colon cancer and lymphomas. This is dependent partly on the number of years you have the disease. Your physician may recommend periodic colonoscopies for a full evaluation of the colon. Those who have a family history of colon cancer are also at higher risk.

14. Can I still get pregnant and have children?

Yes, but pregnancy is best avoided during active periods of the disease. If possible, plan to have children during times of remission. Women who do become pregnant should be seen regularly by a maternal fetal medicine specialist. This specialist will work closely with your IBD specialist in deciding medical management of your condition as some medicines used to treat IBD can be harmful to a fetus.

15. If I am pregnant, which medicines are dangerous to the fetus?

Methotrexate should not be taken if you are pregnant or planning a pregnancy. Other medicines to avoid include Ciprofloxacin, Cyclosporine, and Lomotil. Biologic agents are safe to use in pregnancy and while breastfeeding. Medications such as 6-MP and Azathioprine appear to be safe for use during pregnancy.

16. What is IBS, and is it the same as IBD?

Irritable Bowel Syndrome (IBS) is a broad category that includes symptoms of cramping, abdominal pain, bloating, constipation, and diarrhea. It is not the same as IBD. Unlike Inflammatory Bowel Disease, IBS symptoms do not include blood in the stools or weight loss. IBS generally does not result in disturbed sleep, while IBD symptoms may cause arousal from sleep.

17. How do I get an appointment with an IBD specialist at UT Southwestern Medical Center?

You can call our main clinic number at 214-645-3070 and make an appointment for yourself, or you can be referred by your physician. If possible, we prefer to have previous records for review prior to your appointment. They can be faxed to us at 214-645-0520.

18. Do you offer a multidisciplinary approach to Crohn's disease and UC treatment?

Yes, those with Crohn's disease or UC may need input from colorectal surgeons, infectious disease specialists, rheumatologists, and hematologists. We have all these specialties within our campus, and all departments share your same electronic medical record.

Frequently Asked Questions

About UT Southwestern

1. How do I get an appointment with a Crohn's and colitis (or GI) specialist?

There are two ways. You can call our main clinic number at 214-645-3070 and make an appointment for yourself, or you can be referred by your physician. We prefer to have previous records for review prior to your appointment. These can be faxed to us at 214-645-0520.

2. Do you offer a multidisciplinary approach?

Yes. A major advantage of UT Southwestern is that if needed, you will be able to be seen by a gastroenterologist, colorectal surgeon, infectious disease specialist, rheumatologist, hematologist, or other provider(s) as needed. We have all these experts within our campus, and all departments share your same electronic medical record. On many occasions, visits with more than one doctor can be made for the same day.

3. I lost the preparation instructions for my upcoming test. How can I get a new printout?

We have basic instructions on our Web site, utsouthwestern.org. Please find the "Digestive and Liver Diseases" page under "Medical Services" and click on "Patient Information," or you can contact the clinic.

4. It is hard for me to call the doctor's office while I am at work. Is there another way I can contact my physician?

Yes, we offer a secure online health management site called "MyChart." You can ask nonurgent questions, review lab results, review appointment information, and request refills.

5. If I have problems with directions, is there a map I can review?

Yes, we have an interactive map tool on our Web site, utsouthwestern.org. This can assist you in identifying your specific building within the campus. It also provides parking information, as well as a campus map you can print out. The IBD clinic is in the new Outpatient Building and is readily accessible off of Inwood Road.

6. What do I need to bring to my first appointment?

Please bring your driver's license and current insurance card. Also, bring your completed questionnaire and additional paperwork you received in the mail. Medical records are also important, so please bring those.

7. What hospitals is UT Southwestern affiliated with?

The GI programs are operated almost exclusively at University Hospital–St. Paul and consist of a dedicated and expert clinical faculty. While our faculty is also involved in patient care, education, and training at Parkland Memorial Hospital, it is a separate facility, and there is no overlap.

8. How do I know if you accept my insurance?

Please check our Web site, utsouthwestern.org, under the "Patient and Visitor" tab, and then select the "Billing and Insurance" tab. The insurance plans are listed.

9. Who do I discuss my billing questions with?

You can go to utsouthwestern.org, under the “Patient and Visitor” tab, which lists the main numbers to contact regarding either hospital questions or clinic questions.

10. Who do I call if I'm having medical problems and the clinics are closed?

After-hours calls are answered by a service that will contact the on-call physician. You should simply call the main clinic number of your particular physician, and you will be connected to the doctor on-call.

The UT Southwestern Crohn's and Colitis Program offers comprehensive treatment for the first time in Texas for patients suffering from Crohn's disease and ulcerative colitis. Our goal is to make our patients feel "normal" again and reduce hospital admissions and complications. Patients who see an IBD specialist early in the course of their disease have the best chance of successfully managing their disease and resuming an active lifestyle.

For patient appointments, please call the clinic directly at 214-645-3070 or Patient and Physician Referral Services at 214-645-8300, Monday through Friday, 8:00 - 5:00 pm. Online appointment requests are available at utsouthwestern.edu/patientcare/appt.

Program Director

Prabhakar P. Swaroop, M.D.

Associate Professor

Dr. Swaroop is an expert in Crohn's disease and UC with a particular interest in evaluating new treatments and creating a tissue data-base to further understanding of the diseases. He has served as principal investigator in several national clinical trials for the treatment of gastrointestinal disease. In addition, he has authored articles and several chapters in textbooks. Dr. Swaroop is a member of the American Medical Association, the American Gastroenterology Association, the American College of Gastroenterology, and the Crohn's and Colitis Foundation of America.