



GastroDoxs
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Collagenous Colitis

A Practical Guide For Patients

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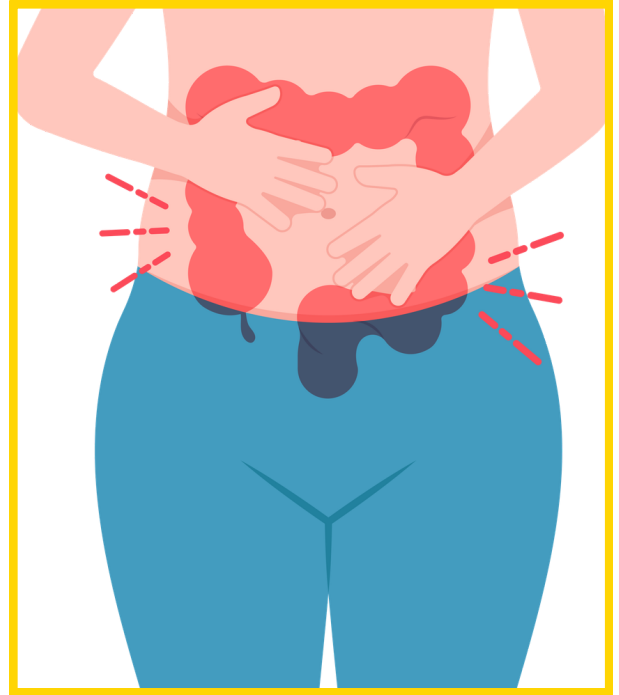
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Introduction: Collagenous Colitis

Collagenous colitis is a form of microscopic colitis that causes chronic, watery diarrhea without visible inflammation during colonoscopy. It is diagnosed by microscopic examination of colon tissue, revealing a thickened collagen layer beneath the intestinal lining. While not life-threatening, it can significantly impact quality of life. Treatment focuses on symptom control and preventing flare-ups.



Key Takeaways

- A type of microscopic colitis with chronic watery diarrhea.
- Diagnosed through biopsy, not visible during colonoscopy.
- Caused by immune, genetic, or environmental factors.
- More common in middle-aged and older adults, especially women.
- Managed with diet changes, medications, and lifestyle adjustments.

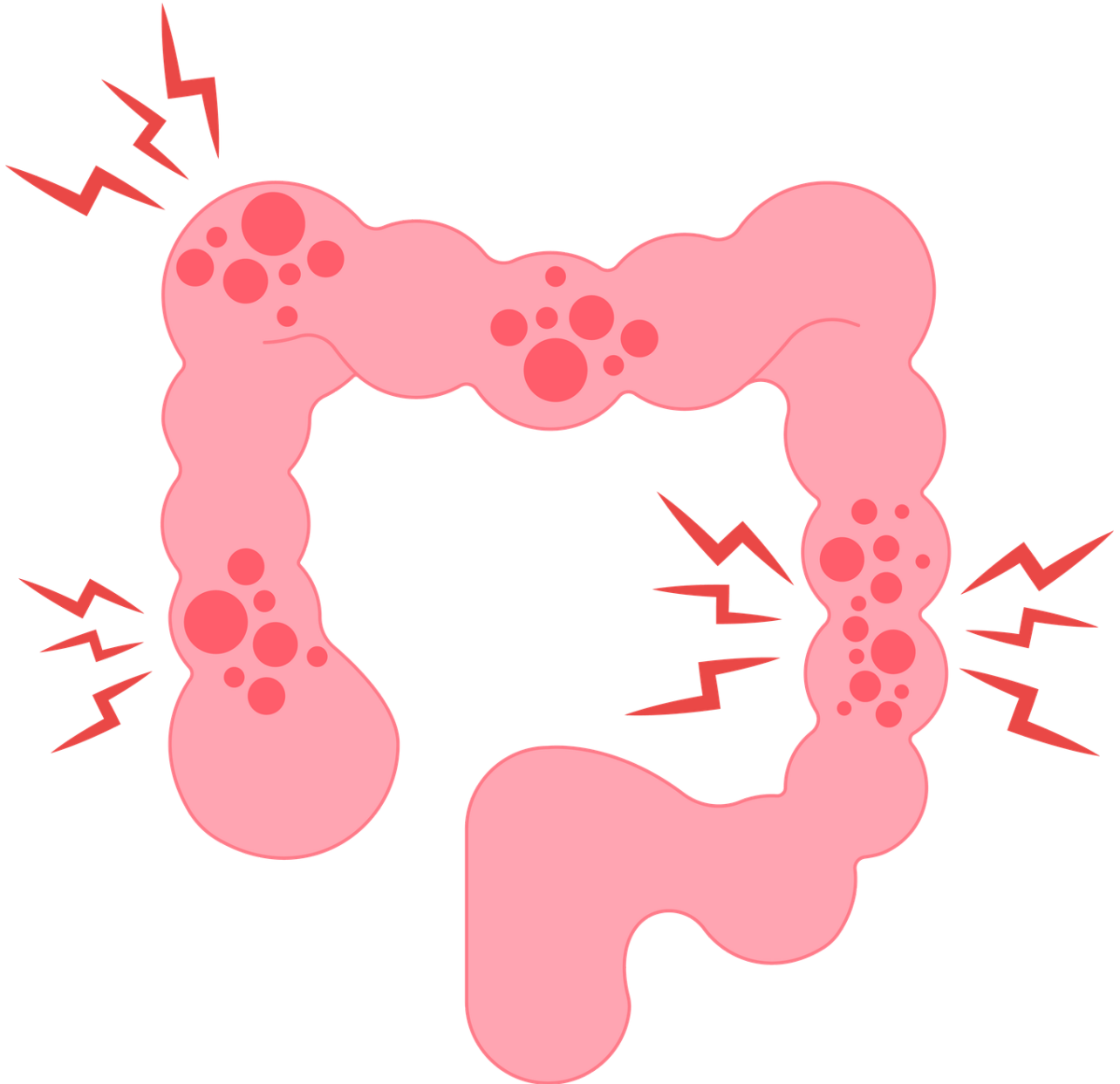


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What Causes Collagenous Colitis?

Known Causes

The exact cause is unknown, but it may involve immune system overactivity, genetic predisposition, bacterial or viral triggers, autoimmune conditions, and reactions to certain medications like NSAIDs or proton pump inhibitors.



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Common Signs & Symptoms

Collagenous colitis typically causes persistent watery diarrhea, abdominal cramping, bloating, and sometimes fatigue or unintended weight loss, with symptoms often fluctuating over time.

Core Symptoms Include:

- Chronic watery diarrhea
- Abdominal pain or cramps
- Bloating and gas
- Urgency to pass stool
- Fatigue



Severe cases can also cause:



- Significant dehydration
- Electrolyte imbalances
- Unintentional weight loss
- Nutrient deficiencies
- Severe fatigue



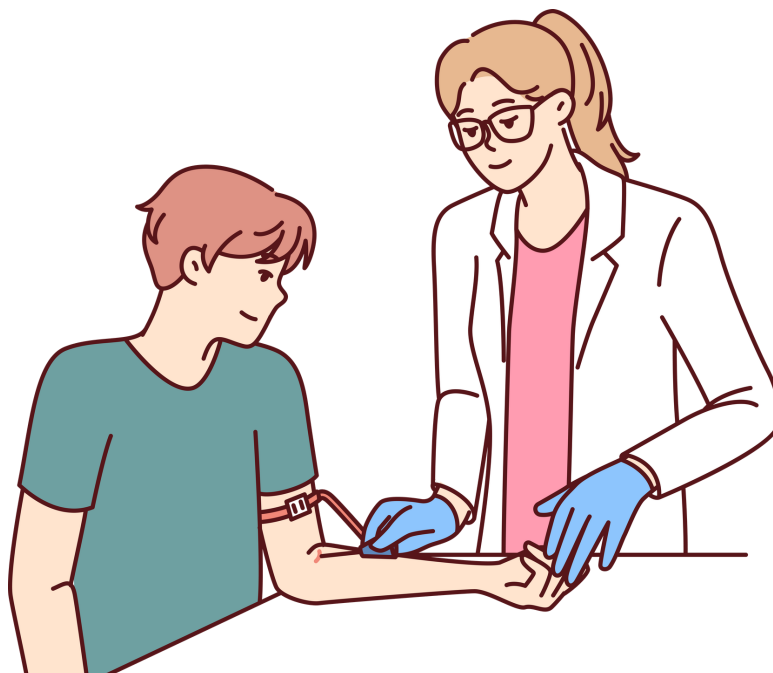
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Diagnosis & Medical Testing

Diagnosis requires colonoscopy with biopsies, as the colon often appears normal visually. Microscopic analysis reveals the characteristic thickened collagen band. Stool and blood tests help rule out other causes.

Diagnostic Tools

- **Colonoscopy with biopsy** – Essential for diagnosis
- **Microscopic tissue analysis** – Detects thickened collagen layer
- **Stool studies** – Rule out infections
- **Blood tests** – Check for inflammation or nutrient deficiencies
- **Medication history review** – Identify possible drug-related causes



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Diet

A gentle, low-fat, and low-fiber diet can reduce symptoms. Avoid caffeine, alcohol, dairy (if sensitive), and trigger foods that worsen diarrhea.

Key Insights

- Eat low-fat, bland foods during flare-ups



- Avoid caffeine, alcohol, and carbonated drinks



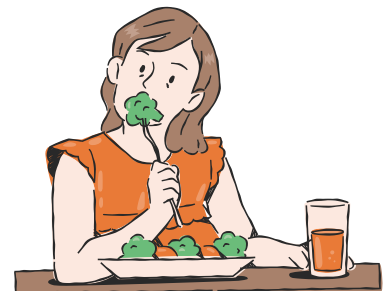
- Limit high-fiber foods

- Stay hydrated



- Eat smaller, frequent meals

- Keep a food diary to track triggers



Medications & Treatment Options

Treatment may involve anti-inflammatory medications, antidiarrheal drugs, and, in some cases, corticosteroids. Adjusting or stopping trigger medications is also essential for symptom control.

Treatment Options

- **Budesonide** – First-line corticosteroid treatment
- **Antidiarrheals** – Loperamide or bismuth subsalicylate
- **Anti-inflammatory drugs** – Reduce colon irritation
- **Medication review** –
Eliminate potential triggers
- **Probiotics** –
May improve gut balance



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Advanced Therapies & Procedures

Severe or treatment-resistant cases may require immunosuppressants, biologic therapies, or rarely surgery to remove affected portions of the colon.

Therapy Options

- **Immunosuppressants** – For autoimmune-related cases
- **Biologic therapies** – Target specific inflammation pathways
- **Nutritional support** – For patients with severe weight loss
- **Surgery** – Rare, for unmanageable symptoms
- **Fecal microbiota transplant (FMT)** – Experimental option



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Coping With **Collagenous Colitis**

Coping involves following a tailored diet, staying hydrated, managing stress, taking prescribed medications, and maintaining regular medical follow-ups to monitor symptoms and adjust treatment.

Practical Strategies

- **Follow your treatment plan**
- **Stay well-hydrated**
- **Avoid known food triggers**
- **Manage stress through relaxation techniques**
- **Schedule regular check-ups**



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FAQS About Collagenous Colitis



Q1: Is collagenous colitis permanent?

A: It is chronic but can be managed effectively with treatment and lifestyle adjustments.

Q2: Can diet alone cure collagenous colitis?

A: Diet can reduce symptoms but is not a cure; medications are often needed.

Q3: Is collagenous colitis related to cancer?

A: It does not directly cause cancer but requires monitoring to maintain colon health.

Q4: Can it go into remission?

A: Yes, many patients experience periods of remission with proper treatment.



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Take **Action**

If you experience collagenous colitis, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

Visit GastroDoxs.com to schedule an appointment and access more resources on digestive health.

**Your health matters—
take the next step today!**

SCHEDULE AN APPOINTMENT

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