Patient expert submission

Name Joseph Fitzgerald

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I first developed the symptoms of what i now know to be ulcerative colitis in 2010. The symptoms were mild at first with an increase in bowel functions from once a day in the early morning before going to work to three or four times in a 24 hour period including during the night fluctuating between diarrhoea and constipation.

I initially thought the problem was a stomach upset and that it would pass, however the symptoms became worse over the next few months to the point that i had to visit my GP. I was referred to the Royal Liverpool Hospital for tests and was admitted following the results of my blood test.

The consultant informed me that i had been diagnosed with severe ulcerative colitis.

Leading up to my admission to hospital following the first appearance of the symptoms i gradually lost weight accompanied by a drop in my energy levels to such an extent that i felt completely drained.

I was in hospital for eight days in 2011, whilst there i was on a course of steroids administered by infusion, the steroids did not appear to have any effect on my symptoms and in the afternoon of the day prior to my being discharged from hospital i was given infliximab after which i had my first undisturbed night's sleep in over three months.

After my discharge from hospital in late 2011 i gradually recovered and was able to resume my normal life.

About October 2012 my symptoms recurred and i was again admitted to hospital.

During my second eight day stay in hospital in consecutive years i was again treated with infliximab infusions. Following my discharge from hospital i have to date been attending a day ward for further infliximab infusions every two months, i also take a mercaptopurine tablet daily.

There has been no recurrence of the symptoms since my discharge from hospital in October 2012, it appears that the treatment i am receiving is keeping the condition under control enabling me to return to work and resume my normal social activities.

Although i had a reaction to the first two doses of infliximab there has been no further adverse reaction to the continuing infusions i am receiving on a bi-monthly frequency.

I was informed whilst in hospital that should the treatment i am receiving fail to relieve the condition the alternative was surgery. Thankfully the treatment is working and hopefully it continues to do so

Summary

Having led a quite active lifestyle i found that the condition was very debilitating and effectively stopped me in my work and social activities.

Although i suppose that i have been unlucky in developing the condition in the first place at the age of 62, i feel that i have been lucky in the sense that i was not as young as some of the fellow patients i have met whilst attending day ward for my infusions who have their whole lives ahead of them whilst having to deal with this condition.

Joe Fitzgerald

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