

GASTROENTEROLOGY WAIVERS

CONDITION: ULCERATIVE COLITIS (ICD9 556)

Revised July 2002

AEROMEDICAL CONCERNS: Risk of in-flight incapacitation is small but real. The symptom complex tends to differ according to the extent of disease, but generally the severity of the symptoms correlates with the severity of the disease. Diarrhea, rectal urgency (occasionally intense), rectal bleeding, passage of mucus, and abdominal pain are all possible presentations and all in varying levels of severity. While most of the time the process is insidious with gradual onset of symptoms, it can also present with an acuteness, which mimics an infection (e.g., Salmonella sp. or Campylobacter sp.). Significant hemorrhage and even bowel perforation are possible complications of severe disease. There is also a risk of discomfort, anemia, feeling unwell, and chronic fatigue between episodes, which can detract from operational efficiency and availability. Iritis, primary sclerosing cholangitis, toxic megacolon, pyoderma gangrenosum, and colon cancer are complications of chronic ulcerative colitis.

WAIVERS:

1. Initial Applicants:

- a. Class 1A/1W: Exception to policy is rarely recommended.
- b. Class 2F/3/4: Exceptions to policy are rarely recommended, but can be considered on a case-by-case basis.

2. Rated Aviation Personnel (All Classes): Waivers may be considered if disease is classified as mild, left-sided, in remission for at least 1 month, and limited to the distal 25 cm of the colon. If the disease is treated by partial colectomy, a waiver recommendation can be made 1 year after surgery, provided the patient is asymptomatic and is without a colostomy or ileostomy.

INFORMATION REQUIRED:

1. Internal medicine or gastroenterology consultation.
2. Results of colonoscopy or sigmoidoscopy.

FOLLOW-UP: Annual submission of internal medicine or gastroenterology consultation to include CBC.

TREATMENT: Sulfasalazine in doses up to 2 gm/day or mesalamine in doses up to 2.4 gm/day or 6 gm/day, depending on the formulation, may be used as maintenance therapy. Higher doses may be required for treatment, but are not recommended for waivers. Steroid and 5-aminosalicylic acid (5-ASA) enemas have been approved for treatment of proctitis. Partial colectomy is a viable alternative in patients who cannot tolerate medication or are unmanageable

with medical therapy. However, with pancolitis and/or the appearance of high-grade dysplasia or colon cancer, total colectomy with sparing of the rectal musculature for an eventual continence procedure is the preferred operation.

DISCUSSION: Most patients (80 percent) with ulcerative colitis have intermittent attacks of their disease, but the length of the remission varies considerably from a few weeks to many years. Approximately 10 to 15 percent of patients will have a chronic continuous course, whereas the remainder will have a severe first attack requiring urgent colectomy. Few, if any, patients have one attack only. Following the initial attack, less than 10 percent remain in remission for 10 years without treatment. In patients younger than 40 years, up to 90 percent relapse within 5 years. Even on maintenance treatment with a 5-ASA product, there is an annual relapse rate of between 13 and 20 percent. Side effects of Sulfasalazine therapy include headache and nausea, oligospermia, skin rashes, agranulocytosis, interference with folate absorption, alopecia, hemolytic anemia, and occasionally hepatitis. These side effects are rare and side effects with other 5 ASA products are infrequent. About 15 percent of patients cannot tolerate this class of drugs. Mortality as a result of ulcerative colitis has diminished dramatically since the introduction of corticosteroids and the use of maintenance therapy with 5 ASA products. The mortality rate for a severe attack of ulcerative colitis has fallen from approximately 37 percent in the presteroid era to less than 2 percent. The lifetime rate of colectomy in UC patients is 30 percent. The risk of cancer in patients with ulcerative colitis begins with disease duration of seven years and rises about 10 percent per decade, reaching approximately 30 percent at 25 years. Episcleritis or anterior uveitis occurs in 5 to 8 percent of patients with active colitis. Ocular complications are present in 4-10 percent of cases, but this rises by 2-30 percent when arthritis is also present. About 1-2 percent of patients will also have ankylosing spondylitis and a further 12-15 percent will have asymptomatic sacroiliitis. Cirrhosis, bile duct carcinoma, and primary sclerosing cholangitis all occur in 1-4 percent of cases of ulcerative colitis.

REFERENCE:

Chutkan, RK. *Inflammatory Bowel Disease*. Primary Care: Clinics in Office Practice. 28:3; 539-56.