PETE LEARNS ALL ABOUT CROHN'S AND COLITIS
A Note to Parents

Dear Parents:

It’s only natural that children recently diagnosed with Crohn’s or colitis will have lots of questions about what’s going on and what they can expect to happen. This comic book has been designed to provide some answers to many of those questions. You may wish to read this comic book yourself, and then use it as a tool for talking to your child. We hope that you’ll find the dictionary of terms to be particularly useful, as many people have never even heard of these chronic diseases until a family member has been diagnosed. This comic book can also be used as a helpful way to explain the situation to siblings and other family members. For more information on inflammatory bowel disease (IBD), be sure to consult your gastroenterologist.

Below, you will find a list of suggested issues to discuss with your newly diagnosed child.

• What the intestines do and how your child’s form of Crohn’s or colitis affects their body
• How your child should talk about and explain their Crohn’s disease or ulcerative colitis to their friends in a comfortable way
• How to figure out strategies/tricks to help your child take their medications.
• Help your child think of questions to ask their doctor at each visit
• Discuss what your child feels is the hardest part of adjusting to the demands of having Crohn’s or colitis
• Discuss how to cope with the potentially embarrassing nature of some the symptoms
• If your child has siblings, it will be important to help them understand what it’s like to have ulcerative colitis or Crohn’s disease

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PETE FINDS OUT WHY

TO YOU, PETE! SEND IT HOME!

GETTING IT! GETTING IT!

AAAAH! GOTTA GO!

WHY DID YOU DO THAT, PETE?

OUTTA THE WAY, JAKE! IT’S AN EMERGENCY!
Later that week...

HEH, BUDDY, YOU DON'T LOOK SO GOOD. WHAT'S UP?

UHHH!

PETE, THAT'S THE THIRD TIME THIS MORNING. WHAT'S WRONG?

DON'T KNOW. GOTTA GO!

SIGN UP NOW!

PETE! OH, PETE! WHERE ARE YOU OOOOOOULLEEEE?

PETE, THERE YOU ARE. ARE YOU OK? EVERYONE'S WONDERING WHAT HAPPENED TO YOU.

I DON'T KNOW WHAT'S WRONG...

A few weeks later...

MOM, I HAVE TO GO TO SCHOOL. WE HAVE A TEST TODAY.

OH, PETIE, YOU'RE BURNING UP! NO SCHOOL FOR YOU TODAY.

YOU'VE ALWAYS BEEN SO HEALTHY. WHY ARE YOU SUDDENLY SICK SO OFTEN?
NO, I DON'T THINK PETE'S TRYING TO AVOID WORK.

HE HAS TO GO TO THE BATHROOM MUCH MORE OFTEN THAN NORMAL AND DOUBLES UP IN PAIN SOMETIMES.

I THINK HE NEEDS TO SEE HIS DOCTOR IMMEDIATELY.

I THINK YOU NEED TO SEE A SPECIALIST CALLED A GASTROENTEROLOGIST TO TRY AND FIGURE OUT WHAT'S WRONG WITH YOU.

GULP! A SPECIALIST? HOW SICK AM I?

At the specialist's office:

I DON'T KNOW WHAT'S WRONG, YET. WE NEED TO HAVE YOU TAKE SOME TESTS TO CHECK FOR A CONDITION CALLED CROHN'S DISEASE.

THE FASTER WE FIND WHAT'S CAUSING YOUR PROBLEMS, THE FASTER WE CAN TREAT IT.

I'LL NEVER BE THE SAME.

I KNOW THIS IS REALLY HARD ON YOU, SON, BUT WE'LL SOON HAVE SOME ANSWERS. THEN EVERYTHING WILL GET BETTER.

ONCE YOU BEGIN TREATING IT, PETE WILL GET BETTER, WON'T HE?

YES, BUT FIRST WE NEED TO IDENTIFY WHAT'S WRONG.

I DID SOME READING ABOUT GASTROINTESTINAL DISEASES. I'M REALLY WORRIED ABOUT HIM, JOHN.
A few days later.

Here we are. First we go to the lab. They want to take some of your blood to test.

Blood? How much?

This is going to hurt a bit, but not much. Don’t worry, I’m really good at this.

Besides, the doctor really needs to examine your blood to figure out what’s wrong with you.

There, you’re done.

Later that day.

You need to drink this barium. It will coat your insides.

How much of this stuff do I have to drink?

With the barium, your insides show up and this lets us see any cuts or ulcers on the walls of your digestive tract. You know... your throat, stomach and intestines.

Looking good, man!
A few days later.

PETE, I KNOW THIS WON'T BE FUN, BUT THE COLONOSCOPY AND ENDOSCOPY ARE THE LAST TESTS.

DAD HAD ONE OF THESE LAST YEAR, FOR HIS PHYSICAL, REMEMBER?

YOU DRINK... GLUB!

...AND DRINK... GLUB!

...TO CLEAN OUT YOUR INSIDES. I'M FEELING PRETTY FULL!

BOY, I'M GLAD I DON'T HAVE TO DO THIS EVERY DAY!

The next morning.

NOW, PETE, JUST BREATHE DEEPLY AND COUNT BACKWARDS FROM 100...

SURE! ONE HUNDRED, NINETY-NINE, NINE... T... Y...

WHEN'S THE TEST GOING TO START?

FUNNY, PETE! IT'S ALL OVER! YOU'RE DONE!

DRINKING THAT GUNK WAS HORRIBLE, BUT I'M USED TO RACING FOR THE TOILET. AND THE TEST WAS AS EASY AS TAKING A NAP!
All the tests are done, Pete, and the results are in. They show that you have Crohn’s disease.

It is a gastrointestinal disease.

You did nothing wrong. People don’t “catch” Crohn’s and it didn’t develop because of anything you did.

But we eat healthy foods and exercise. What did we do wrong for him to catch this?

Crohn’s is a chronic illness, which means you will have to be on medication for a long time. However, there is a good treatment that should control the symptoms.

If you’re careful about taking your pills and getting rest when you need it, you should be a lot better in a few weeks.

You might need to make some changes in your diet, but as soon as you’re feeling stronger, you can participate in any activities you want. I’ll see you in two weeks.

And, Pete, you’re not alone in this. We’re all going to do everything possible to get you healthy and keep you healthy!

Well, Pete, now we know what’s wrong, so we can work on getting you healthy again!

It will mean some changes, but we can do it!

I guess.

A week later.

So you are going to get better, aren’t you?

Yeah, I’m strong enough to be back in school, but I’ll have to take medication to control my Crohn’s.

Bummer! But at least you can be on the soccer team next season!
In the early 1930s, Drs. Burrill Crohn, Leon Ginzberg, and Gordon Oppenheimer studied patients with inflamed areas in their intestines. No one knew much about this problem. Then, in 1932, these three doctors presented their findings to other doctors. They continued to study the illness for many years. In the 1960s, Crohn’s disease was named after Dr. Crohn (krön).

The Diseases

**Inflammatory Bowel Disease (IBD)** (noun; in 'flam a tör ē bow al diz 'ēz)
Inflammatory Bowel Disease (IBD) is a general term that describes several different illnesses. The two most common forms of IBD are Crohn’s disease and ulcerative colitis. Both types of IBD can produce inflammation inside the gastrointestinal tract (digestive system). However, Crohn’s disease can involve either the large or small intestine, while ulcerative colitis only involves the large intestine. Similar medicines are used to treat both Crohn’s disease and ulcerative colitis.

**Crohn’s Disease** (noun; krönz diz-ēz)
Crohn’s disease is an inflammation that can be found in any part of the GI tract. This inflammation makes it harder for the body to use the nutrients in food. Sometimes swelling and ulcers lead to bleeding. Symptoms of Crohn’s are diarrhea (sometimes bloody), stomach cramps or pain, weight loss, fever, and dehydration. Different people have different symptoms.

**Ulcerative Colitis**
(noun; 'ul sa rāt iv kō 'lit as)
Ulcerative colitis is also an IBD. It is inflammation and ulcers in the large intestine and rectum. These problems can stop water from being removed from the bowels. This causes diarrhea. Often the ulcers in this area cause blood in the stool. Although its symptoms are similar to Crohn’s disease, the only parts of the digestive tract that ulcerative colitis affects are the colon and the rectum.

**IBD Glossary**
Pete's had to learn a lot of new words and terms, and so will you. To make this a little easier, here are a list of words that you’ll find helpful.

Dr. Oppenheimer, Dr. Crohn and Dr. Ginzberg
Ileitis (noun; il ē 'ītəs)
Ileitis is one kind of Crohn’s disease. It is when the inflammation is only in the lower part of the small intestine. This part is called the ileum.

Irritable Bowel Syndrome (IBS) (noun; ’ir at a bal bow al ’sin dróm)
IBS is not a disease. It is a common bowel disorder. Unlike IBD, the intestines do not get inflamed. When people have IBS, their bowels don’t always work normally and they can get cramps and diarrhea, or become constipated.

Flare (noun; flâr)
When a disease flares, its symptoms suddenly become worse. This word is short for flare-up.

Relapse (noun; ri 'laps)
A relapse is when a disease appears again after a period of improvement.

Remission (noun; ri 'mish an)
During the remission of a chronic illness, symptoms become mild or disappear completely. Remissions can last from a few days to many years.

Parts of the Gastrointestinal Tract

Gastrointestinal Tract (GI) (noun; gas trō in 'tes tan əl trakt)
The gastrointestinal (GI) tract includes all of the parts of the body that digest food. It includes your mouth, throat, stomach, small intestine, large intestine, rectum, and ends with the anus.

Anus (noun; ā nās)
This is your bottom. It’s also the very end of the GI tract.

Duodenum (noun; dyōō 'adē nəm)
This is the very first portion of the small intestine.

Ileum (noun; 'il ēəm)
This is the part of the small intestine after the jejunum. In it, food is digested and water is absorbed from food.

Jejunum (noun; ji 'jü nəm)
This is the part of the small intestine after the duodenum, which digests the food you eat and absorbs some of the water from it.

Large Intestine (noun; lārj in 'tes tan)
The large intestine is also known as the colon, which turns liquid, mushy stool into solid stool.

Rectum (noun; 'rek tam)
This is the final part of the large intestine, just before the anus.

Small Intestine (noun; smōł in 'tes tan)
The small intestine helps digest your food and absorbs some water from it. It has three parts: the duodenum, the jejunum, and the ileum. It is very long, about 22 feet in an adult.

Stool (noun; stūl)
This is “poop” or feces. It is waste matter that is produced by the body from food.

Terminal Ileum (noun; 'tər mə nəl 'il ēəm)
This is the very last 2 to 3 feet of the small intestine. Where it ends, the large intestine begins.
Heart and lungs are up here.
**Symptoms and Complications**

**Abscess** (noun; ab 'ses)
An abscess is a pocket created where pus collects. It is often caused by an infection.

**Anemia** (noun; a 'nē mēə)
This is a lower-than-normal level of hemoglobin (the iron-containing pigment of red blood cells) and/or red blood cells. Anemia can be caused by bleeding or by a lack of certain nutrients like iron or vitamin B12.

**Arthralgia** (noun; är 'thral jēə)
This is pain in one or more joint, without inflammation. Different joints may be affected at different times.

**Arthritis** (noun; är 'thrīt ās)
This is inflammation that affects the joints and often produces pain and swelling.

**Dehydration** (noun; dē hī 'drā shān)
Dehydration is the loss of water from the body. It often happens when a person has diarrhea for a long time or goes without drinking enough water to replace what is lost.

**Diarrhea** (noun; dī a 'rē ā)
Diarrhea is when bowel movements are too often, too soft, or too loose. They are often very watery. It can be a symptom of IBD.

**Fissure** (noun; 'fish ār)
This is a tear in the skin, usually around the anus.

**Fistula** (noun; 'fis chā lā)
A fistula is when two parts of the body form a connection that is not normal. It can include an ulcer which grows through the intestine to a nearby body part, like the stomach.

**Inflammation** (noun; in flā 'mā shān)
Inflammation is the body’s reaction to infection or injury. The inflamed area becomes sore, swollen, red and warm. In IBD, it is the lining of the GI tract, or some part of it, that becomes inflamed.

**Obstruction** (noun; ab 'struk shān)
An obstruction is something that stops things from moving through a system. In IBD, swelling and scarring can narrow the intestines. When this happens, digested food can become stuck. It blocks anything from passing through the digestive system.

**Stress** (noun; stres)
Stress is a condition that develops when a person is under pressure or very upset. A little stress can be good, but a lot of it can be bad. The human body reacts in many ways to stress. Stress often influences a person’s health but doesn’t cause IBD.

**Symptoms** (plural noun; 'simp tāms)
Symptoms are signs of a disease. Many symptoms cannot be seen by looking at a person. They can only be identified by the person who feels the changes. These symptoms may be physical changes, on the outside or inside of a person. Tests, and sometimes an operation, are
necessary to locate these physical changes. Other changes may be emotional ones. Since a doctor cannot see every symptom, it's important for patients to tell their doctor what they are feeling, both physically and emotionally.

**Ulcer** (noun; 'ül sər)
An ulcer is a break in the skin or lining. In IBD, it is a break in the lining of the GI tract, causing a sore.

**Tests for IBD**

**Barium** (noun; 'bәr ē əm)
This is a thick, chalky drink that coats the inside lining of the GI tract. Afterwards, x-rays are taken. The barium clearly shows the inside of the GI tract on the x-ray. It allows the doctor to search the walls of the upper GI tract for problems.

**Biopsy** (noun; 'bī op sē)
This is a tiny sample of tissue that is taken for examination under a microscope. This helps doctors to make a diagnosis. Biopsies are often taken when an endoscopy is done.

**Blood Test** (noun; blud test)
Blood tests allow doctors to identify various problems. Doctors examine what is in the blood. They can find things to tell them if a person has IBD, an infection, or if some hidden symptoms are present. They can then treat these symptoms.

**Colonoscopy** (noun; kō lən 'æs kə pē)
Before a colonoscopy, the GI tract must be emptied. Then, while a person is asleep, a doctor examines the intestines. The doctor inserts a tiny camera on a flexible tube. Also, tiny pieces of the intestines can be taken for testing. This doesn’t hurt at all.

**Endoscopy** (noun; 'en ə skō pē)
This is a procedure where a doctor inserts a tiny camera through the mouth into the food tube and stomach to examine the upper part of the GI tract. This happens while a person is asleep, so they do not feel anything.

**Enema** (noun; 'en a mə)
An enema is when a liquid or medicine is injected into a person’s rectum.

**Other new words I've learned:**
*(Write the meaning of the word, too.)*

_—_
LEARNING TO LIVE WITH IT

GOTCHA! AWESOME SAVE!

I’VE MISSED SO MUCH SCHOOL WITH ALL THESE MEDICAL TESTS AND STUFF. I’LL NEVER PASS! I DON’T SEE FRIENDS MUCH ANYMORE.

LUCKY YOU! YOU MISSED THAT TRULY AWFUL SCIENCE TEST!

WHAT’LL I DO? I DON’T KNOW WHAT’S HAPPENING WITH ANYONE!

I’M SO WORRIED ABOUT HIM RETURNING TO SCHOOL. HE SOMETIMES NEEDS TO STAY IN THE BATHROOM FOR A WHILE, AND TAKING HIS MEDICATION IS A PROBLEM.

HE CAN USE MY BATHROOM, WHICH IS VERY PRIVATE AND I STAND GUARD OVER IT.

ALSO, I WILL BE HANDLING HIS MEDICATION AND NO ONE NEED KNOW, UNLESS THAT’S WHAT PETE WANTS.

NO PROBLEM AT ALL.

PETE IS WORRIED SO HE TALKS TO HIS TEACHER.

DON’T WORRY! WE’RE ARRANGING A TUTOR FOR YOU. IT WON’T BE A PROBLEM, YOU’RE A FAST LEARNER. YOU STILL HAVE A MONTH OF SCHOOL!

AND HERE’S A SPECIAL HALL PASS. YOU CAN JUST SLIP OUT WHENEVER YOU NEED TO GO TO THE NURSE’S OFFICE.

BUT I’VE MISSED SO MUCH...

THANKS, MR. WASHINGTON.
Later that day...

OK EVERYONE, IT’S WAY PAST TIME TO SWITCH SEATS.

YOU GAVE ME SOME IDEAS AND HERE IS MY FINAL CHART FOR THE YEAR.

ALI, OVER TO THE LEFT NEXT TO DIMITRI.

PETE, THE SEAT BY THE DOOR, IN FRONT OF JACKIE.

JESSICA, UP IN THE FRONT ROW, AWAY FROM ERICA.

Later that day...

HEY, NURSE! I NEED YOU TO CLEAN MY SCRAPER.

YO, KID! WHAT’S HE DOING HERE? I SEE HIM HERE A LOT.

UH, WELL, HMMM...

NONE OF YOUR BUSINESS, EDWARD!

YOU KNOW I DON’T TALK ABOUT MY STUDENTS!

That night, Pete discusses the day with his parents.

IT’S SO HARD TO KNOW WHAT TO SAY. KIDS SEEM TO BE STARING AT ME ALL THE TIME.

WELL, YOU COULD TELL THEM YOU HAVE STOMACH PROBLEMS THAT ARE GETTING BETTER. OR YOU COULD TELL THEM ALL ABOUT CROHN’S, LIKE YOU TOLD JAKE.

YOU COULD TELL THEM YOU’RE STUDYING TO BE A PLUMBER SO YOU NEED EXTRA TIME IN THE BATHROOM!

WELL, I GUESS YOU COULD, BUT YOU’LL STILL HAVE TO DECIDE WHAT TO SAY.

YOU CERTAINLY DON’T HAVE TO GIVE EVERYONE THE SAME ANSWER.

I’LL TRY.
The new tutor arrives the next day.

See, these are pictures satellites took of Mars.

Cool!

Here's a trick to remember the planets in order...

This will work!

How are you doing, Pete?

I'm feeling a little better, but I don't know. Now that I have Crohn's, everything seems different.

You're not a different person, Pete. You're still you. And you still like to do certain things, go certain places, and be with certain people.

A few years back, I had a student with another IBD, ulcerative colitis. She had a rough time for about a year before they diagnosed her. Then they tried some medications and found one that worked well. I saw her last week. She's into high school sports, now, and getting a college scholarship! She wants to be a doctor. Look at this website. It's just for kids with IBD. Let's see what these kids have to say.

After the next big test...

Great job! You caught up really fast!
School’s almost over for the year.

Hey, Jake, what’s with Pete?

Heard he was in the hospital. He sick or something? Is it catchy?

No, Brad, of course it’s not catchy. Why don’t you ask him about it?

How about it, Pete?

Well...

I have this stomach problem. See, you can’t catch it and I’m taking medication for it. I’ll be fine.

And so, summer vacation begins...
Can you match ‘em up?

Draw a line between the word and its meaning. Go to the Glossary for help.

Words
1. biopsy
2. remission
3. IBD
4. inflammation
5. flare
6. colonoscopy
7. the gastrointestinal tract
8. symptoms

Meanings
a. redness, swelling, and soreness of a part of the body
b. the mouth, throat, stomach, small intestine, large intestine, rectum and anus
c. a time period where you feel well, without stomach aches or diarrhea
d. illnesses which include inflammation of the GI tract
e. signs of a disease
f. tiny tissue sample peered at under magnification
g. you spend a lot of time on the toilet to empty your GI tract, then sleep while they look inside your large intestine
h. a period where the IBD is making you feel bad

Draw a line from each term to the part of the gastrointestinal tract it names. Use the diagram in the Glossary if you need help.

Stomach
Colon
Ileum
Rectum
Anus
Duodenum
Pediatrician

Pediatricians are doctors who care for children, their illnesses, and how they grow. They treat common problems themselves, but send patients to specialists when they find unusual health needs.

Pediatric Gastroenterologist

Gastroenterologists are doctors who specialize in problems of the gastrointestinal tract. Pediatric gastroenterologists work with children who have these problems. They have studied gastrointestinal illnesses and how to treat them in children. First, they meet with a child and his or her family, and get a health history. Then they order and perform tests and procedures to identify the cause of the problem. Once they determine what is wrong, they decide how to treat it. Sometimes several treatments must be tried before the best one is found. For IBD, doctors usually prescribe medicine. They continue to see each patient for many years, even if they are in remission.

Nurse or Nurse-Practitioner or Physician’s Assistant

Nurses help the doctor and the patient. A big part of the nurses’ role is helping patients and their family understand their illness. They often spend more time with patients and their families than the doctor can. They might examine the patient, answer questions, and order tests. They do not perform many procedures, but might assist the doctor. Many also help patients and their families understand the illness, find resources to help them, and suggest solutions to problems like having trouble taking large pills.

Radiologist

This doctor specializes in certain types of tests. They give x-rays and CAT scans. Then they study what they see and write a report to help the specialist determine what is wrong. These tests aren’t needed very often, but a patient needs to follow a radiologist’s directions carefully so that the images will provide accurate information.

Working with Your Team

Pete and his parents worked with a social worker, Ms. Klein, at his doctor’s office. Ms. Klein introduced the idea of Team Pete to them. Team Pete includes all the people working to keep Pete healthy. Pete is the team leader. The other members might change because of flares, remissions, and changes in his life. Another person might have different people on their team because their life and health needs are different than Pete’s.

Here are some of the members of Team Pete

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Working with Your Team

Social Worker or Psychologist
Some teams include a social worker or a psychologist. They are trained to help patients and their families cope with the illness and the changes it brings to their lives. IBD affects all parts of a person’s daily life. Social workers can suggest things to do that will help patients and their families adjust to these changes. They can suggest ways to deal with stress and better ways to communicate with team members. These professionals can provide information about IBD and how other families deal with its problems.

School Nurse
The school nurse is often an important member of the team. They provide ideas and information to others in the school, like teachers and coaches. Their office is a place where students can go when they feel sick. They can help plan for the day-to-day problems and for emergencies.

Teachers, Coaches, and other Adults
Teachers and coaches are important members of the team. They need to understand the illness and ways they can help. Pete’s teachers agreed to a special bathroom pass and tutoring help. They can help decide what he should tell friends and other classmates.

Parents, Family Members, and Guardians
The most important adults in a child’s life are parents and guardians. They have the responsibility for their child’s welfare and so are critical members of the team. They see the child most often, so are the first people the team leader should go to when they feel sick. They are usually the ones who contact the doctor with questions and to make appointments.

Team Leader
The team leader is the patient! The team leaders, like Pete, have responsibilities. They are responsible for keeping the team informed about their health, symptoms, the effect of their treatments, and any changes or problems. Team leaders must let the team know about trouble with medicine. Team leaders, like Pete, take responsibility for their own health by eating well and avoiding foods that will cause a problem. They must also take part in what they enjoy as often as they can. For Pete, soccer was important, but for someone else it might be painting, dance, or science. Finally, team leaders need to believe in themselves. They must believe that they and their team are making a real difference in fighting the disease.
Hospitals Can Be A-MAZE-ing!

Pete’s pediatrician is going to meet Pete and his parents in his office. Help him find his way through the hospital to his office!
That summer Pete attends CCFA’s Camp Oasis.

Hi, Kid! My name’s Gregory.

Hi! I’m Pete. This is my first time here.

Camp’s awesome. You’ll love it.

Hi, Ali! This new kid’s Pete!

Hi, Gregory! Hi, Pete!

I had a relapse, spent a bit of last summer in the hospital, but I’m doing really well now.

Yeah, everyone understands. You don’t need to explain everything. Everyone’s really cool and supportive.

Everyone has a story! They all know about Crohn’s and colitis.

But camp’s about having fun, not being sick!
Pete arrives at his assigned bunkhouse.

EWWWW! SPRAY FAST, JACK!

TONY’S AT IT AGAIN!

LET ME HELP YOU CLEAN UP!

Hi, you must be Pete. I’m Carl, the cabin counselor. Just like these clowns, here, I’ve got IBD. I had Crohn’s so bad for a while that I wasn’t growing. Now, it’s under control and I’ve gained inches this year.

Wow! I guess we’ve all got to take pills!

You take the blue and green pills, the red ones, or the little white ones?

I’m taking the red ones and the little white ones. Ummm... lunch looks great!

Yeah! It’s all about sticking to your meds!
The next day, Pete’s group has free time at the lake.

Hi, Pete. Aren’t you going in?

I’m not sure I should, Anita, what with the Crohn’s and all.

Don’t chicken out, Pete!

Aw, com’on! I go in every chance I get!

Yeah, and I work really hard to be the camp’s beach ball champion!

Remember all of us have IBD. Some of us for years!

I had ulcerative colitis so bad, I had an operation, but it worked and now I’m doing really well!

Talk is cheap!

Now, Pete, it’s time for you to join us!

Let us help you, and away we go!
The next day in arts and crafts.

LOOKING GOOD! YOU ARE SOOOO CREATIVE!

HEY GUYS, NO ONE WOULD EVER KNOW WHAT A MESS YOU ARE!

MARGIE, DO YOU HAVE IBD, TOO?

YOU BET, PETE! I’VE HAD IT ALL MY LIFE ALONG WITH SOME OF MY FAMILY. IBD TREATMENTS IMPROVED AS I GREW UP...

...SO I’VE TRIED MANY DIFFERENT MEDS, HAD FLARES AND REMISSIONS. THINGS SEEM TO BE GOING REAL WELL, NOW.

GEE, I’M LUCKIER THAN I THOUGHT. I WAS JUST DIAGNOSED THIS YEAR. AFTER ONLY TWO TRIES THE DOCTOR FOUND THE PILLS THAT WORK.

HEEY, EDGAR, WELCOME BACK FROM THE INFIRMARY.

ARE YOU FEELING BETTER, ED?

I’M MUCH BETTER, THE NURSE KNEW EXACTLY WHAT TO DO! I’M GLAD I WENT.

PETE, YOU HAVE TO TAKE CONTROL OF YOUR LIFE, LIKE ED DID WHEN HE LET THE NURSE KNOW HE WASN’T FEELING WELL.

ALSO, YOU NEED TO ENJOY EVERYTHING LIFE HAS TO OFFER!
At the soccer game on the last day of camp.

Heads up, Pete!

The ball’s coming your way, Pete!

I really missed playing! I love this game!

Pete, you’re really good!

Why didn’t you tell us?

‘Cause you’ve got friends in this place, yes...
‘Cause the fun chases the blues away...
There’s no need for sad faces...
‘Cause we’re all like one at Camp Oasis...
Oh, you’ve got friends in this place, yes!

The kids head home...

Remember, next month is soccer in the park!
Who Am I?

After Pete was diagnosed with IBD, his doctor suggested he and his family meet with Ms. Yamagouchi. She is a social worker who meets with all patients newly diagnosed with IBD. She helps patients and their families learn about and deal with managing the illness.

First, she met with Pete and his parents. Then she met with Pete alone. They discussed his feelings, concerns, and plans. She encouraged him to take control of his life and not let the illness control him. She wanted him to continue to do the things he enjoyed most. Ms. Yamagouchi helped Pete create a special book about himself. Here are her directions to create your own book. Or you might want to just think about what you would include.

MAKE A BOOK

1. Fold in half three pieces of 8 inch by 11 inch blank paper. This should make a small book like this:

2. Close the book and staple along the folded edge.

MAKE THE COVER

Pete wrote his title All About Pete on the cover and decorated it, too.

MAKE THE INSIDE PAGES

Page 1: Open the book. On the left page draw a picture of yourself.

Page 2: On the opposite page, write ways you like to have fun. Draw pictures to go with them.

Page 3: On the next page, draw a picture of your family. Write the names of each family member.

Page 4: On the opposite page, write and illustrate ways your family likes to have fun together.
Who Am I? (continued)

Page 5: On the next page, draw pictures of your friends. Write the names of each friend under their picture.

Page 6: On the opposite page, draw or list what you like to do with your friends. You might write playing video games or going shopping or swinging in the park.

Page 7: On the next page, list all the groups you belong to. You might include your family, school class, church or soccer team.

Page 8: Draw a picture of several groups to show what you do with that group.

Page 9: On this page, list ten thoughts you have had since you were diagnosed with IBD. Pete included some angry thoughts and some happy thoughts.

Page 10: On this page make a list of five tips you would give to someone who has just been diagnosed with IBD.

Back cover:
List or draw five ways you would describe yourself.
The words in this box and clues below will help you complete the crossword puzzle.

**ACROSS**
1. the last part of the small intestine
3. final part of the large intestine
5. inflammation of the ileum
7. feces also known as poop
8. thick, chalky drink used to coat the GI tract before an x-ray
9. reappearance of symptoms after a time of improvement

**DOWN**
1. Large and small _______ are part of the GI tract.
2. Ulcerative _______ is an IBD that affects the colon and rectum.
4. Doctors prescribe ____ to treat IBD.
6. People who are upset and under pressure have a lot of _____.

barium  pills
colitis  rectum
ileum  relapse
ileitis  stool
intestines  stress

pills  barium
rectum  colitis
stool  ileum
relapse  ileitis
stress  intestines
I CAN'T BELIEVE SUMMER IS ALREADY OVER. IT WAS A GOOD ONE, THOUGH. CAMP WAS AWESOME!

SCHOOL SHOULD BE INTERESTING THIS YEAR. WE HAVE THAT NEW TEACHER...

...AND WHO KNOWS WHAT SHE'LL BE LIKE.

HI, GUYS. HEARD YOU TALKING ABOUT THE NEW TEACHER.

Yeah, she could be a monster!

Give her a chance. Pete, why don't you go see her before school starts?

I could tell her about last year and take her this brochure.

Ms. Sippet, I don’t know if you know about IBD. I have Crohn’s disease and sometimes it affects me at school. This brochure explains a lot. But if you could seat me near the door and give me a special bathroom pass, I won’t disturb class.

Pete, I understand. I have a friend with IBD.

I promise to only use the pass when I really need to!

I know this’ll be a great year!
The first day of school
Pete visits the Nurse.

AND THE DOCTOR PRESCRIBED
THESE NEW PILLS
THAT ARE WORKING
GREAT!

I’M SO PLEASED,
PETE!

PETE HAS
DEVELOPED SUCH
A WONDERFUL
ATTITUDE!

BUT I KNOW SOMETIMES
A FLARE CAN START
WITHOUT MUCH WARNING.
I PROMISE TO
LET YOU KNOW!

Pete’s school year gets
off to a great start!

At soccer practice...

BUT COACH,
I PRACTICED
REALLY
HARD ALL
SUMMER!

I DON’T KNOW, PETE.
YOU HAD A ROUGH
TIME LAST YEAR.

YOU COULD DISAPPOINT THE TEAM
BY DISAPPEARING OFF
THE FIELD AGAIN!

BUT COACH, I
UNDERSTAND
WHAT’S
HAPPENING
NOW!

I DON’T WANT TO
LET THE TEAM
DOWN. I PROMISE TO
TELL YOU WHEN I’M NOT
FEELING WELL.
About a month later.

HI, PETE. REMEMBER MS. YAMAGUCHI, THE SOCIAL WORKER WHO WORKS WITH YOUR DOCTOR?

HELLO, PETE.

I’VE A FAVOR TO ASK. WOULD YOU HELP A NEW STUDENT WITH CROHN’S GET SETTLED IN SCHOOL?

THIS IS RACHEL. SHE’S GOING TO BE IN YOUR CLASS. I WAS HOPING YOU’D SHOW HER AROUND.

Most people at this school are really understanding. I got a special pass after I was diagnosed with Crohn’s.

I was sure glad when the testing was over and the doctor finally found the right meds for me.

Have you been to Camp Oasis yet? I had a great time there this summer.

Jake, this is Rachel. She has Crohn’s, too.

Hi! My face isn’t usually so fat, but prednisone gives me a “moon face.” It will go away when my prednisone is stopped.

Hi, Rachel!

Yeah, I had a friend at camp who had the same problem.

Is that the one I met? Once his Crohn’s was under control, he grew 4 inches in a year!

Hey, “bathroom boy!” Do you still get those stomach problems?
OF COURSE I STILL HAVE STOMACH PROBLEMS!

OBVIOUSLY YOU GUYS HAVEN'T BEEN EATING THE SCHOOL LUNCHES!

WOW, PETE. YOU REALLY STOOD UP TO THEM. SOMETIMES I GET TEASED ABOUT MY SIZE.

WELL, WE'LL JUST HAVE TO THINK UP SOME JOKES FOR YOU TO USE. THEY WORK A LOT BETTER THAN GETTING ANGRY!

Soccer season is under way!

HOME VISITOR

8 6

COME ON, PETE! GO, JAKE!

After the game...

RACHEL, WE'RE GLAD YOU AND YOUR MOM COULD JOIN US FOR DINNER.

I KNOW THE HAMBURGER WILL GO DOWN WELL, BUT I'M GOING TO SKIP THE FRIES. THEY DO A NUMBER ON ME.

YOU KIDS ARE SOMETHING! YOU'VE REALLY LEARNED A LOT ABOUT TAKING CARE OF YOURSELVES!

UMMM, FRIES ARE FINE FOR ME. IT'S TOMATOES LIKE IN SPAGHETTI SAUCE THAT GET ME.

PETE, YOU'VE GOTTEN GOOD AT HELPING YOURSELF AND NOW YOU'RE HELPING RACHEL...

PARTICIPATING IN THE CCFA WALKATHON TOMORROW WILL HELP OTHERS WITH THESE ILLNESSES, AND HELP TO FIND A CURE.
During the local CCFA Walkathon, Pete and Rachel are joined by their teams.

Pete and Rachel are the captains of their teams. They help themselves by taking their medications and telling their parents when they don’t feel well. They go to their team members for help when they need it. But most importantly, they don’t let their illnesses keep them from enjoying life and having fun!
Dear Parents:

It's only natural that children recently diagnosed with Crohn’s or colitis will have lots of questions about what’s going on and what they can expect to happen. This comic book has been designed to provide some answers to many of those questions. You may wish to read this comic book yourself, and then use it as a tool for talking to your child. We hope that you’ll find the dictionary of terms to be particularly useful, as many people have never even heard of these chronic diseases until a family member has been diagnosed. This comic book can also be used as a helpful way to explain the situation to siblings and other family members. For more information on inflammatory bowel disease (IBD), be sure to consult your gastroenterologist.

Below, you will find a list of suggested issues to discuss with your newly diagnosed child.

- What the intestines do and how your child’s form of Crohn’s or colitis affects their body
- How your child should talk about and explain their Crohn’s disease or ulcerative colitis to their friends in a comfortable way
- How to figure out strategies/tricks to help your child take their medications.
- Help your child think of questions to ask their doctor at each visit
- Discuss what your child feels is the hardest part of adjusting to the demands of having Crohn’s or colitis
- Discuss how to cope with the potentially embarrassing nature of some the symptoms
- If your child has siblings, it will be important to help them understand what it’s like to have ulcerative colitis or Crohn’s disease

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IBD & Me is an activity book for children ages 8 – 13. The book helps children learn about IBD and provides strategies to overcome challenges.

The book includes short passages followed by games and other educational activities. It also contains important tools such as a bathroom tracker and glossary.

You can download IBD & Me at: online.ccfa.org/IBDandMe or request a copy at info@ccfa.org or by calling 888.MY.GUT.PAIN (888) 694-8872.