

Patient information

What is Tuberculosis (TB)?

Tuberculosis is a disease caused by bacteria (or germs), which you breathe into your lungs. The bacteria can grow in any part of your body but the disease most commonly occurs in the lungs.

Tuberculosis grows very slowly, both in a patient's body and in cultures in the laboratory.

What are the symptoms of lung TB?

Cough is the commonest symptom and you may cough up sputum (phlegm) which can be blood-stained. This cough and phlegm is likely to continue for weeks.

General symptoms may include:

- chest pain
- loss of appetite
- loss of weight
- fever - especially in the evenings
- sweats
- blood in the sputum

Sometimes people with TB have no symptoms and think they feel completely well. However, when treatment is given successfully, they often realize that they have felt run-down for quite a long time.

Can TB be cured?

Yes. TB can be cured if you take your medication correctly.

How is lung TB diagnosed?

- A chest x-ray is taken to look for shadows, which may be due to TB.
- You will also be asked to collect samples of your sputum. This must be done first thing in the morning, on different mornings. You will be given instructions and sputum pots. Each sample must be delivered to the laboratory the day it is produced. The samples will be examined for TB bacteria. Sometimes the bacteria are seen straight away but, if not, they take several months to grow.
- Bronchoscopy: this is a procedure which allows the doctor to inspect the inside of your lungs using a very fine flexible tube. During the procedure the doctor will take some samples. These may suggest TB immediately or it may take some weeks for the bacteria to be grown in the laboratory.
- A skin test called a mantoux test may be done. If this is positive it may mean that you have been exposed to TB, that you have had a BCG vaccination (to protect against tuberculosis), or that you have TB yourself.
- Occasionally it may be necessary to do a blood test called a T spot to confirm the diagnosis.

Can I infect other people?

You can infect other people with TB if you have a lot of TB bacteria in your sputum. It is spread in the air by droplets and can be passed from person to person.

As soon as you start to take the medication, you will become less infectious to others, (particularly after the first 2 weeks of treatment).

If there are no TB bacteria in your sputum, or if you have TB but not in your lungs, then you cannot infect other people.

Your doctor will tell you if you are at risk of infecting other people with TB.

You can reduce the risk of infecting other people by doing the following:

- 1 Take your medication correctly every day, even if you feel well.

- 2 Cover your mouth and nose with a tissue when you cough. Put the tissue carefully in a dustbin or flush it down a toilet, then wash your hands.

You do not need to have separate dishes, cups or cutlery.

Does my family have to be tested for TB?

The following people **may** need to attend the hospital chest clinic for a check-up:

- Your family
- Any other people that live in your house
- Any other people that you have regular close contact with

There is a small possibility that they may have TB even if they feel well. They might have to have a chest x-ray or a skin test (mantoux test) and a health questionnaire.

Occasionally a simplified course of TB medication is given to people exposed to TB, especially children, who are well, but who might be at risk of becoming ill with TB if they are not treated.

What medication will I have to take?

You will be taking antibiotics, which work by killing the bacteria.

You will need to take several different antibiotics otherwise the bacteria can become resistant (or 'used to') the antibiotics and the treatment will not work.

Each antibiotic works in a different way to kill the bacteria and combining those means that the bacteria are killed more quickly.

The number of antibiotics may be reduced after a couple of months depending on results from the laboratory. *Do not stop taking your medication unless your doctor tells you it is safe to do so.*

Sometimes you may be prescribed a combination tablet or capsule. This means that two or three different antibiotics are contained in one tablet, so you can take fewer tablets or capsules.

How should I take my medication?

Usually we ask you to take all your tablets together first thing in the morning, 30 minutes before breakfast. This is because rifampicin works best when your stomach is empty.

Swallow your tablets with a full glass of water.

Treatment is usually for six months, but sometimes it may be for longer. Your doctor will tell you.

Prophylaxis means prevention. Sometimes you may be given a simplified course of TB antibiotics because you have been in contact with someone who has TB. This preventative treatment is called chemoprophylaxis.

Can the medication cause side effects?

The medication can cause some side effects. Feeling sick in the daytime is very common. Tell the doctor if you feel very sick or have vomited.

Rifampicin: Rifampicin will colour urine, sweat and tears orange. This is very common and you should not worry. It can also stain soft contact lenses, so you should wear spectacles for the duration of your treatment and not wear your soft contact lenses. If you are very keen to wear contact lenses, you could use disposable ones.

Isoniazid: Occasionally, Isoniazid can affect vitamin B6 absorption in your body. This can make your hands or feet feel numb or tingle like “pins and needles”. You may also have difficulty sleeping. To prevent this, the doctor may prescribe a vitamin tablet to take with your treatment. Vitamin B6 is called pyridoxine and is usually given as one 10mg tablet every day.

Pyrazinamide: Pyrazinamide can sometimes cause nausea and vomiting, so sometimes we recommend that you take this treatment in divided doses, through the day.

Ethambutol: Ethambutol may occasionally cause inflammation of the nerves to the eyes. This is a type of eye damage that can cause blurring and fading of vision. This side effect is very rare. You will be referred for an eye check at the beginning of treatment and then be asked to tell the doctor, pharmacist or nurse if you experience trouble with your vision.

Important side effects

An important side effect of each of the drugs that are given to treat TB is inflammation of the liver.

If this develops you will feel sick, stop eating, feel unwell and your skin and the whites of your eyes may go yellow (jaundice). Such a severe reaction is very rare and you must report it to your doctor.

Contact your hospital doctor or GP straight away if any of the following happen to you:

- vomiting
- skin rash
- itchy skin
- “flu”-like symptoms
- yellow skin or eyes
- diarrhoea
- numbness or tingling in hands or feet
- painful or swollen joints
- change in vision

In the meantime do not stop taking your treatment.

If you experience any other unusual effect, please contact your hospital doctor or GP as soon as possible.

What if I forget to take my medication?

Take your usual dose as soon as you remember, then continue as normal. Remembering to take the tablets every day is very difficult. Putting the doses out ready the night before is a good way to help you remember.

What should I do if I take other medication?

It is very important that you tell your doctor about any other medication that you are taking.

This is particularly important if you are taking any of the following:

- Oral contraceptive Pill
- Steroids
- Anticoagulants eg warfarin (for prevention of abnormal blood clotting)
- Antiepileptics (for fits)

Ask your doctor, nurse or pharmacist if you are not sure or if you are worried about anything.

What should I do if I take the oral contraceptive Pill?

Rifampicin can stop the Pill from working properly, so you could become pregnant. Please tell your doctor, nurse or pharmacist if you are taking the Pill. Usually the dose of the Pill is doubled but, to be extra safe, a barrier method of contraception should be used as well.

Even after you stop taking the rifampicin, the Pill will still not work properly for 4 weeks or so. You must continue to use the additional contraception method for 4 weeks after stopping the rifampicin.

What should I do if I am thinking about becoming pregnant?

If you are planning to become pregnant, the doctor may advise you to wait until the treatment is completed. You will be much better able to cope with pregnancy and a new baby after the TB is cured.

What should I do if I think I am pregnant?

Please tell your doctor or nurse who will discuss the risks and benefits of taking medication and having x-rays done during pregnancy.

*If you are pregnant it is very important that you continue to take your medication.
None of the TB medication is harmful to your baby.*

Can I drink alcohol whilst on the treatment?

It is strongly recommended that you do not drink alcohol for the whole time you are being treated for TB.

However, this is less important than the need to take the medicines every day.

It is very important that you take your medicine every day, even if you do drink alcohol.

Three important things:

- 1 TB is curable with the right treatment**
- 2 Treatment has to be continued for 6 months, even if you feel well**
- 3 Although TB is infectious, only those in close, daily contact are at risk**

Any more questions?

Please ask your hospital doctor, nurse, GP or pharmacist.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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