



Inflammatory Bowel Disease (IBD)

Reviewed: February 2025 Next review: February 2026

Version 2



The purpose of this leaflet is to tell you about Inflammatory Bowel Disease, its causes and treatment.

What is Inflammatory Bowel Disease (IBD)?

Inflammatory Bowel Disease is a term mainly used to describe two conditions: Ulcerative Colitis and Crohn's Disease, which are both long-term conditions involving inflammation of the gut.

Ulcerative Colitis only affects the colon (large intestine).

Crohn's Disease can affect any part of the digestive system, from the mouth to the bottom (anus).

People of any age can get Inflammatory Bowel Disease, but it's usually diagnosed between the ages of 15 and 40.

Causes of IBD

It's unclear what causes Inflammatory Bowel Disease, but it's thought to be caused by a combination of factors, including:

- genetics you're more likely to get it if you have a close relative with the condition
- a problem with your immune system
- smoking people who smoke are twice as likely to get Crohn's disease than non-smokers.

Symptoms of IBD

The symptoms can come and go. There may be times when the symptoms are severe (a flare-up), followed by long periods when there are few or no symptoms at all (remission).

Common symptoms (but not everyone has all of these):

- pain, cramps or swelling in the tummy
- recurring or bloody diarrhoea
- weight loss
- · extreme tiredness

Other symptoms (some people may have):

- high temperature
- being sick (vomiting)
- anaemia

Rare symptoms sometimes linked:

- arthritis
- painful red eyes (uveitis)
- painful red skin bumps (erythema nodosum)
- jaundice (primary sclerosing cholangitis)

Diagnosing IBD

If your symptoms suggest the possibility of Inflammatory Bowel Disease, you will need certain tests, which will include:

- Blood tests, including Erythrocyte Sedimentation Rate (ESR) and C-Reactive Protein (CRP) to check for any indication of inflammation and a Full Blood Count (FBC) to check for anaemia.
- Stool tests to check whether there is any infection in your gut (bowel). A faecal calprotectin which estimates inflammation in the bowel.
- Colonoscopy to look at the lining of your large bowel (colon) and to take biopsies.
- · Scans, such as CT scan or MRI scan.

Treating IBD

There is currently no cure for Ulcerative Colitis or Crohn's Disease.

If you have mild Ulcerative Colitis, you may need minimal or no treatment and remain well for prolonged periods of time. Treatment aims to relieve the symptoms and prevent them returning, and includes specific diets, lifestyle changes, medicines and surgery.

Medicines used to treat Ulcerative Colitis or Crohn's Disease include:

- aminosalicylates or mesalazines to reduce inflammation in the gut;
- immunosuppressants such as steroids or azathioprine to reduce the activity of the immune system:
- biological and biosimilar medicines antibody-based treatments given by injection to target a specific part of the immune system; and
- antibiotics.

Around 60 to 75% of people with Crohn's Disease will need surgery to repair damage to their digestive system and treat complications caused by the condition. Stoping smoking might avoid the need for surgery.

People with Ulcerative Colitis or Crohn's Disease are also at increased risk of getting bowel cancer. Your doctor will recommend regular bowel check-ups (endoscopy) to check for cancer.



Changes to your diet may help to reduce your symptoms. The dietary advice will depend on your symptoms and it's essential to make sure you get enough energy and nutrients from your diet. Therefore, it's very important to discuss any dietary advice with your doctor or with a dietician. This dietary advice may include reducing the amount of fibre in your diet and eating small regular meals.



Stress can make your symptoms worse, so it's very important to learn how to manage stress. The ways we manage stress vary from person to person but meditation and regular exercise will help.

Further information

www.crohnsandcolitis.org.uk www.gutscharity.org.uk



If you have any problems or questions, please contact:

- Scope recovery on 0141 951 5750 during (Monday to Friday, 7.30am to 7.30pm).
- Senior Nurse via Golden Jubilee University National Hospital Switchboard on 0141 951 5000 (out of hours).

All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

我們所有的印刷品均有不同語言版本、大字體版本、盲文(僅有英文)、錄音 帶版本或你想要的另外形式供選擇。

كافة مطبو عاتنا مناحة بلغات مختلفة و بالأحرف الطباعية الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip claistinn no riochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉरमेट (आस्प) में भी उपलब्ध हैं। 我们所有的印刷品均有不同语言版本、大字体版本、盲文(仅有英文)、录音带版本或你想要的另外形式供选择。

ਸਾਡੇ ਸਾਰੇ ਪਰਚੇ ਅਤੇ ਕਿਤਾਬਚੇ ਵਗ਼ੈਰਾ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਬ੍ਰੇਲ (ਸਿਰਫ਼ ਅੰਗਰੇਜ਼ੀ) ਵਿਚ, ਆੱਡੀਓ ਟੇਪ 'ਤੇ ਜਾਂ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਅਨੁਸਾਰ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦੇ ਹਨ।

ہماری تمام مطبوعات مختلف زبانوں، بوے حروف کی چھپائی، بریل (صرف انگریزی)، سنے والی کسٹ یا آپ کی پیند کے مطابق کسی دیگر صورت (فارمیٹ) میں بھی وستیاب ہیں۔



