Calderdale and Huddersfield
NHS Foundation Trust

Patient Information Leaflet

SDEC Patient Information – Inflammatory Bowel Disease (IBD)

Diagnosis: Inflammatory Bowel Disease (IBD)

Following your visit to the Same Day Emergency Centre (SDEC), you have been diagnosed with inflammatory bowel disease (IBD). This is a chronic (long-term) condition causing inflammation in the digestive system.

What is Inflammatory Bowel Disease (IBD)?

IBD mainly includes:

- Crohn's disease – can affect any part of the digestive tract and may involve the full thickness of the bowel wall
- Ulcerative colitis – affects only the colon and rectum (inner lining)

Additional important point:

- A small number of patients have "indeterminate colitis" (features of both conditions)

IBD is characterised by flares (active disease) and remission (symptom-free periods).

What Are the Symptoms of IBD?

Symptoms vary depending on severity and location of inflammation.

Common symptoms:

- Diarrhoea (often bloody)
- Abdominal pain and cramping
- Urgency to open bowels
- Fatigue
- Weight loss and loss of appetite
- Fever

Important

- Symptoms can come and go over time (relapses and remission)
- Can sometimes resemble IBS but is a different condition

What Causes IBD?

The exact cause is unknown, but involves:

- Immune system reacting abnormally to gut bacteria
- Genetic and environmental factors

Additional triggers:

- Infections
- Certain medications (e.g. NSAIDs may worsen symptoms)

Risk Factors – Who is More Likely to Get IBD?

- Family history
- Smoking (especially Crohn's disease)
- Age 15–30 years (common)
- Second peak 50–70 years

What Tests or Investigations Are Needed?

Diagnosis usually involves:

- Blood tests (anaemia, CRP/ESR for inflammation)
- Stool tests (infection + faecal calprotectin)
- Colonoscopy or sigmoidoscopy with biopsy
- CT or MRI scan

What Are the Treatment Options for IBD?

Treatment aims to control inflammation and maintain remission. (Started after discussions with or by specialist i.e. Gastroenterologist)

1. Medications

- Aminosalicylates (e.g. Mesalazine)
  - Benefit: reduces inflammation
  - Common side effects: headache, nausea
- Steroids (e.g. Prednisolone)
  - Benefit: used during flares
  - Common side effects: weight gain, mood changes
- Immunosuppressants (e.g. Azathioprine, Methotrexate)
  - Benefit: reduce immune activity
  - Common side effects: increased infection risk, nausea
- Biologic therapies (e.g. Infliximab, Adalimumab)
  - Benefit: used in moderate–severe disease
  - Common side effects: infections, infusion reactions

Additional (important):

- Other medications may be used for pain or diarrhoea control

2. Dietary Management

- Diet should be individualised with dietician support
- May include:
  - Low-fibre or low-residue diet during flares
  - Small frequent meals
- Ensure adequate nutrition to prevent weight loss

3. Hospital Treatment

- Severe flares may require urgent hospital admission

4. Surgery

- May be needed if complications occur (involves colorectal surgeons)

Key differences:

- Ulcerative colitis surgery can be → curative (removal of colon)
- Crohn's disease surgery → does NOT cure disease
- Some patients may require a stoma (ileostomy/colostomy)

What Complications Should I Be Aware Of?

Bowel complications

- Strictures (narrowing)
- Bowel obstruction
- Fistulas and abscesses
- Perforation (rupture)
- Severe bleeding
- Toxic megacolon (life-threatening colon dilation)

General complications

- Anaemia (chronic blood loss)
- Malnutrition
- Increased bowel cancer risk

Extra-intestinal complications (complication not involving intestine)

- Arthritis
- Skin conditions
- Eye inflammation
- Liver disease
- Osteoporosis

What Is the Outlook (Prognosis)?

- IBD is a lifelong condition with no cure
- Symptoms vary over time
- Many people achieve good control with treatment
- Some may require surgery

When Should I Seek Help Urgently?

Call 999 or attend A&E immediately if:

- Severe abdominal pain
- Heavy rectal bleeding
- Persistent vomiting
- Signs of dehydration
- High fever

Who Should I Contact for Other Concerns?

Contact your GP or IBD team if you:

- Have worsening symptoms
- Need medication review

If GP is closed, call NHS 111

You will also be provided with IBD nurse specialist number and IBD clinic contact numbers once you are diagnosed with IBD.

Contact information

If you have concerns after leaving SDEC, please contact:

SDEC / Hospital Advice Line: _____

GP: _____

Out of hours: NHS 111

In an emergency, call 999.