

Frequently Asked Questions

Washington University Inflammatory Bowel
Disease (IBD) Center

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NATIONAL LEADERS IN MEDICINE

How is inflammatory bowel disease diagnosed?

Physicians diagnose IBD through a detailed medical history and thorough physical exam, blood tests, imaging tests (MR or CT tests), endoscopy and capsule endoscopy. There is no simple blood test to diagnose IBD conditions. IBD is a lifelong, chronic condition and treatments work better when started early. Early and accurate diagnosis is important.

What causes IBD? Did I cause it?

We do not yet fully understand the cause(s) of IBD diseases. Each appears to be a complex disorder driven by a combination of genetic risk factors, immune dysfunction and/or environmental exposure. Intensive research into these, and other factors, is ongoing at the Washington University IBD Center of Excellence.

What does it feel like to have this disease?

Each IBD patient experiences his or her condition differently. No two patients are alike in their symptoms, but many experience cramping, diarrhea, abdominal pain, weight loss and vomiting and nausea.

Is there a cure?

One of the goals of the IBD Center is to work with researchers, foundations and other supporters to find a cure. There have been great advances in IBD, with very potent medical therapies that can achieve longterm control of symptoms and improve quality of life. We are working towards a cure.

Are the treatments effective and safe?

Today there more effective treatments for IBD than ever before. We help you find the treatment that will work best for you and minimize your adverse side effects.

How long will IBD last?

IBD is a chronic (lifelong) condition, though some patients may find that their disease becomes milder after age 60.

Can medication quickly help an active flare?

Yes. Because of adverse side effects, rescue medicines are used as short-term solutions to an active flare. Patients will often switch to long-term maintenance medicines after using rescue medicines. Rescue medicines include steroids.

Can I take a steroid every time I have a flare?

Steroids have many adverse side effects, including bone loss, diabetes, cataracts, emotional distress and severe acne. Also, the longer steroids used for treatment, the less likely they are to be effective. This is why they are used only when necessary to rescue patients from a flare. Maintenance medications are used to reduce the number and frequency of flares so that steroids are not needed as often. Evidence shows that taking maintenance medications to reduce colon inflammation also lowers your risk for colon cancer.

How long will I have to take medicine?

Inflammatory bowel diseases are chronic conditions. To relieve or ease symptoms, and to reduce flare frequency and severity, most patients need to take medication. Patients may take maintenance medicine to prevent flares, and rescue medicine for an active flare. Maintenance medicines typically act slowly. However, rescue medication acts quickly to reduce inflammation and relieve your symptoms.

Is it harmful to suppress (weaken) my immune system for the rest of my life?

Some IBD medications work by suppressing the immune system, and there is some risk associated with taking an immune-suppressive. Viruses that stay in your body are more likely to be activated in people taking immune-suppressives, and skin and soft-tissue bacterial infections are more likely to occur in people taking anti-TNF medication. Some IBD medications also slightly increase the risk of malignancies. Serious side effects are rare, however, and for many patients risks are outweighed by the benefit of IBD treatment. Current research aims to find powerful medicines while improving patient safety, and now we have safer and more specific medications to treat IBD.

Some patients stop taking immune-suppressive medication after they've been in remission for some time. Any change to a medication schedule should be made under the supervision of your doctor so that you can be monitored for signs of inflammation. If you are on anti-TNF therapy and are in the third trimester of pregnancy, or are going to have surgery, your dose may need to be adjusted.

Why do I need to continue to take medications when I feel better?

Maintenance medication helps control and reduce flares of inflammatory bowel diseases. In some cases your body will form antibodies against certain medications. In these instances, the antibodies can lead to allergic reactions and the medication will no longer be effective for you.

Are narcotic medications used to treat symptoms that cause pain?

Narcotics do not treat inflammation, but they can treat symptoms caused by IBD inflammation. However, narcotics can make the inflammation worse. Studies show that IBD patients using narcotic medications as therapy are more likely to have severe abdominal infections (abscesses), strictures and intestinal obstruction. We avoid narcotic medications for patients unless absolutely necessary.

Can IBD be cured by surgery?

Surgery is not curative for ulcerative colitis or Crohn's disease. However, surgical removal of 97% of the colon can significantly reduce symptoms for those with ulcerative colitis. Having surgery is not an easy choice to make, but it can improve quality of life for those with severe colitis.

Surgery for Crohn's disease can remove scar tissue, strictures, fistulas and abscesses that cause a lot of symptoms which medication may not help. After surgery, Crohn's disease maintenance medications often work better and may prevent complications and future surgery.

Could something else be causing my symptoms?

Yes. Infections not connected to IBD can lead to diarrhea. You may also be hypersensitive to stomach cramps due to previous inflammation increasing the nerve sensitivity of your intestines. Cramping and gas can also be caused by too much bacteria in the small intestine. If you experience a change in your symptoms, call your health care team. The change may be caused by something other than an IBD flare.

What can I eat?

There is no causative link between diet and these diseases. That said, many symptoms can be aggravated or worsened by dietary choices, so it is important to be aware of the choices you make. We work with our nutritionists and registered dietitians to help you navigate food choices to minimize your symptoms. It is important that you get adequate nutrition. When IBD is effectively treated, most patients have no dietary restrictions.

Can I have a family?

We have many specialists at the IBD Center of Excellence, including experts with experience in treating IBD and pregnancy. We counsel patients and create an individualized plan to ensure a positive family-planning process. In general, IBD patients who are well-controlled and closely followed are not at increased risk for complications during pregnancy.

Can I work or go to school?

Untreated, these conditions can be terribly disruptive to family life, work and school. When effectively treated, there should be very little disruption to your daily life.