



Diarrhea and IBD

Patient Information Sheet

Diarrhoea is one of the main symptoms of Inflammatory Bowel Disease (IBD), which includes Crohn's Disease and Ulcerative Colitis. The frequency of diarrhoea may range from 2 to 30 times in 24 hours and there is often a feeling of urgency, a need to rush to the lavatory. Unpredictable and possibly explosive diarrhoea can lead to bowel incontinence with a leakage of faeces (stool). You may feel embarrassed by the frequency and the smells. You may fear having an 'accident' and feel unable to go out. Such ongoing diarrhoea can be devastating and severely affect your quality of life. Treatment of the disease with medication aims to control the symptoms and keep you in remission. Unfortunately some people with IBD continue to suffer diarrhoea. This leaflet looks at why this might happen and gives some suggestions to help you reduce and manage diarrhoea.

What is diarrhoea?

Everyone is familiar with the urgent, frequent bowel movements that are abnormally loose or watery, defined as diarrhoea. During digestion gastric juices in your stomach break down the food you eat to a porridge-like consistency. The partly digested food moves into your small intestine where most nutrients are absorbed. The waste, now a watery slurry, then passes through the intestines into your colon (large bowel). The colon absorbs the excess water to make the waste a slightly more solid / formed stool (faeces). During an IBD flare, the inflamed cells lining the colon are not able to work as well and so cannot absorb as much fluid from the waste. This leaves the waste matter (faeces) being less formed or entirely liquid, which you experience as diarrhoea. Liquid stools move more rapidly through the colon resulting in more frequent bowel movements.

What causes diarrhoea?

The common causes of diarrhoea are gastroenteritis, infection, or food poisoning. If you have IBD, diarrhoea may be due to a flare up of your disease. IBD patients may also suffer diarrhoea because of:-

- **Side effect of drugs** – one of the side effects of 5-ASAs (such as mesalazine) and antibiotics can be watery diarrhoea. You may also want to check whether diarrhoea is a side-effect of any other drugs you may be taking. You can reduce this side effect by introducing the drug gradually and taking the pills with food.
- **IBS (Irritable Bowel Syndrome)** – if you have IBD you are at increased risk of IBS, probably because of temporary damage to nerve endings in the

intestine as a result of inflammation. It is quite common for irritable bowel symptoms to persist for several months after a flare up of Ulcerative Colitis.

- **Surgery for Crohn's Disease** – if you have had the end of the ileum (the lower part of the small intestine) removed, you may have bile salt diarrhoea. Usually most of the bile salts reaching the ileum are recycled back to the liver and reused, with only very small amounts entering the colon. When even a small part of the ileum is removed, the amount of bile salts lost into the colon is increased. The excess irritates the colon causing an outpouring of water, resulting in diarrhoea.
- **Colectomy and ileo-rectal anastomosis** – if you have had your colon (large bowel) removed, with the ileum (the lower part of the small intestine) joined to the rectum, your faeces will tend to be liquid, not having the large bowel to absorb water.
- **Malabsorption of fats** – If you have Crohn's in the ileum (the lower part of the small intestine) you may have difficulty absorbing fats, resulting in urgency and bad smelling, pale, poorly formed faeces that are difficult to flush away. This type of diarrhoea is called steatorrhea.
- **Iron Supplements** – you may need to take iron supplements for anaemia caused by your IBD. A change in bowel habit is a common side effect of iron supplements and while some people get constipation, others get diarrhoea.
- **Diet** – some people are sensitive to particular foods, particularly milk and wheat. Too much fibre, spicy food, chocolate, caffeine (in coffee, tea and cola drinks), alcohol, fructose (a sugar in fruit) and artificial sweeteners (sorbitol) may have a laxative effect, stimulating and loosening the bowels. You may be intolerant to lactose, a milk sugar which can cause diarrhoea.

What treatment can I take?

- **Anti-inflammatory drugs for IBD** – These may be prescribed to treat your IBD or to help maintain remission once it has been brought under control. If you continue to have a flare up you may need to change your medication and it is best to contact your specialist.
- **Antidiarrhoeal drugs** – Antidiarrhoeals work by altering the muscle activity of the intestines to slow the movement of bowel contents. Some also increase water re-uptake from the gut. Loperamide (Imodium, Arret) is the safest and usually most effective antidiarrhoeal drug. It can safely be taken continuously over long periods by most people with diarrhoea. It is long-acting and usually only needs to be taken once or twice a day, although it can be taken more often if needed. The dose can be adjusted according to your needs and activities. It is usually not a good idea to take more than 8 capsules/tablets (16mg) per day without a doctor's advice. Other antidiarrhoeals such as diphenoxylate (Lomotil) and codeine may need to be taken three or four times a day.

If you are having an acute or severe flare up it is not advisable to take antidiarrhoeal drugs without a doctor's advice first, because complications may be more likely to occur.

- **Antispasmodic drugs** – these work by relaxing the intestinal muscles to slow down bowel movements, helping to relieve diarrhoea and also the cramping pain often accompanying diarrhoea. Brands include Buscopan and Colofac.
- **Bulking agents** – These are types of fibre that absorb water in the intestine that are particularly helpful if you have had surgery to remove the colon. Brands include Isogel and Fybogel.
- **Bile salt drugs** – Cholestyramine (Questran) absorbs bile salts to prevent them reaching the colon to help avoid the diarrhoea caused by surgery for Crohn's.

How can I reduce diarrhoea?

You may find that you have diarrhoea whatever you eat or drink, but the following suggestions may be of some help.

Eating

- Eat small (rather than large), frequent meals
- Cut down high fibre foods (eg eat corn flakes instead of muesli)
- Avoid: very hot or refrigerated food spicy food, fried food fresh bread or hot buttered toast meat extracts, sausages, bacon, pork, twice-cooked meat, visible fat on meat, unripe or dried fruit

Drinking

- Drink decaffeinated tea, coffee and cola
- Avoid alcohol and drinks with artificial sweeteners
- Drink plenty of fluids as you can become dehydrated from the excessive loss of fluids when you have diarrhoea.

Natural remedies

- Chicken and rice soup – the combination of protein and starch in this traditional remedy help the body's ability to absorb water.
- Carrot soup - this is believed to be soothing for the gut and is rich in beta-carotene which may help healing.
- Slippery Elm – adds bulk to bowel movements. You could try ½-1 teaspoon with mashed banana or plain yoghurt and take 2-3 times daily.
- Zinc and vitamin A supplements may help to reduce diarrhoea.
- Some people recommend a BRAT diet (bananas (ripe), rice, apple (stewed) and tea), but evidence is limited.

We would always advise you to check with your doctor before trying any complementary or alternative treatment.

How can I manage bowel leakage?

You may not be able to hold your stool and be worried about staining your clothes. The following suggestions may help:-

- **Strengthen your anal sphincter muscles** – sphincter exercises can help you to ‘hold on’. You can obtain a fact sheet on these exercises from Incontact (see Other organisations).
- **Pads and pants** – the simplest pad is a panty liner. Some people find that folding a panty liner between the buttocks and holding it in place with a close-fitting ‘G-string’ helps to contain soiling and prevents the skin from getting sore. If you have severe or regular incontinence you can obtain larger pads or pants with a waterproof gusset that can stop leaks staining clothes. These may be available free of charge on the NHS from your District Nurse. If you are unable to get free supplies, there are many companies with a mail order service. For more information contact Promocon or Incontact (see Other organisations).
- **Anal plug** – this is inserted into the back passage, where it expands to prevent leakage. It can be kept in place for up to 12 hours, though many people find that it is uncomfortable or irritating. It has to be taken out before a bowel movement, so it is not suitable if you have frequent movements.

Referral to a Continence Clinic You can contact the Bladder and Bowel Foundation (see Other organisations) to find your nearest clinic. You may be able to refer yourself or you may have to be referred by your doctor or hospital.

Getting rid of smells

- Try striking a match and then blowing it out immediately and allowing the small plume of smoke to drift into the room.
- Use neutralising sprays that help to eliminate rather than mask odours, such as Neutradol Spray (MS George Ltd) available from chemists and supermarkets or AuriCare available on prescription from chemists.

Going out?

Having an ‘accident’ can be very embarrassing and you may fear going out. Planning ahead can help to give you confidence to be away from home and you may find the following tips useful:

- **Emergency kit** – carry a supply of pads, pants, alcohol-free wet wipes, tissues, sanitary disposal bags to carry soiled pants home (available in large chemists and supermarkets), a small mirror (useful to check that you are clean), a couple of clothes pegs (to keep your clothes out of the way if you need both hands to get clean), a neutraliser aerosol to disguise odour, cream if you are prone to sore skin, such as zinc and castor oil.
- **Clothing** – wear trousers or skirts that are easy to undo, perhaps with an elasticated waist or Velcro instead of buttons. For women you may find it preferable to wear a skirt, which conceals accidents more easily, and carry a spare pair of tights. The Disabled Living Foundation has a fact sheet on ‘Clothing for Continence and Incontinence’.

- **Can't Wait card** – carry your Crohn's and Colitis UK card which explains that due to your illness you need toilet facilities urgently. You can use it if there is a long queue or to ask to use a shop's facilities.
- **RADAR key** – obtain a key for disabled toilet facilities from RADAR (see Other organisations).

Going away?

As well as the tips suggested for going out, if you are to be away from home, you might also like to plan the following:-

- **Bed protection** – take a towel to put under you in bed or request a mattress cover.
- **Laundry** – check laundry arrangements. A folding coat hanger, a portable washing line and a few pegs can be useful if you need to do your own washing.
- **Air travel** – take a small supply of everything you need in your hand luggage. Request an aisle seat near the lavatory in advance. If you are taking a neutraliser spray in an aerosol canister on board, check with the airline before flying, as some canisters are flammable. See the NACC information sheet on Travel and IBD for more details.

How can I treat sore skin?

Frequent diarrhoea and wiping irritates the skin around the anus, making it sore. The following tips may help to give you relief:-

- Use moist toilet paper or damp cotton wool to wipe. Many baby wipes contain alcohol and are best avoided.
- Whenever possible wash around the anus after a bowel movement. A bidet is ideal, but you could also use a shower attachment with your bottom over the edge of the bath. Or use a soft disposable cloth with warm water. Avoid flannels and sponges as they can be rough and are difficult to keep clean.
- Use non-scented soap, such as 'Simple' or baby soap or special washing solution. There are numerous products specifically developed for people with bowel problems.

(Incontact has further information – see Other organisations).

- Avoid using antiseptics or disinfectants in washing water, as these can sting.
- Dry the area very gently, patting with soft toilet paper or soft towel. Do not rub. If you are very sore you could use a hairdryer on a low setting.
- Try dabbing the area with a little diluted witch hazel with wet cotton wool.
- Use a barrier cream or ointment, a little at a time and gently rubbing it in. Large amounts stop the skin from breathing and can make the area sweaty and uncomfortable. Make sure the old layer of cream is washed off before applying more. Choose a simple product such as zinc and castor oil. It is better to avoid creams containing lanolin, as some people are allergic to this. Other products you could try include Sudocrem, Metanium and Proctosedyl.
- If you are very sore a spray skin coating is available on prescription (Cavilon, 3M Healthcare).

- Some people have found alternative products helpful, including aloe vera gel, Kamillosan Baby Cream and Germoline.
- Try using a barrier wipe that forms a protective film over the skin (available on prescription).
- Try to allow the air to get to the anal area for at least part of every day.
- Try not to scratch the anal area, as this will make things much worse. If you find you are scratching in your sleep, you could wear cotton gloves in bed (available from your chemist).
- If you use a pad for incontinence, try to make sure that no plastic comes into contact with your skin and that you use a pad with a soft surface. Contact Promocon for further information (see Other organisations).
- Certain food or drinks may make you sore, particularly citrus fruit such as oranges.
- Wear cotton underwear to allow the skin to breathe. Avoid tight jeans and other clothes that might rub the area. If you wear tights, change to stockings or crotchless tights. It is a good idea to talk to your doctor or nurse, especially if your skin is broken. If you have persistently sore skin you may have a fungal infection (such as thrush) which needs different treatment.

Further help

Crohn's and Colitis UK Information Line: 0845 130 2233, open Monday to

Friday 10am – 1pm. There is an answerphone service outside these hours, or you may email info@crohnsandcolitis.org.uk. Information staff will help with any IBD related queries.

**Crohn's and Colitis Support:
0845 130 3344, open Monday to Friday**

1pm – 3.30pm and 6.30pm – 9pm. This is a supportive listening service staffed by trained volunteers with personal experience of IBD.

The Bladder and Bowel Foundation

SATRA Innovation Park, Rockingham Road, Kettering, Northants, NN16 9JH
Nurse helpline: 0845 345 0165 General Information: 01536 533255

(9am - 5pm weekdays)

Email: info@incontact.org

Website: www.incontact.org

B&BF provides information and support, and (for a small fee) a 'Just Cant Wait Toilet Card' for use by people with continence problems.

PromoCon

Redbank House, St Chads Street, Cheetham, Manchester M8 8QA

Helpline: 0161 834 2001

(10am-3pm weekdays)

email: promocon@disabledliving.co.uk

Website: www.promocon.co.uk

Information on continence products for children and adults.

RADAR

The Royal Association for Disability and Rehabilitation National Key Scheme,
12 City Forum, 250 City Road, London EC1V 8AF

020 7250 3222 (9am-5pm weekdays)

Email: radar@radar.org.uk

Website: www.radar.org.uk

RADAR runs a National Key Scheme which allows people to access specially adapted toilets. RADAR can provide a key at a cost of £3.50 on declaration of disability or need, and a guide to toilets is available for £12.25 including postage.

The Disabled Living Foundation

380-384 Harrow Road, London W9 2HU

Helpline: 0845 130 9177

(weekdays 10am-4pm)

Email: advice@dlf.org.uk

Website: www.dlf.org.uk

Provides information on clothing for continence.

The Gut Trust

Unit 5, 53 Mowbray Street, Sheffield S3 8EN

Helpline: 0114 272 3253

Weekdays 6-8pm, Saturdays 10-12 noon

Email: info@theguttrust.org

Website: www.theguttrust.org

The Gut Trust is an independent, self help organisation for people with Irritable Bowel Syndrome. The helpline is staffed by specialist IBS nurses.

Further reading

Bowel Control: Information and Practical Advice by C Norton & M Kamm. Beaconsfield Publishers
Crohn's Disease and Ulcerative Colitis – Everything you need to know by F Saibil. Robinson. London.
Living with Crohn's Disease by J Gomez. Sheldon Press.
The Good Gut Guide by S Zinser. Thorsons. London.