

Frequently Asked Questions – Medications and Surgery

Medications to control inflammation are the single most important means of treating IBD.

By bringing the inflammation under control, medications can relieve the symptoms of IBD and reduce the chances of complications developing. Most importantly, controlling the inflammation gives the GI tract an opportunity to heal.

General Considerations About Medication

Several different medications have proved to be effective for the treatment of IBD. The type/s most appropriate for you and the dosage prescribed for you will depend on a number of factors:

- the location of inflammation within your GI tract
- the severity of your symptoms
- whether the medications are being used to treat a flare-up of disease or to prevent further flare-ups
- how well you are able to tolerate certain medications without experiencing undesirable side effects.

Your clinical team will work out a treatment plan based on your own circumstances at a given time. It's quite common for those with IBD to require a combination of medications to achieve the best result.

It is important to remember the following:

- Because IBD is a chronic condition, many people will need to take medications for long periods of time, either to bring the disease under control or to maintain remission once the symptoms have disappeared. It's important to take your medications exactly as prescribed, even if you're feeling well. Stopping your medication can result in a flare-up of symptoms or lead to other problems, including a relapse, sometimes even months later. Always consult with your clinical team before stopping any medication.
- Most of the medications used to treat IBD work by suppressing the immune system. Too much suppression however can reduce the ability of your body to defend itself against infection. Always be sure to report any signs of fever, chills, or sore throat to your clinical team as soon as they appear.
- Depending on the medications used to treat your condition, you might need regular blood tests to assess bone marrow function or to detect signs of infection. You might also need regular tests to monitor the function of your liver and kidneys. These tests are vital to maintaining your long-term health and should never be missed.
- Taking several different medications at the same time also increases the possibility of drug interactions. Drug interactions can decrease the effectiveness of a medication, intensify its action, or cause unexpected side effects. Be sure to tell your clinical team about any other medications you might be taking, including over-the-counter products and complementary or alternative therapies.

Is It Safe To Take Medications If I Am Pregnant?

If you are pregnant or wish to fall pregnant, it is only natural to be concerned about the possible effects on the foetus of the various medications used to treat your IBD. Generally speaking, it is best to take as few medications as possible during pregnancy, but it is also important to realise that uncontrolled disease often poses a greater threat to a developing child than the drugs used to treat the condition.

Several of the medications used to treat IBD—for example, azathioprine, 6-mercaptopurine, aminosalicylates, and bile salt binders—have been proved over time to not cause harm to a developing baby. Formulations of medications that deliver active ingredients directly to the site of inflammation, and therefore only minimally absorbed into the bloodstream, can also be used where appropriate.

More information about the use of medications in pregnancy is available in the section Fertility, Pregnancy and IBD. As always, you should discuss any concerns you might have about your medications with your clinical team or pharmacist, who are in the best position to advise you about the relative safety of your medications in your particular circumstances.

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Surgery in IBD

It's possible that you'll need to face the prospect of surgery at some point during the course of your IBD. Approximately 10% of those with ulcerative colitis and 30–50% of people with Crohn's disease will eventually require surgery.

A recommendation by your clinical team to consider surgery is never made lightly. When treating IBD, the top priority is always to preserve the bowel for as long as possible. Sometimes this just isn't possible: the disease might be too extensive or severe, and might no longer be responding to medications used to control the inflammation. It is important to understand that surgery for IBD is not simply a last resort that is considered when all else has failed, but a very useful treatment option in some cases. Surgery can offer long-term relief of symptoms and reduce or even eliminate the need for ongoing medication, often vastly improving quality of life.

Will I Need Surgery?

Occasionally, surgery is required to treat a severe complication such as perforation (rupture) of the bowel or significant rectal bleeding. These are considered to be emergency situations and the decision to have surgery will need to be made quickly with few, if any, other options.

In most cases, however, surgery is pre-planned (elective). This means that you can make an informed decision on whether to proceed with surgery or not, after discussing all possible options with your gastroenterologist and surgeon. You will also be able to consider the reasons why a particular procedure is recommended, and learn what to expect before, during, and after surgery. As surgery in IBD sometimes means either a temporary or permanent colostomy or ileostomy, you will also have the opportunity to meet the stoma nurses before making a decision.

It's also a good idea to speak to others who've already undergone similar procedures so that you can gain a true perspective of life before and after surgery. People naturally have fears about surgery and its consequences but once they've had an operation, many wish they hadn't delayed the procedure, as it would have saved them months or even years of needlessly enduring symptoms.