

IBD • Inflammatory Bowel Disease

A plain-English guide for you and your family

WHAT IS HAPPENING

Your gut is a long tube from mouth to bottom, lined with a thin barrier that keeps food and germs in the tube and out of your bloodstream. Normally, your immune system — the body's guard team — learns to tolerate the trillions of harmless bacteria living in your gut and only attacks true invaders. In inflammatory bowel disease (IBD), something goes wrong with that tolerance. If you inherit certain genes and then meet certain triggers — maybe an infection, stress, or something in your diet or environment — your immune system turns on your own gut lining by mistake. T cells (a kind of white blood cell) flood into the gut wall and release chemicals that cause swelling, sores, and bleeding. In ulcerative colitis, the attack stays in the inner lining of the colon and rectum, so you see bloody diarrhea, an urgent need to go, and a feeling that more is still inside even after you finish. In Crohn disease, the attack can happen anywhere in the digestive tube and bores through all layers of the gut wall, so you get belly pain, non-bloody diarrhea, abscesses (pockets of pus), fistulas (tunnels between organs), strictures (narrow spots from scar tissue), and sores around the anus. The immune attack also spills over into other body parts — joints ache, eyes get red, and skin breaks out in painful bumps — because the same overactive immune signal travels through the blood. None of this is random; every symptom traces back to that one upstream break: the immune system lost its ability to tell friend from foe in the gut. Treatment aims to calm that immune attack and heal the gut lining before permanent damage sets in.

What you might feel

- Diarrhea (loose, watery poops) that keeps coming back or won't go away
- Blood or mucus in the stool
- Cramping belly pain, often worse before or during a bowel movement
- Urgent need to poop, sometimes waking you up at night
- Weight loss without trying
- Fever and feeling very tired
- Sores or pain around the anus (bottom)

- Joint pain or swelling, especially in large joints like knees and ankles
- Red, painful eyes or blurry vision
- Skin rashes, such as painful red bumps (erythema nodosum) or deep ulcers (pyoderma gangrenosum)

Call the doctor right away if...

- Severe belly pain that doesn't ease, or a belly that becomes hard and very tender (could mean a perforation—a hole in the intestine—or severe blockage)
- Heavy rectal bleeding that soaks through toilet paper quickly or makes you dizzy (sign of major blood loss)
- High fever over 101.5°F (38.6°C) with shaking chills, especially with worsening belly pain (could mean a serious infection or abscess)
- Sudden inability to pass stool or gas, with severe cramping and vomiting (signs of a bowel obstruction)
- Signs of severe dehydration: very little urine, dark urine, extreme thirst, confusion, or a racing heart (from fluid loss through diarrhea)

What the care team will do

- Monitor vital signs every 4 hours and report temperature over 100.4°F, heart rate over 90, systolic blood pressure under 90, or signs of dehydration like dry mouth and decreased urine output.
- Assess stool frequency, volume, consistency, and presence of blood or mucus every shift, and document using the Bristol Stool Scale and color description.
- Examine the abdomen for distension, firmness, bowel sounds, and tenderness with each assessment, and immediately notify the provider if rigidity or rebound pain develops.
- Check hemoglobin and hematocrit levels, inspect skin and conjunctiva for pale skin (pallor), and watch for fatigue, dizziness, or shortness of breath that signal anemia.
- Maintain IV access and administer fluids with electrolytes as ordered, monitor intake and output hourly, and replace potassium and magnesium when lab values are low.
- Provide perianal skin care after each bowel movement with barrier cream, teach sitz baths for comfort, and inspect for new fissures, abscesses, or fistula drainage.
- Administer ordered corticosteroids, immunosuppressants, or biologic infusions on time, pre-medicate for infusion reactions, and monitor for infection signs since these drugs suppress immune defense.
- Screen for anxiety and depression using validated tools, provide emotional support, and connect the patient with IBD support groups or counseling resources.

Medicines you may be given — and why

Mesalamine (5-ASA)

Mesalamine is an anti-inflammatory drug that works right where the gut lining is inflamed. It quiets down inflammation in the intestinal wall by blocking chemicals that fuel the swelling and damage. Think of it like spraying a cooling mist directly on a hot, irritated surface.

Prednisone or budesonide (corticosteroids)

Corticosteroids are powerful drugs that slam the brakes on inflammation throughout the body (prednisone) or mainly in the gut (budesonide). They mimic cortisol, the body's own stress hormone, and tell immune cells to stop making inflammatory signals. This quickly quiets a flare but does NOT cure the disease or keep it away long-term.

Azathioprine or 6-mercaptopurine (6-MP)

Azathioprine and 6-MP are drugs that slow down the immune system to prevent it from attacking the gut. They work by blocking the building blocks that immune cells need to multiply. With fewer overactive immune cells, inflammation stays lower and flares happen less often.

Methotrexate

Methotrexate slows down the immune system by blocking an enzyme that immune cells need to make DNA and reproduce. It is like cutting off the supply line that lets inflammatory cells multiply. With fewer active immune cells, the gut stays calmer and flares are less common.

Infliximab, adalimumab, golimumab, certolizumab (anti-TNF biologics)

Anti-TNF biologics are lab-made antibodies that grab and block TNF-alpha, a powerful inflammatory protein that drives the gut damage in IBD. TNF-alpha is like a alarm signal that tells immune cells to attack; these drugs stick to TNF-alpha and silence it, so the inflammation stops spreading and the gut can heal.

Vedolizumab

Vedolizumab is a biologic antibody that blocks a specific traffic signal (integrin $\alpha4\beta7$) that immune cells use to enter the gut. It is like closing the gate so inflammatory T cells cannot get from the bloodstream into the intestinal wall. With fewer immune cells reaching the gut, inflammation stays lower and the lining can heal.

Ustekinumab

Ustekinumab is a biologic antibody that blocks two inflammatory messenger proteins: IL-12 and IL-23. These proteins push certain T cells (Th1 and Th17 cells) to multiply and release

chemicals that damage the gut. By blocking IL-12 and IL-23, ustekinumab turns down the volume on inflammation and lets the gut heal.

Tofacitinib, upadacitinib (JAK inhibitors)

JAK inhibitors are pills that block enzymes inside immune cells called Janus kinases. These enzymes relay signals from inflammatory proteins outside the cell to the cell's nucleus, telling it to make more inflammation. By blocking JAKs, these drugs turn down multiple inflammatory signals at once, calming the immune attack on the gut.

Where this information comes from

- ACG Clinical Guideline: Management of Crohn's Disease in Adults (2018)
- ACG Clinical Guideline: Ulcerative Colitis in Adults (2019)
- Crohn's & Colitis Foundation
- CDC – Inflammatory Bowel Disease

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