

Crohn's disease

Crohn's disease is a lifelong condition where parts of the digestive system become inflamed.

It is one of a group of conditions called inflammatory bowel disease (IBD).

Symptoms of Crohn's disease

Crohn's disease affects people of all ages. The symptoms usually start in childhood or early adulthood.

The main symptoms are:

- diarrhoea
- stomach aches and cramps
- blood in your poo
- fatigue (tiredness)
- weight loss

The symptoms may be constant or may come and go every few weeks or months. When they come back, it's called a flare-up.

Contact a GP if you or your child have:

- blood in your poo
- had diarrhoea for more than 7 days
- stomach aches or cramps very often
- lost weight for no reason or your child is not growing as fast as you'd expect

What happens at your GP appointment

Your GP may ask about:

- your symptoms
- your diet
- recent travel to other countries - you might have an infection

- any medicines you take
- your family history of Crohn's disease

They may also:

- feel and examine your tummy
- take a sample for blood tests
- ask you to give a sample of your poo for testing

Referral to a specialist

If your GP thinks you could have Crohn's disease, they may refer you for tests.

Tests may include:

- a colonoscopy - a thin, flexible tube with a camera at the end is inserted into your bottom to look for inflammation in your bowel
- a biopsy - tiny pieces of your bowel are removed during a colonoscopy and checked for signs of Crohn's disease
- an MRI scan or CT scan - you may have a special drink so your bowel shows up clearly on the scan

Treatment for Crohn's disease

There's no cure for Crohn's disease. But treatment can help ease or control your symptoms.

Medicines are the main treatment and may include:

- steroids to reduce inflammation - for example, [prednisolone](#)
- immunosuppressants - if steroids do not help to reduce inflammation
- biological medicines - if other medicines do not help

[The Drugs Payment Scheme card](#) can help with the costs of medicines.

Surgery for Crohn's disease

Your care team may recommend surgery. It can relieve your symptoms for a while. But symptoms usually return.

The most common type of operation is called a resection. It's usually done under general anaesthetic (while you're asleep).

The surgeon will:

1. Make small cuts in your tummy (keyhole surgery).
2. Remove a small section of inflamed bowel.
3. Stitch the healthy parts of bowel together.

You may be in hospital for about a week. But it takes a few months to fully recover.

Sometimes you may need an ileostomy. This is where poo comes out into a bag attached to your tummy. You may have the ileostomy for a few months so your bowel can recover before it's stitched back together.

Causes of Crohn's disease

The exact cause of Crohn's disease is unknown.

It may be linked to:

- your genes - you're more likely to get it if a close family member has it
- a problem with the immune system (the body's defence against infection)
- smoking
- a previous stomach bug
- an abnormal balance of gut bacteria

There's no evidence to suggest a particular diet causes Crohn's disease.

Living with Crohn's disease

Living with Crohn's disease can be difficult at times. Flare-ups and appointments can disrupt your school, work and social life.

But if your symptoms are well controlled, you can live well with the condition.

It may help to:

- tell your friends and family about your condition - so they can understand the effect it has on your life
- talk to your GP or care team about support - they can refer you to a counsellor if needed
- get support from the Irish Society for Colitis and Crohn's Disease (ISCC)

[Living with Crohn's and colitis - crohnscolitis.ie](http://crohnscolitis.ie)

Diet and Crohn's disease

There's no special diet for adults with Crohn's disease. Aim to have a healthy, balanced diet.

Some people find that certain foods seem to make their symptoms worse. If you think a certain food triggers your symptoms, see if avoiding it helps. But speak to your GP or care team before you make any big changes to your diet.

Children may sometimes need a special liquid diet to control their symptoms. Your doctor will tell you if you need to do this.

Flare-ups

Contact your care team if you think you are having a flare-up of symptoms. It is easier to treat problems early than after they get worse.

Keep a diary of your symptoms so you can tell your team:

- the type of symptoms you have
- how often symptoms happen
- how severe the symptoms are

If you smoke, stopping smoking may reduce the risk of flare-ups.

[Get help to quit smoking](#)

Ask a pharmacist, a GP or your care team for advice before taking a medicine without a prescription.

Some medicines can trigger symptoms or stop your Crohn's disease medicines working properly. For example, anti-inflammatory painkillers such as ibuprofen make some people's symptoms worse.

Pregnancy and fertility

You can have a normal pregnancy and healthy baby if you have Crohn's disease.

Talk to your GP or care team if you plan to get pregnant. You may need to change your treatment a few months before you start trying for a baby.

This is because some Crohn's disease medicines can:

- temporarily reduce sperm count
- harm an unborn baby

Tell your care team as soon as possible if you get pregnant and did not plan it. Do not stop taking your medicines until you speak to your care team. Most Crohn's medicines are safe to take during pregnancy.

The contraceptive pill may not work as well as usual if you have Crohn's disease. Ask your GP or care team about the best contraception to use if you do not want to get pregnant.

Complications of Crohn's disease

Crohn's disease can cause other problems, such as:

- narrowing of the intestine because of scarring (strictures)
- ulcers - in your mouth, along your digestive system or around your genitals
- small tunnels running from one part of your bowel to another (fistulas)

Treatment for these complications can include medicines and surgery.

Cancer screening

Some types of Crohn's disease can increase your risk of [bowel cancer](#). About 8 to 10 years after you first have symptoms, you may start to have check-ups.

These include a colonoscopy to look for signs of bowel cancer.

How often you have a colonoscopy depends on:

- how long you have Crohn's disease
- your family history of bowel cancer

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