

## What to do during an IBD (Ulcerative Colitis or Crohn's) Flare

### What does a flare feel like?

- Increased stool frequency
- Waking up at night to have a bowel movement
- Loose stools
- Sense of always needing to pass stool, but you do not (tenesmus)
- Blood in stool
- Abdominal pain
- Inability to eat and drink normally
- Severe joint pain
- Sores in mouth
- With Crohn's of the small bowel: vomiting, abdominal distention, and not passing stools

### What should I do?

- Continue to take your maintenance medicine as prescribed.
- Take note of when symptoms began.
- Keep track of 1) the number of bowel movements per day, 2) how often you pass blood rectally, and 3) severity of abdominal pain.
- Take your temperature to ensure you do not have a fever (a fever is  $> 100$  F).
- Call your team at Portland Gastroenterology: 207-773-7964 – option for Nursing
- Do not write a portal message if you have severe symptoms. These messages are not checked daily.

### What to expect:

- Your team will likely order stool tests to exclude infection (C Difficile) and confirm a flare/inflammation (fecal calprotectin).
- You may be prescribed temporary steroids (oral budesonide, oral prednisone, rectal hydrocortisone, or rectal mesalamine). With steroids, you should expect to improve within several days.
- If you have not had a colonoscopy recently, or have had multiple recent flares, you may be scheduled for a colonoscopy to assess the severity of inflammation in your bowel.
- If you have Crohn's of the small bowel, your team will likely order imaging (CT or MRI) to assess for narrowing (stricture) or blockage. If present, you may need a colonoscopy to dilate (open) the narrowing, or surgery. If you have a complete blockage, you will be directed to the hospital for admission.
- If you have multiple flares in a year, you may have a blood test to check the level of your maintenance medication in your blood.

- If you have multiple flares in a year, your team will discuss changing your maintenance medication to achieve better control and prevent future flares.

### **How do I manage a flare at home?**

- Continue your regular maintenance medicine as prescribed.
- Take the steroids as prescribed.
- Follow a bland diet: lean meat (chicken, turkey, fish), cooked or steamed vegetables, plain cooked pasta/noodles, pureed vegetables or fruits, steamed rice and potato, plain toast without seeds, plain yogurt.
- Avoid the following foods: high fat and greasy foods (“fast foods”), raw vegetables and fruits, beans, cruciferous vegetables, artificial sweeteners/soda, candy.
- Do not drink alcohol.
- Take Sitz Baths if your bottom is sore (soak your bottom in warm water after a bowel movement).
- You may apply a topical ointment (ie Zinc Oxide paste) to your anus if it is irritated.
- Rest.

### **When should I go to the hospital?**

- If you do not improve with steroids, have severe pain, cannot eat and drink to maintain nutrition/hydration, feel dizzy/lightheaded, and/or have fever, your team may recommend you be evaluated by and admitted to the hospital.
- In the hospital, you will receive supportive care (for example: fluids and steroids through an IV), closer monitoring, and additional tests (for example: blood tests, stool test, abdominal imaging, and colonoscopy). Your maintenance medicine may also be changed.

### **How can I prevent a flare?**

- Take your medication as prescribed. Do not miss doses unless explicitly directed to do so.
- Attend your routine follow up visits with our team, even if you are feeling well.
- Avoid tobacco and NSAIDs (ie Advil, Aleve, Motrin, ibuprofen, naproxen).
- Be aware that antibiotics can provoke a flare. Take only if necessary and directed by your health care team.
- Manage stress and achieve adequate sleep.
- Spend time outside.
- Exercise regularly.
- Ensure you have adequate protein in your diet (1-1.5 g of protein per kilogram of weight).
- Avoid ultra processed foods.
- Limit alcohol.