



Crohn's disease: a practical guide

Patient information | Source check: 2026-10-16

Know your disease pattern

Crohn's can occur from mouth to anus, often in the terminal ileum or colon. It may be patchy and involve the whole bowel wall. Complications are possible, but not inevitable.

Why you may need more than one test

Colonoscopy and biopsies assess the colon and usually the last part of the small bowel. Scans can examine other parts of the small bowel and the bowel wall. Poo tests check for infection or measure inflammation. I use these results together to decide what treatment you need.

Treat the cause of symptoms

Inflammation, narrowing, infection or other problems may cause symptoms. Treatment may include medicines, nutrition therapy or surgery. Steroids are short-term treatment. Do not change medicines yourself. Agree monitoring with your GP and IBD service.

Understand surgery and capsules

Surgery can treat damaged bowel but does not cure Crohn's. Recurrence checks remain useful. A camera capsule can get stuck in a narrowing. Obstructive symptoms or known narrowing need imaging before considering a capsule. Established Crohn's also needs patency assessment before camera testing.

Protect nutrition and follow-up

Avoid unnecessary food restriction. Get individual fibre advice for narrowing. Stop smoking with support. Review deficiencies and medicine safety. Colon cancer surveillance depends on colonic disease and individual risk. Follow-up is documented in endoscopy and/or histology reports.

Recognise urgent symptoms

Severe pain, swelling with vomiting or inability to pass wind, heavy bleeding, dehydration, fever with marked illness or painful anal swelling needs urgent assessment. Do not add fibre or laxatives for suspected blockage. Painful red eyes or changed vision also need urgent assessment.

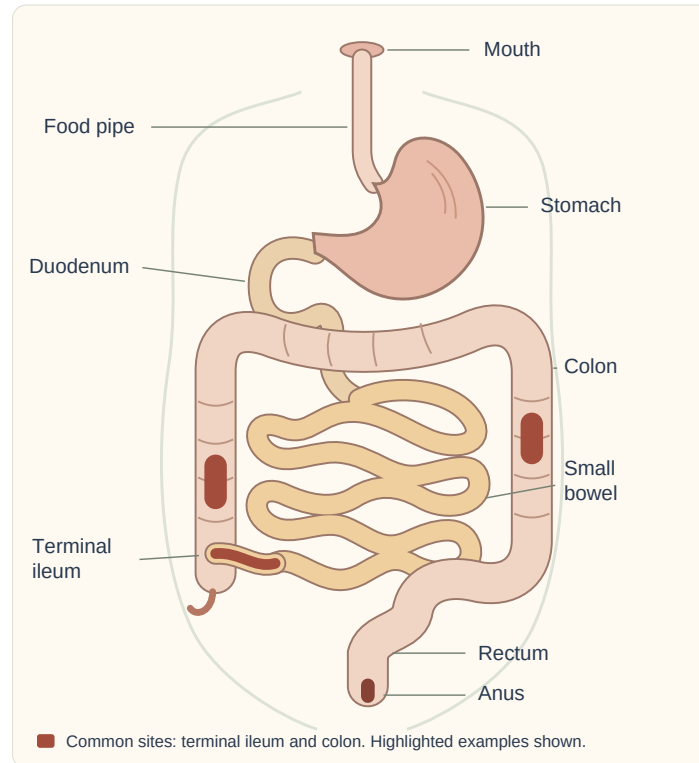
Call 111 if you collapse, have heavy bleeding with faintness or are too unwell to travel safely. Do not wait for a routine appointment or an email reply.





Where and how Crohn's can affect the bowel

From mouth to anus



Crohn's can affect any part of the digestive tract from the mouth to the anus. It most commonly affects the terminal ileum, the end of the small bowel, and/or the colon. The highlighted areas are examples, not a personal result.

Read this illustration alongside the advice in this guide.

