



IBD: your diagnosis and follow-up

Patient information | Source check: 2026-10-16

Understand the name

IBD mainly includes Crohn's disease and ulcerative colitis. These cause bowel inflammation. They are different from IBS. Symptoms can overlap, and IBS-type symptoms can coexist with controlled IBD.

Know where it is

Crohn's can affect mouth to anus, often the terminal ileum or colon, with patchy inflammation that can involve the whole wall. Ulcerative colitis affects the colon and rectum, mainly the lining.

What the tests show

I combine your symptoms, blood and stool tests, endoscopy, biopsies and appropriate imaging. Infection and other conditions can resemble IBD. Calprotectin measures inflammation; FIT measures blood. Neither alone establishes the diagnosis.

Keep taking treatment when you feel well

Treatment aims to control inflammation and improve daily life. Steroids are usually short-term flare treatment. Maintenance medicines help prevent recurrence. Do not stop or change medicines yourself, even when you feel well. Feeling better does not always confirm healing.

Appointments, blood tests and flares

Know which team handles results, medicine monitoring and flares. Review nutrition, vaccinations and pregnancy plans. Colon surveillance depends on your individual risk. Recommended follow-up is documented in the endoscopy and/or histology report after tissue results. Review continues during remission, with tests chosen for your disease pattern.

Recognise worsening symptoms

Contact your GP or IBD team early about a possible flare. Severe pain, repeated vomiting, swelling, heavy bleeding, dehydration or fever with marked illness needs urgent assessment. A painful red eye or changed vision also needs urgent assessment.

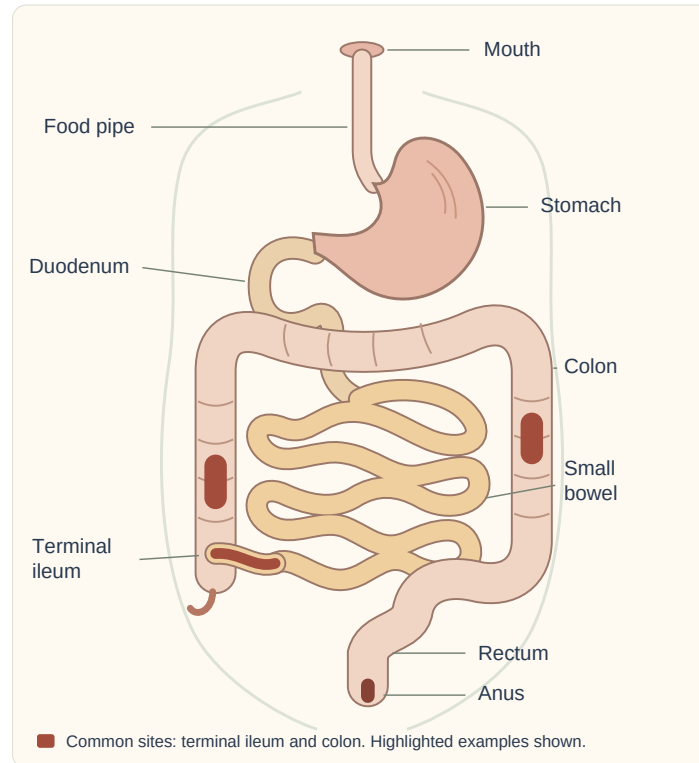
Call 111 if you collapse, have heavy bleeding with faintness or are too unwell to travel safely. Do not wait for a routine appointment or an email reply.





IBD affects different parts and layers of the bowel

Crohn's disease



Crohn's can affect any part of the digestive tract from the mouth to the anus. The terminal ileum, the end of the small bowel, and the colon are common locations, but the stomach and other parts of the small bowel can also be involved.

Read this illustration alongside the advice in this guide.

