

WebMD®

TAKE CONTROL

INFLAMMATORY BOWEL DISEASE

BY THE NUMBERS

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Ulcerative colitis and me

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CARING FOR YOU

Stay on track on the go

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SPRING 2026



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TAKE ONE HOME



SCAN ME

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STATS & FACTS

Reviewed by Neha Pathak, MD,
WebMD Chief Physician Editor

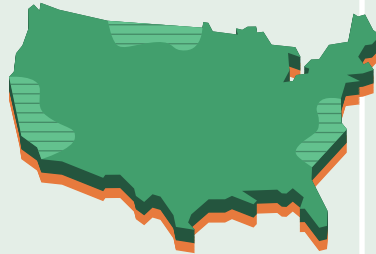
50%

Amount of adults with IBD who fail to meet recommended exercise goals such as 150 minutes of aerobic activity per week and muscle-strengthening twice weekly.



MORE THAN 2 MILLION

Estimated number of people expected to be living with IBD in the U.S. by 2032.



41.4%

Amount of biologic-eligible patients with ulcerative colitis who did not start biologic therapy because they disliked injections or infusions, based on a 2023 U.S. study.

10% to 43%

Amount of people with IBD who may develop eye problems, which makes regular eye checkups essential.



83%

Amount of adults with IBD who said they were interested in behavioral sleep programs such as relaxation, mindfulness, and music, based on a U.S. study.



13%

Amount of risk for developing Crohn's disease among people without IBD who followed a healthy diet and lifestyle, compared with a 16% risk among those who did not.



3.6x

How much more likely adults with ulcerative colitis under high stress will have a flare-up of symptoms such as diarrhea or stomach pain than those with low stress.



SOURCES: World Journal of Gastroenterology, Clinical Gastroenterology and Hepatology, The American Journal of Gastroenterology, Johns Hopkins Medicine, Medscape, CDC, Advances in Therapy

This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

The only gut-focused treatment* for Crohn's and UC that works right where U need it

GUT

➤ Focus U Want

Helps block
inflammation right
where it occurs:
In your gut



*ENTYVIO helps block certain
inflammation-causing cells
from entering the gut

➤ Results U Need

Lasting relief and
steroid-free remission
at 1 year†

Some people
experienced **rapid
symptom relief** as
early as 6 weeks‡

Individual results may vary.

➤ Experience U Expect

More than 10 years
of patient experience

#1 prescribed biologic
for Crohn's and UC
combined‡

2 options for therapy:
ENTYVIO IV and
the **ENTYVIO Pen**§

➤ Support U Deserve

Eligible ENTYVIO
patients may pay as
little as **\$5 per dose**

Growing coverage for
the **ENTYVIO Pen**||

1-on-1 patient support
for ENTYVIO
patients through
EntyvioConnect

†Many patients taking ENTYVIO IV achieved remission at week 52, some without steroids. Some achieved remission at week 6. Remission is a measure to determine when a patient with Crohn's or UC is experiencing few to no symptoms and an improvement in their condition.

‡Quarterly analysis of claims data from June 2022-September 2024.

§The ENTYVIO Pen is an option after at least 2 IV starter doses.

||Coverage of the ENTYVIO Pen as of January 2025.



IMPORTANT SAFETY INFORMATION

• **Do not receive ENTYVIO® if you** have had an allergic reaction to ENTYVIO or any of its ingredients.

• **ENTYVIO may cause serious side effects, including:**

- **Infusion-related and serious allergic reactions** can happen while you are receiving ENTYVIO or several hours after treatment. You may need treatment if you have an allergic reaction. Tell your healthcare provider or get immediate medical help if you get any of these symptoms during or after an infusion of ENTYVIO: rash, itching, swelling of your lips, tongue, throat or face, shortness of breath or trouble breathing, wheezing, dizziness, feeling hot, or palpitations (feel like your heart is racing).
- **Infections.** ENTYVIO may increase your risk of getting a serious infection. Before receiving and during treatment with ENTYVIO, tell your healthcare provider if you think you have an infection or symptoms of an infection, such as fever, chills, muscle aches, cough, shortness of breath, runny nose, sore throat, red or painful skin or sores on your body, tiredness, or pain during urination.
- **Progressive Multifocal Leukoencephalopathy (PML).** People with weakened immune systems can get progressive multifocal leukoencephalopathy (PML) (a rare, serious brain infection caused by a virus). Although unlikely while receiving ENTYVIO, a risk of PML cannot be ruled out. PML can result in death or severe

disability. There is no known treatment, prevention, or cure for PML. Tell your healthcare provider right away if you have any of the following symptoms: confusion or problems thinking, loss of balance, change in the way you walk or talk, decreased strength or weakness on one side of the body, blurred vision, or loss of vision.

- **Liver problems** can happen in people who receive ENTYVIO. Tell your healthcare provider right away if you have any of the following symptoms: tiredness, loss of appetite, pain on the right side of your abdomen, dark urine, or yellowing of the skin and eyes (jaundice).
- **The most common side effects of ENTYVIO include:** common cold, headache, joint pain, nausea, fever, infections of the nose and throat, tiredness, cough, bronchitis, flu, back pain, rash, itching, sinus infection, throat pain, pain in extremities, and with injections under the skin: pain, swelling, itching, hives, bruising, rash, or redness at the injection site. These are not all the possible side effects of ENTYVIO. Call your healthcare provider for medical advice about side effects.
- **Before receiving ENTYVIO, tell your healthcare provider about all of your medical conditions, including if you:** have or think you may have an infection or have infections that keep coming back; have liver problems; have tuberculosis (TB) or have been in close contact with someone with TB; have recently received or are scheduled to receive a vaccine; or if you are pregnant, breastfeeding, plan to become pregnant, or plan to breastfeed.

- **Tell your healthcare provider about all the medicines you take, especially if you take or have recently taken** Tysabri (natalizumab), Tyruko (natalizumab-sztn), a Tumor Necrosis Factor (TNF) blocker medicine, a medicine that weakens your immune system (immunosuppressant), or corticosteroid medicine.

Please see the Important Facts for ENTYVIO on the following page and talk with your healthcare provider.

ENTYVIO is available for: intravenous (IV) infusion: 300 mg vedolizumab.

• **subcutaneous (SC) injection: 108 mg vedolizumab.**

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

What is ENTYVIO (vedolizumab)?

ENTYVIO is a prescription medicine used in adults for the treatment of:

- moderately to severely active ulcerative colitis (UC).
- moderately to severely active Crohn's disease (CD).

It is not known if ENTYVIO is safe and effective in children under 18 years of age.



Scan to discover more at
ENTYVIO.com/gut



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US-VED-3714v1.0 07/25

IMPORTANT FACTS		
ENTYVIO® (en ti’ vee oh) (vedolizumab) for injection, for intravenous use	ENTYVIO® (en ti’ vee oh) (vedolizumab) injection, for subcutaneous use	ENTYVIO® (en ti’ vee oh) PEN (vedolizumab) injection, for subcutaneous use

What is the most important information I should know about ENTYVIO?

ENTYVIO may cause serious side effects, including:

- Infusion-related and serious allergic reactions.** These reactions can happen while you are receiving ENTYVIO or several hours after treatment. You may need treatment if you have an allergic reaction. Tell your healthcare provider or get medical help right away if you get any of these symptoms during or after an infusion of ENTYVIO: rash, itching, swelling of your lips, tongue, throat or face, shortness of breath or trouble breathing, wheezing, dizziness, feeling hot, or palpitations (feel like your heart is racing).
- Infections.** ENTYVIO may increase your risk of getting a serious infection. Before receiving ENTYVIO and during treatment with ENTYVIO, tell your healthcare provider if you think you have an infection or have symptoms of an infection such as fever, chills, muscle aches, cough, shortness of breath, runny nose, sore throat, red or painful skin or sores on your body, tiredness, or pain during urination.
- Progressive Multifocal Leukoencephalopathy (PML).** People with weakened immune systems can get progressive multifocal leukoencephalopathy (PML) (a rare, serious brain infection caused by a virus). Although unlikely while receiving ENTYVIO, a risk of PML cannot be ruled out. PML can result in death or severe disability. There is no known treatment, prevention, or cure for PML. Tell your healthcare provider right away if you have any of the following symptoms: confusion or problems thinking, loss of balance, change in the way you walk or talk, decreased strength or weakness on one side of the body, blurred vision, or loss of vision.
- Liver Problems.** Liver problems can happen in people who receive ENTYVIO. Tell your healthcare provider right away if you have any of the following symptoms: tiredness, loss of appetite, pain on the right side of your stomach (abdomen), dark urine, or yellowing of the skin and eyes (jaundice).

See “**What are the possible side effects of ENTYVIO?**” for more information about side effects.

What is ENTYVIO?

ENTYVIO is a prescription medicine used in adults for the treatment of:

- moderately to severely active ulcerative colitis (UC).
- moderately to severely active Crohn’s disease (CD).

It is not known if ENTYVIO is safe and effective in children under 18 years of age.

Who should not receive ENTYVIO?

Do not receive ENTYVIO if you have had an allergic reaction to ENTYVIO or any of the ingredients in ENTYVIO. See the end of the Medication Guide for a complete list of ingredients in ENTYVIO.

Before receiving ENTYVIO, tell your healthcare provider about all of your medical conditions, including if you:

- have an infection, think you may have an infection or have infections that keep coming back (**see “What is the most important information I should know about ENTYVIO?”**).
- have liver problems.
- have tuberculosis (TB) or have been in close contact with someone with TB.
- have recently received or are scheduled to receive a vaccine. Talk to your healthcare provider about bringing your vaccines up-to-date before starting treatment with ENTYVIO.
- are pregnant or plan to become pregnant. It is not known if ENTYVIO will harm your unborn baby. Tell your healthcare provider right away if you become pregnant while receiving ENTYVIO.
- are breastfeeding or plan to breastfeed. ENTYVIO can pass into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take ENTYVIO.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements.

Especially tell your healthcare provider if you take or have recently taken Tysabri (natalizumab), Tyruko (natalizumab-sztn), a Tumor Necrosis Factor (TNF) blocker medicine, a medicine that weakens your immune system (immunosuppressant), or corticosteroid medicine.

How should I use ENTYVIO?

When given in a vein (intravenously):

- You may receive ENTYVIO through a needle placed in a vein (intravenous infusion) in your arm.
 - ENTYVIO is given to you over a period of about 30 minutes.
 - Your healthcare provider will monitor you during and after the ENTYVIO infusion for side effects to see if you have a reaction to the treatment.

When given under the skin (subcutaneously):

- You may receive ENTYVIO as an injection under your skin (subcutaneous) every 2 weeks. You may receive your first subcutaneous injection after at least 2 intravenous infusions in place of the next scheduled intravenous infusion.
 - See the detailed Instructions for Use that comes with ENTYVIO about the right way to prepare and give ENTYVIO.**
 - ENTYVIO is provided as single-dose prefilled syringe or single-dose prefilled pen (ENTYVIO PEN) for subcutaneous use. Your healthcare provider will prescribe the type that is best for you.
 - If your healthcare provider decides that you or your caregiver can give your injections of ENTYVIO at home, you or your caregiver should be shown the right way to prepare and inject ENTYVIO.
 - Do not inject ENTYVIO until you or your caregiver have been shown the right way by your healthcare provider.
 - Always check the label of your prefilled syringe or prefilled pen to make sure you have the correct medicine before each injection.
 - Do not shake ENTYVIO.
 - ENTYVIO is injected under your skin (subcutaneously) 1 time every 2 weeks.

- Inject ENTYVIO under the skin (subcutaneous injection) in your upper legs (thighs) or stomach area (abdomen). The upper arms may also be used if a caregiver gives the injection.
- Use a different injection site each time you use ENTYVIO.
- Do not give an injection into moles, scars, bruises, or skin that is tender, hard, red, or damaged.
- If you are not able to inject ENTYVIO at your regular scheduled time or you miss a dose of ENTYVIO, inject the dose as soon as possible. Then, inject your next dose every 2 weeks thereafter. If you are not sure when to inject ENTYVIO, call your healthcare provider.
- If you take more ENTYVIO than you were told to take, call your healthcare provider.

What are the possible side effects of ENTYVIO?

ENTYVIO may cause serious side effects, see “**What is the most important information I should know about ENTYVIO?**”

The most common side effects of ENTYVIO include: common cold, headache, joint pain, nausea, fever, infections of the nose and throat, tiredness, cough, bronchitis, flu, back pain, rash, itching, sinus infection, throat pain, pain in extremities, and with injections under the skin: pain, swelling, itching, hives, bruising, rash, or redness at the injection site.

These are not all of the possible side effects of ENTYVIO.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about ENTYVIO

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use ENTYVIO for a condition for which it was not prescribed. Do not give ENTYVIO to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about ENTYVIO that is written for health professionals.

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LIVING WELL WITH IBD

Try these tips to live better

By Sonya Collins

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

You did *not* cause your IBD. Crohn's disease and ulcerative colitis are the result of genetic, immunologic, and environmental factors beyond your control. But you can control how you manage it to reduce flares and improve your quality of life.

"While you can't control having IBD, you absolutely shape your IBD journey," says Jordan E. Axelrad, MD, MPH, a gastroenterologist at NYU Langone Health in New York City and a spokesperson for the American Gastroenterological Association.

EDUCATE YOURSELF

You'll have IBD for the rest of your life, so educate yourself about it. "Well-informed patients are more likely to be engaged in their care, adhere to therapy, and recognize early signs of complications," Axelrad says.

STICK TO YOUR MEDICATIONS

IBD treatment should reduce or eliminate flares and, ideally, put you into remission. "I try to get my patients to the point where they don't have to think about their IBD every single day," says Joanna Melia, MD, a gastroenterologist at Johns Hopkins Medicine in Baltimore. But you'll only achieve remission if you take your medicine. "If you're nonadherent to mesalamines, for example, if that's what you're prescribed, your risk of flare over the next year is approximately 3.65 times that of someone who is adherent."

FIND YOUR CALM

Looking to add a stress-relieving activity to your routine?

Try these:

- + Walks in nature
- + Meetups with friends
- + Nightly "me time" with a book, a warm bath, or a favorite podcast
- + Scheduled time for a hobby
- + Yoga, meditation, or deep breathing





SCAN ME

For more conversation around treatment, read “Breaking the Cycle of IBD Treatment Fatigue.” Use your smartphone camera to activate the QR code.

RECOGNIZE WHAT AFFECTS YOU

Do any of these common trigger foods upset your stomach?

- + Cruciferous veggies, like cabbage and cauliflower
- + Artificial sweeteners
- + Dairy products

PRIORITIZE MENTAL HEALTH AND SLEEP

But don't overlook the importance of mental health.

“Patients with incompletely treated anxiety or depression have an increased risk of a flare,” Melia says. If you're living with untreated anxiety or depression, talk to your doctor. Getting these conditions under control will improve your overall well-being and could improve your IBD.

Stress matters, too. Too much of it can make your symptoms worse, Axelrad says. If you're under a lot of stress, see what you can take off your plate. If a stress-relieving activity isn't already a part of your routine, try to change that.

Finally, there is no mental wellness without proper sleep. “Prioritizing consistent sleep can improve resilience and energy,” Axelrad says. You need both of these to live well with IBD. Sleep may improve disease control, too, he adds. “Disrupted sleep is associated with flares and pain.”

EAT RIGHT

Just like anyone else, people with IBD need a nutritious, balanced diet to stay as healthy as possible and keep their immune system in top form. Some healthy foods may also reduce inflammation while unhealthy ones might add to it. But your gut may not absorb nutrients as well as it should.

“Many patients with IBD experience malnutrition and micronutrient deficiencies,” Axelrad says. But getting enough to eat, he stresses, “improves immune function and overall well-being.”

A healthy diet emphasizes fruits, vegetables, whole grains, and lean protein and avoids processed foods, such as packaged snacks, and saturated fats. If you struggle to eat enough healthy food, ask your doctor for a referral to a dietitian.

NATALIA LEBEDINSKAIA/VIA GETTY IMAGES

WHY MOVEMENT MATTERS

Physical activity should be a key part of your IBD self-care. Find out why.

By Sonya Collins **Reviewed by** Neha Pathak, MD, WebMD Chief Physician Editor

Everyone needs exercise for good health. It keeps your body working as it should. But working up a sweat also has specific benefits for people with IBD.

“Exercise has been shown to improve the immune system and decrease inflammatory mediators, such as the protein TNF-alpha, that can drive inflammation in people with IBD,” says Tanvi Dhere, MD, an associate professor in the Division of Digestive Diseases at Emory University School of Medicine in Atlanta.

Here’s what that means for you.

REGULAR EXERCISE MAY PREVENT FLARES

In some studies, people with IBD who work out are generally less likely to have a flare, or relapse when they’re in remission, than those who don’t.

WORKOUTS WARD OFF FATIGUE

Fatigue, or extreme tiredness, is a top concern for people with IBD. You might think that a sweat session would sap what little bit of energy you have, but that’s not how it works. People with IBD who get regular physical activity, studies show, report less fatigue than those who don’t.

Physical activity directly boosts energy levels, and it also improves sleep, which keeps your energy up, too. Sleep troubles are common in people with IBD, and poor sleep can wreck your mood and increase your stress, which can raise risk for flares.

FEELING THE BURN IS GOOD FOR MUSCLES AND BONES

In addition to its potential to reduce flares and raise energy levels, says Ashwin Ananthakrishnan, MBBS, MPH, director of the Crohn’s and Colitis Center at Massachusetts General Hospital in Boston, “Exercise may improve bone

density, muscle mass, and strength.”

That’s a real reward for people with IBD, since Crohn’s and colitis come with a higher risk for osteoporosis, or brittle bones, and sarcopenia, or muscle weakness and loss of muscle mass. A regular fitness routine can help you keep both of these conditions at bay.

WORKING UP A SWEAT WORKS AGAINST OBESITY

Routine physical activity is key to reaching and maintaining a healthy weight, which comes with multiple benefits for people with IBD.

“Obesity in people with IBD is linked to increased fatigue and pain and poorer clinical outcomes, such as a higher risk of complications like strictures and more frequent

LET’S GO!

Ready to begin a new fitness plan? Here’s a checklist to get you started.

- ☐ Ask your doctor what’s safe and recommended for you.
- ☐ Choose something you’ll enjoy. Swimming? Dancing? Hiking?
- ☐ Put your workout on your calendar.
- ☐ Invite friends—they’ll make it more fun and help you stay committed.
- ☐ Start gradually and build up to 150 minutes a week.



hospitalizations,” Dhere says. “Obesity may also reduce the effectiveness of biologic therapies.”

START FROM WHEREVER YOU ARE

Exercise is not only safe, it’s recommended for your IBD. As long as you’re not actively having severe symptoms that

make it hard to get moving, “exercise doesn’t negatively impact IBD,” Ananthakrishnan says.

There’s no specific activity that helps with IBD the most. Just pick something you enjoy. If you don’t already have a routine, no problem. “Any exercise is better than none,” he says. “Start gradually and ramp up.”

ULCERATIVE COLITIS AND ME

How lifestyle changes changed my outcome for the better

By Kimberly M. Hooks

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

I always say ulcerative colitis (UC) started for me as an adolescent. By the time I was an adult, I realized it wasn't normal. I started to see mucus and blood in my stool sometimes. It took years before I got a referral to see a gastrointestinal specialist who scheduled me for a colonoscopy. I was told I had UC, a chronic illness with no cure. I'd have to take medication for the rest of my life. I was given a pamphlet, and that was really it. I was sent on my way with no other educational resources. Of course, that hit me hard because I was in my 20s. I didn't understand it.

TURNING POINT

My first hospitalization was in 2018. I had a new doctor, and he stopped in the middle of my colonoscopy. He said it looked like my colon was about to rupture. He said I should have been on biologics a long time ago.

At the height of the pandemic in 2020, I had to have emergency surgery. Everything was locked down. I felt alone. When I was released, no one could come to my home. Ironically, that's when it all started to change for me. I found my form of therapy was going on social media, sharing my story. From there, I found community. I was so surprised to see so many other people out there experiencing some of the things that I have. I'm now a social media ambassador for the Crohn's & Colitis Foundation and



KIMBERLY'S TIPS



- + It's OK to prioritize rest.
- + Finding community is a game-changer. Look for people who can relate.
- + This disease can push you to your limits, but there is more to come.

partner with other organizations, too. You can find me at KimberlyMHooks.com.

LIFESTYLE CHANGES

Everyone is different, but for me, it helped to be more conscious of what I was eating. I follow a Mediterranean-inspired diet. Meditation and journaling also help.

It's helpful to find ways to decompress and celebrate. Living with a chronic disease, you will have some barriers. But we can't forget the wins and the good days that we're having.



Ask your healthcare
provider if **ENTYVIO**
or the **ENTYVIO Pen**
may be right for you



Learn more about
ENTYVIO today



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TRAVEL WELL

How to stay on track when you're on the go

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

Traveling when you have IBD may take extra preparation, but it doesn't have to limit your adventures. With a bit of foresight and support from your care team, you can see the world while keeping your condition in check.

Before you go, talk with your gastroenterologist about how your travel plans might affect your IBD routine. Typically, the common challenges fall into three categories: flare-causing foods, bathroom access, and medication management.

PROACTIVE MEDICATION MANAGEMENT

Molly Stone, MD, a gastroenterologist at University of Michigan Health in Ann Arbor, recommends a check-in with your care team to think through potential medication pitfalls.

"Check with your pharmacist before leaving regarding your specific medication to make sure you know the temperature and handling requirements," says Stone.

If your treatment involves infusions, you need to talk to your care team early. "If your travel plans will impact your typical infusion schedule, we need to know so we can make arrangements accordingly," Stone says.

When you fly, keep your medications in your carry-on bag—not your checked bags—and ask your doctor for a travel letter that explains your medical needs.

MEAL PLANNING AND TOILET ACCESS

Diet and bathroom access can be some of the trickiest parts of travel. One way to ease anxiety about flare issues is to look into the restaurant options and menus in advance. Consider carrying



PRETRIP CHECKLIST

Good planning practices at a glance.

- Pack medications in your carry-on (plus extras).
- Bring a doctor's letter and insurance information.
- Keep hydration and snacks handy.
- Know restroom locations (use apps!).
- Stick to familiar foods.
- Build in rest time for you and your gut.



in case you need it,” says Steven Kaiser, MD, a gastroenterologist at Arizona Gastrointestinal Associates in Mesa.

The Crohn’s & Colitis Foundation also offers a database of medical experts you can search (CrohnsColitisFoundation.org/Find-A-Medical-Expert). The International Society of Travel Medicine (ISTM.org) offers a directory of health care professionals with expertise in travel medicine in more than 80 countries. Navigate to their Global Travel Clinic Directory (ISTM.org/Clinic-Directory) to search by country.

You can also reach out to the U.S. Embassy or consulate for a list of doctors who could help you.

DANILOANDJUS/VIA GETTY IMAGES; VECTEZY.COM; AI IMAGE GENERATED BY ADOBE.COM

backup foods, and make sure to talk to your doctor about any prescription or over-the-counter medicine you should keep on hand. (Always check with your doctor before taking nonprescribed medications.)

For restroom access, technology can help. Crohn’s & Colitis Foundation’s “We Can’t Wait” app maps public restrooms wherever you go. The TSA has a downloadable disability card that can help you alert airplane crew when you need to go as well as help you explain why you need to carry certain medications on a plane.

FINDING MEDICAL CARE ELSEWHERE

Sometimes even with planning, flares can require medical attention while you’re away from home.

“Ask your doctor for recommendations—sometimes we can point you to resources in the cities you’ll be visiting, and you can have that information on hand

EAT WELL WITH IBD

Simple swaps can help reduce IBD flares while dining out.

✓ FOODS TO CHOOSE	✗ FOODS TO AVOID
Grilled Chicken	Fried chicken (onion rings, fries)
White Rice	Heavy Curries
Cooked Low-Fiber Veggies	Raw High-Fiber Veggies (salads)
Clear Soups and Broths	Creamy/Cheesy Sauces and Sugary Drinks

This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

**WHEN HELPING PEOPLE WITH IBD,
THERE'S NO SUCH THING AS TMI.**

I'LL GO THERE:

**I'll stand with the Crohn's & Colitis Foundation
to talk openly about IBD.**

**It's time to share our stories
and end the stigma.**

**Tell us how you're
going there.**

LET'S GO THERE.



**CROHN'S & COLITIS
FOUNDATION**

crohnscolitisfoundation.org