



# Travelling with IBD

**Whether you're going on a short trip or you're off on a dream holiday, travelling with the unpredictability of inflammatory bowel disease (IBD) can present special challenges. By planning ahead and knowing how to reduce the chances of encountering problems, you can enjoy your holiday to the fullest extent.**

If you are planning a longer trip, it is a good idea to discuss travel plans with your gastroenterologists or a clinical team. Ask for a written summary of your condition that includes a list of your medications, results of any recent investigations and a management plan that informs you (or another doctor) what to do in the event that you experience a flare.

Always take your doctor's details with you, including contact numbers and email address. If possible, see if your doctor can recommend an appropriate contact (name and phone number) in the area/s that you are visiting.

An online app called 'IBD Passport' is very useful online tool. It has lots of facts

and useful information so that you can organise your trip – from travel insurance to countries that have reciprocal healthcare agreements, info on diet while you are away, vaccinations and many other practical tips. Visit [www.ibdpassport.com](http://www.ibdpassport.com) for more information.

## Insurance

It has been said that 'if you can't afford travel insurance, you can't afford to travel.'

Travel insurance should be arranged before you purchase your tickets. That way, if you become ill prior to departure, your travel insurance should cover any cancellation fees.

Remember that not all countries have a free public health service like New Zealand, and that even for those that do, reciprocal health care arrangements may not be in place. The cost of health care is expensive and people with health conditions that need treatment can be presented with large bills for health care or refused health care if they are unable to guarantee payment.

Unfortunately, access to travel insurance can be problematic for New Zealanders



with a prior medical condition such as IBD. If you already have health insurance, then discussing this with your insurer is a good place to start. At present there are few options for travellers, but CCNZ is in the process of discussing travel insurance with a number of providers and can inform you of your options.

Ideally, travel insurance should include the costs of care but also repatriation to New Zealand in the event of significant illness. If you do become ill during your travels and you want to claim on your insurance, you will need to keep receipts for everything, including such costs as a taxi to the clinic or hospital, etc.

## Immunisation

Depending on where you plan to travel, you may require additional immunisations. This should be discussed with your gastroenterologist and a travel medicine specialist. Your gastroenterologist can discuss the implications of your IBD medications on vaccinations.

For example, some vaccinations involve inoculation with live organisms, and these may not be compatible with some of your IBD medications (particularly immunosuppressant medications).

A travel medicine specialist should be fully informed of all medications that

you are currently receiving and can provide up-to-date requirements for your specific destinations. In extreme cases, if vaccination is not advisable, the travel medicine specialist may suggest you revise your travel plans if the diseases in that country could be serious.

If you are likely to be travelling to regions where immunisations are likely to be required, it can be useful to discuss this with your gastroenterologist early in the course of your disease. This may provide an opportunity to use some vaccines prior to the commencement of immunosuppressant medications such as azathioprine, 6-mercaptopurine, methotrexate, adalimumab or infliximab. Once you are on these medications, you should not receive any 'live' vaccines. There are often alternatives to live vaccines, so you should discuss this with your doctor.

## Travelling and Accommodation

When travelling by air, see if it is possible to request an aisle seat close to the toilets, either when making your reservation or at some point closer to departure. If you have any dietary restrictions, be sure to notify your airline or your travel agent well in advance that you require a special in-flight meal.

Travelling by bus can be more challenging, so it's best to confirm beforehand whether or not the bus has an on-board toilet. If

## Current international travel restrictions relating to hand luggage state that:

**'Containers of liquids, aerosols or gels in your carry-on baggage must be 100 millilitres or less. All containers must be sealed in a transparent, one litre plastic bag. You are allowed only one plastic bag.'**

not, find out how many toilet stops it makes during the journey.

When travelling by car for long distances, you may wish to plan your trip along major routes wherever possible as these are more likely to have a number of toilet facilities. For larger cities, it's often possible to obtain information about toilet locations via the internet.

It's also a good idea to bring a few rolls of toilet paper along with you just in case any of the facilities that you use throughout your trip are out of paper.

If you are planning to travel on a budget or you're going to places that are slightly 'off the beaten track', it might be useful to enquire in advance about the toilet facilities available at your accommodation. Even in major cities it is not unusual for budget hotels and hostels to have shared bathrooms or to have facilities located on a floor other than the one that your room is on.

Some travelling can be tiring. If your IBD might be more likely to flare up if you are tired or stressed, you may want to consider

breaking up long-haul flights with a stopover or generally planning your trip at a leisurely pace.

Patients with active IBD have a slightly increased risk of developing deep vein thrombosis (DVT). This may be exacerbated by periods of immobility, such as airplane and bus travel. People with IBD should follow airplane guidelines to reduce the risk of developing DVT.

## Medications

Take enough medication with you for your entire trip, plus a little bit extra to cover any delays. This should include regular maintenance medications, any medications required for flare-ups and any appliances that you might require during that time. When travelling for longer periods, discuss this with your pharmacist, who may be able to dispense several months of medication at once. Your doctor may be able to prescribe you extra medicines that are just to take in emergencies.

Remember to keep your medications in their original containers and bring along a copy of your prescription or a letter from



**Pack medications in your hand luggage to reduce the risk that they may be lost or delayed in transit.**

your doctor documenting the names of your medications. Pack medications in your hand luggage to reduce the risk that they may be lost or delayed in transit.

If you are travelling with someone else, it might be worth giving them some of the medications to carry, so that if you lose your set, you will still have some left. Note that some non-prescription medications may not be brought into some countries, so it is best to have your doctor list these as well and for you to check any restrictions relating to the country of your destination.

Current international travel restrictions relating to hand luggage state: 'Containers of liquids, aerosols or gels in your carry-on baggage must be 100 millilitres or less. All containers must be sealed in a transparent, one-litre plastic bag. You are allowed only one plastic bag.'

Although prescribed medications are exempt from current hand luggage restrictions, you will need to supply the appropriate documentation as described above.

Should you require any additional prescribed medications while you are away, be aware that you may not be able to get all of your medications in some countries. It's worth checking this out before you go and asking your doctor or travel medicine specialist for the names of any alternative medicines if required. Always travel with the contact information of your doctor

and IBD nurse in case you need to contact them urgently.

It's also a good idea to ask your pharmacist whether any of your medications require special transport or storage requirements. A good example of this is adalimumab (Humira®) which must be kept cool at all times (more information is available at [www.myhumira.com](http://www.myhumira.com) or [www.ownyouribd.co.nz](http://www.ownyouribd.co.nz)). If you have additional questions on the best way to travel with a medication that needs to be refrigerated, talk with your IBD nurse.

Many medications may interact, so if you are planning to take any new medication for travel purposes, it is important that you discuss the use of all medications with your gastroenterologist and travel health specialist.

If you find it harder to remember to take your medication when you are out of your routine, it might be helpful to use the little weekly pill boxes. Then you can easily see when you are forgetting.

## Food and drink

Anyone who travels to an exotic location or developing country is at increased risk of experiencing traveller's diarrhoea (gastroenteritis) – an intestinal infection caused by bacteria, parasites or viruses present in contaminated food or water.

Taking measures to avoid this risk is especially important for people with ulcerative colitis or Crohn's disease in order



Drink only bottled or mineral water, or water that has been boiled or disinfected. Use this water to brush your teeth and prepare food.





not to aggravate an already sensitive gastrointestinal tract.

The rule of thumb when travelling to exotic or developing countries is: "Boil it, peel it or leave it!"

More specifically, some useful advice to follow while travelling is to:

- avoid ice (people often forget that this is frozen local water and can contain organisms, just like the water), fresh juices, iced tea and salads (since they are washed with the local water)
- avoid reheated foods, uncooked foods such as shellfish, and any food from street vendors
- choose only fruit and vegetables that you can peel yourself
- drink only bottled or mineral water, or water that has been boiled or disinfected; use this water to brush your teeth and prepare food
- be careful when consuming dairy products and boil unpasteurised milk
- bear in mind that too much alcohol or spicy food can disturb digestion.

If you are usually careful about what you eat, then it may help to take a supply of stand-by food with you in case you cannot always find suitable food while you are travelling.

## What to do if diarrhoea hits

Despite taking all of the best precautions, some people with IBD will develop gastroenteritis or experience a flare-up while travelling. It is important to identify whether diarrhoea has been caused by an infection or a flare-up of the disease.

Treating infective diarrhoea with the wrong medication, such as corticosteroids, could potentially make the situation worse. Generally speaking, if you are struck by a sudden onset of watery diarrhoea, most often accompanied by nausea, the chances are that you have caught a bug. In this situation, you should drink plenty of fluids. Rehydration formulas may help to restore your electrolytes. At this stage you should not take anti-diarrhoeal medications. The gut is trying to rid itself of infection by irrigating itself.

Anti-diarrhoeal tablets slow the gut down, which causes the bugs to stay in the gastrointestinal tract for longer. Symptoms should settle down within 24-48 hours. If they don't, consult a doctor immediately.

On the other hand, a flare of IBD tends to have a more gradual onset. If you are able to identify that you're experiencing a flare-up, you should follow the management plan recommended by your gastroenterologist.

Should you develop any of the following symptoms whilst travelling you should consult a doctor immediately:

- High fever, shaking and chills.
- Profuse, bloody diarrhoea.
- Severe abdominal pain and/or distension.
- Fainting, dizziness and concentrated or reduced urine

Many doctors recommend that you travel with a course of antibiotics. Antibiotics can be used to treat infection and, in some cases, to treat a flare-up of IBD.

## Other sources of information

Useful websites that you can visit for further information include:

[www.ibdpassport.com](http://www.ibdpassport.com)

[www.ownyouribd.co.nz](http://www.ownyouribd.co.nz)

[www.travel-essentials.co.nz](http://www.travel-essentials.co.nz)

[www.lonelyplanet.com](http://www.lonelyplanet.com)

[www.who.int/health-topics/travel-and-health#tab=tab\\_1](http://www.who.int/health-topics/travel-and-health#tab=tab_1)

[www.cdc.gov](http://www.cdc.gov)

[www.travelclinic.co.nz](http://www.travelclinic.co.nz)

[www.travelhealth.com.au](http://www.travelhealth.com.au)

## Bon Voyage

There is no doubt that IBD poses a number of challenges for anyone wishing to travel. However, the key to success lies in preparation. The advice and recommendations provided here can help ensure that your travels are as enjoyable and event-free as possible. Above all, have a great trip!

