

Keeping records

Keeping your own records is important. For instance, you may be seeing a new specialist or GP. Hospital and GP records can be incomplete, and over time it can be difficult, even for your specialist, to have all your information readily available.

It's useful to have a journal to keep track of the following:

- Your diagnosis: Crohn's disease or ulcerative colitis?
- Where is your disease located? In the colon? Small intestine? Just in the rectum? Left side of your colon?
- When were you diagnosed?
- Have you had surgeries? What surgeries? Dates of your operation(s).
- Previous hospitalisations (reasons for admission, when? where? outcome?)
- Your current medications and dosage. How often do you take each one?
- Medications you have been on in the past and when. Reasons for stopping them (e.g. side effects, they were not working, etc)

- Allergies?
- Foods that aggravate your symptoms.
- Other medical problems (high blood pressure, heart problems, diabetes, etc.)
- When did you last have blood tests checked? Results?
- When was your last colonoscopy? Results?
- Other procedures and X-rays and when? Results?

Tips and advice

Your doctor may ask you to take medication even when you are free of symptoms. It is usually necessary to continue your medications in order to stay in remission.

Talk to your doctor if you have questions about your medications. Do not discontinue them without first having a discussion with your specialist or IBD nurse.

Treatment for a flare-up

You can often identify the start of a flare-up by a change in your symptoms. Some common changes are:

- an increase in the number of bowel motions
- bloody diarrhoea
- feeling an urgent need to defaecate but passing only a small amount of stool
- worsening or new abdominal pain.

If you think you are having a flare-up, contact your GP/hospital specialist or IBD nurse as soon as you can. Treating flare-ups early often leads to better outcomes.



Talk to your doctor if you have questions about your medications.