

## Complications of IBD

This information sheet is for people wanting to learn about the complications of inflammatory bowel disease (IBD).

### Key points

- Inflammation of the gut can lead to different types of damage that need to be treated by medication or surgery.
- Keeping track of your symptoms will help you notice any changes in your health so that you can deal with any complications early.
- The most common types of gut complications caused by Crohn's disease are fistulae and strictures.

### IBD complications that affect the gut

Complications in the gut are usually caused by long-term inflammation. Not everyone will experience these complications but finding them early is important. Always contact your doctor if you notice a change in your symptoms.

#### Fistulae

A fistula is a small tunnel that forms between the intestine and another part of the body. The most common type is a perianal fistula, connecting the gut and skin around the anus. Fistulae are more common in Crohn's than ulcerative colitis.

#### Anal Fissures

Anal fissures are small tears in the lining of the anus. They may cause sharp pain and bleeding when passing stool. They are fairly common in Crohn's disease and rare in ulcerative colitis.

#### Fulminant colitis

Fulminant colitis usually affects people with ulcerative colitis but less than 10% will experience it. It involves severe inflammation of the large intestine which causes it to dilate (widen). This leads to a condition called ileus where the normal movement of the intestine to pass faeces and gas through the gut stops. If the ileus worsens, it can lead to a toxic megacolon which is one of the most serious complications in IBD.

#### Colon cancer

Around 5-8% of people with ulcerative colitis will develop colon cancer compared to the 3-6% of the general population. The risk of colon cancer increases the longer you have IBD and if the inflammation is severe. The link between colon cancer and Crohn's disease is weaker and exists only when the disease is affecting the colon.

## Small intestinal bacterial overgrowth (SIBO)

SIBO involves large amounts of bacteria being present in the small intestine. The bacteria become overachievers in digesting food leading to gas, abdominal pain, bloating, and diarrhoea. SIBO usually occurs in Crohn's disease but may also occur in ulcerative colitis. The condition is often treated successfully with antibiotics.

## Adhesions

Adhesions are scar tissue that sticks the intestine to the abdominal wall, other parts of the intestine, or other organs. They can cause the intestine to twist, creating a blockage. Abdominal surgery is the main cause of adhesions.

## Strictures and fibrosis

A stricture is a narrowing of part of the gut because of scar tissue (fibrosis). If the narrowing becomes severe it can lead to a bowel obstruction. Strictures are more common in Crohn's disease than ulcerative colitis.

## Perforation of the bowel

Perforation of the intestines happens when inflammation is out of control. Inflammation can result in ulcers (sores) forming on the intestines that weaken the intestinal wall and potentially lead to life-threatening infections.

## Stoma

An ostomy is a surgery to create a small opening (stoma) that allows the intestine inside your body to exit through the surface of your belly (abdomen). A bag is then fitted to the stoma to collect waste.

---

## Other conditions connected to IBD

It is not uncommon for people with IBD to experience health complications not only in the gut but also in other areas of the body like the eyes, joints, skin, bones, kidneys and/or liver.

**For detailed information on symptoms and how to treat these complications, visit the Crohn's & Colitis Australia website through the QR code below.**

---

## For help or information

Scan QR code for website:



Use the website search function to find related pages:

- [Surgery](#)
- [Life with a stoma](#)
- [Other conditions connected to IBD](#)

**Phone:** 1800 138 029