



GI DREAM

Gastrointestinal Dietitians
for Research, Education,
Advocacy and Mentoring

Diet for strictures and Crohn's Disease

This dietary resource provides general dietary information for people with IBD. To find an [IBD DIETITIAN](#) for personalised nutrition advice ask your IBD team or visit gidream.org.

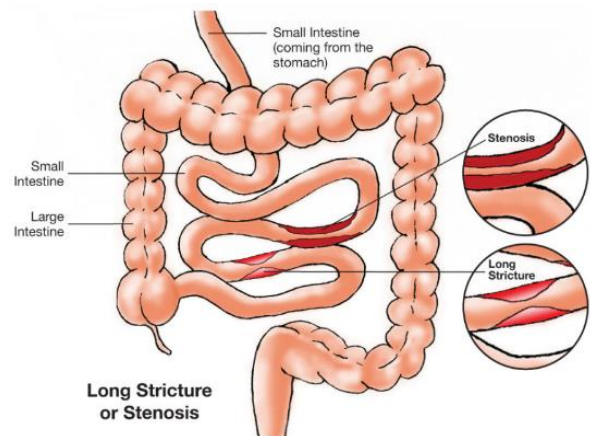
- Strictures are narrowing in the bowel and can be inflammatory or made of scar tissue
- Exclusive enteral nutrition can be used to reduce inflammatory strictures
- A personalised reduced fibre diet may be required to prevent a bowel obstruction whilst also ensuring you are getting enough nutrition

This information is relevant to those people who have intestinal strictures caused by Crohn's disease.

What is a stricture?

An intestinal stricture (or stenosis) is a narrowing of the intestinal lumen (the inside space of the intestine) which can occur in the small or large bowel but are more common in the small bowel.

A stricture may be from swelling caused by inflammation or from scar tissue (fibrosis) caused by long-term inflammation, or both. For people who have had surgery, sometimes narrowing can also occur around where the bowel has been joined back together (the anastomosis).



Risks with a stricture

If strictures are not well treated, it can cause a blockage, called a bowel obstruction.

How do I know if I have a stricture?

It is important to recognise what symptoms may indicate a partial or full bowel obstruction. These symptoms are called obstructive symptoms.

The following symptoms are common obstructive symptoms:

- Abdominal pain, particularly after eating
- Nausea and vomiting
- Inability to pass stools or wind

These symptoms can be similar to your usual symptoms of Crohn's disease. ***It is important that if you think you are having obstructive symptoms that you contact your IBD team or for severe symptoms, present to a hospital emergency department.***

Strictures can be sometimes identified on a colonoscopy, but are usually fully assessed using imaging, such as a CT, MRE or intestinal ultrasound.

Treatment of strictures

Inflammatory strictures: are managed by adjusting your medical therapy to treat the inflammation so that the stricture improves. These treatments often include corticosteroids, some biologic agents or exclusive enteral nutrition (see section below). Your IBD doctor will discuss the best options for you.

Fibrotic strictures: are managed by stretching the stricture with an endoscopic balloon (dilation), via a surgical procedure called a stricturoplasty or through surgery to remove the strictured bowel.

Diets for Strictures

1. Reduced (modified) Fibre Diet

Most commonly, you may be advised to follow a reduced (modified) fibre diet, to reduce the risk of a bowel obstruction. This may be a temporary diet if the stricture is inflammatory and being treated with therapy or if there is planned endoscopic or surgical treatment. These diets may be recommended in the longer-term if the stricture cannot be treated or removed.



A reduced fibre diet must be done in conjunction with [an IBD Dietitian](#) to ensure you are following the diet correctly, you understand different types of fibres to help keep your bowel functioning well and you do not compromise on your nutrition.

Once your strictures have been treated or removed, you are encouraged to have a high fibre, healthy balanced diet. For further information, refer to the [GESA Diet and IBD diet resource](#) or [Eating well with Crohn's disease](#) video.

2. Exclusive Enteral Nutrition

Exclusive enteral nutrition (EEN) involves a strict liquid diet, consuming nutritional supplement drinks in place of food over a 6–8-week period. A course of EEN can reduce inflammation and treat inflammatory strictures. After a course of EEN, an IBD dietitian will discuss with your doctor whether the inflammatory stricture has resolved and advise you how to reintroduce foods. For further information, refer to **GI DREAM EEN** video or **GI DREAM EEN** diet resource.

EEN must be done in conjunction with [an IBD Dietitian](#) to ensure you are following the diet correctly and consuming the required amount to meet your individual nutritional needs and transition you back to solid foods.



Acknowledgements: This resource was developed in 2022 by the DECCAN Education Materials Working Group and reviewed by the GI DREAM Board in line with ECCO Consensus on Dietary Management of IBD (2025). Requests and enquiries about this document should be directed to info@gidream.org or website www.gidream.org. GI DREAM does not take any liability for any injury, loss or damage incurred by the use or reliance on this information. Reviewed August 2025. Date for review August 2027.