



INFORMATION SHEET

TRAVEL AND IBD

“

Living with Crohn's Disease hasn't stopped my love of travelling. I still get away at any opportunity, often last minute! I haven't found that having Crohn's adds much more planning to the travel I've always done before I go away.

”

Kate, age 27
diagnosed with Crohn's Disease in 2005

“

57% of people taking part in the Crohn's and Colitis UK Travel with IBD survey had travelled abroad five or more times in the past five years.

”

Travel with IBD survey, 2017

INTRODUCTION

If you have Crohn's Disease or Ulcerative Colitis, you are probably concerned about the challenges of travelling. A change of climate, water or food can upset anyone's bowels. Yet many people with Inflammatory Bowel Disease travel widely, both in the UK and abroad. They may go for a short break or a long holiday lasting weeks or months. With careful planning ahead it should be possible for you to travel to most places. Before you leave, speak to your doctor about a flare-up plan. This will mean you know what to do if your IBD symptoms worsen while you are away.

This information sheet seeks to answer some of the questions that you may have about going on a trip. It also includes suggestions for people who have a stoma or have had surgery. You will find a **travel tips checklist** on the last page.

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INSURANCE

It is important to arrange travel insurance in case you need medical treatment when abroad. This is particularly the case if you are travelling to countries that don't have healthcare agreements with the UK. For example, costs are high in the USA. For further information, and for a country-by-country guide, see www.nhs.uk/nhsengland/healthcareabroad

For travel to most parts of Europe, you can get a free European Health Insurance Card (EHIC). The card entitles you to reduced-cost or free treatment in most European countries. However, you may still want travel insurance for other potential costs, such as emergency travel back to the UK. When the UK leaves the European Union, it could mean that UK residents will no longer have access to the EHIC scheme. You can check before you travel, and apply for the card online at www.ehic.org.uk or by telephone on **0300 330 1350**.

If you do not mention your IBD when you are arranging an insurance policy, you may find that your cover is invalid or that you have problems should you need to make a claim.

Some insurance companies will expect you to confirm with your doctor that you are fit to travel. It may be more difficult or expensive to get cover if you have had surgery or been admitted into hospital in the last few years. This may also be the case if you are waiting for the results of tests or investigations. In some cases, the insurance company may agree to cover you but exclude any problems related to your IBD. However, if your IBD is under control you may find it relatively easy to take out an insurance policy. You may find it helpful to look at our information sheet **Insurance and IBD**, which gives more details about travel insurance and includes a list of companies suggested by Crohn's and Colitis UK members.

If you become ill during your travels and wish to claim on your insurance, you should keep receipts for everything, including things like taxi fares to hospital.

VACCINATIONS

Vaccinations may be needed or recommended for travel to certain countries. Check with your doctor or travel clinic to find out which vaccines you should have. Be sure to mention your IBD, and provide a list of your medications, including dosages. Some vaccine schedules take time to complete, so you should find out what you may need at least 6-8 weeks in advance.

To find out what vaccinations you may need, you can visit the NHS Fit for Travel website: www.fitfortravel.nhs.uk

It is a good idea to take your vaccination record card with you when you travel. If you are travelling to a country where a yellow fever certificate is required, you must take this with you, or you may be refused entry.

If you are on certain drugs for your IBD, you may find that you cannot have live vaccines. This is because some of the drugs prescribed for IBD can weaken the immune system. These include:

- steroids, such as prednisolone, budesonide and hydrocortisone
- immunosuppressants, such as azathioprine, 6-mercaptopurine and methotrexate
- biologics, such as infliximab (Remicade), adalimumab (Humira), vedolizumab (Entyvio), ustekinumab (Stelara) and golimumab (Simponi)

If you are taking any of these medications, you should seek specialist advice.

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38% of people do not get travel insurance to cover their IBD & 76% have had to pay a premium to cover their IBD.
”

Travel with IBD survey, 2017

“
45% of people with IBD did not seek advice when travelling abroad.
”

Travel with IBD survey, 2017

TRAVEL AND IBD

In the UK, live vaccines include:

- yellow fever
- BCG (tuberculosis)
- oral typhoid
- measles, mumps and rubella (either as individual vaccines, or as the triple MMR vaccine)
- chickenpox (varicella)
- rotavirus (infants only)
- flu nasal spray (children only). The annual flu jab is not a live vaccine and is recommended for people with IBD.

If you are unable to have a yellow fever vaccine and are travelling to a country with a yellow fever vaccination certificate requirement, you can ask your doctor for a medical exemption letter. However, even with such a letter, some countries may refuse entry. If you are travelling to a country where there is a yellow fever risk and you cannot have the vaccination, you may be at risk of acquiring yellow fever. Seek advice from a yellow fever vaccination centre. It may be in your best interests to choose a different destination.

If you have stopped taking a drug that alters your immune system, you may be able to have a live vaccination after waiting 3-6 months, depending on the drug.

Before starting a drug that alters your immune system, talk with your IBD care team about potential travel plans to ensure your travel vaccinations are up to date before your treatment starts.

If you have recently had a live vaccination, it is recommended that you wait at least three weeks before starting a treatment that alters your immune system.

Inactivated vaccines, such as hepatitis A and rabies, contain a killed version of the virus or bacteria. Inactivated vaccines are considered safe, but they may not be as effective when taking drugs that alter your immune system.

MALARIA

If you are travelling to an area with malarial mosquitoes, you may be advised to take an anti-malaria medication. Most tablets have to be started before you travel and continued for up to four weeks after you return. There are a number of different types of anti-malarials, and there may be side effects that could affect your IBD. There can also be adverse interactions between some anti-malarials and some drugs used for IBD. Your doctor or travel clinic can help you decide which anti-malarial tablets are suitable for you.

Mosquito bite avoidance

Preventing mosquito bites is just as important as taking anti-malarial medication. There are many other infections that can be transmitted through mosquito bites, such as dengue fever and zika, which do not have a vaccine or preventative medication.

Different types of mosquitoes transmit different infections – and these bite at different times of day, so protection is recommended at all times. You can help to protect yourself by wearing light-coloured, loose clothing to cover your arms and legs, and using an effective insect repellent, such as one containing DEET (N,N-diethyl-m-toluamide) of at least 20% concentration. Read and follow instructions carefully when applying DEET.

Sunscreen may not be as effective if applied after insect repellent. When you need to use both, apply the sunscreen first.

More information can be found on the NHS Fit for Travel website:
www.fitfortravel.nhs.uk

“
When I go away, I take an up-to-date clinic letter, my insurance details, European health card and copies of prescriptions for my drugs.”
Chris, age 26
diagnosed with Crohn’s Disease in 2013

MEDICAL DOCUMENTS

It may help to have certain medical documents and information with you when you are away. Examples include:

- A letter from your GP or consultant confirming that you are fit to travel. You may have to pay a fee for this.
- A medical summary of your condition, history and any known allergies, as well as a plan for what to do if you have a flare-up. Talk to your doctor about these before you leave. You may want to have the information translated into the language of your destination, particularly if English is not commonly understood. You could try using a phrase book or Google Translate www.translate.google.co.uk to help you.
- A list of your medications, including the generic names of drugs (for example, mesalazine for Asacol or Pentasa) and a photocopy of your prescription.
- A list of key words and phrases about your condition and medication in the local language.
- One of our Crohn’s and Colitis UK ‘Can’t Wait’ cards in the language of your destination. You can call our **Information Line on 0300 222 5700** to request one.
- The details of your doctor and IBD team, including phone numbers and email addresses.
- If possible, the name and contact details of the doctor and clinic you would hope to visit, should you need to. Your doctor or IBD team may be able to help with this, or you may be able to find details of healthcare professionals in your travel destination on the IBD Passport website: www.ibdpassport.com.
- If you use steroids, a steroid card or ‘MedicAlert’ bracelet. If there is an emergency, this alerts the person treating you to your condition and medication. You can obtain a card from any pharmacy or a bracelet from the MedicAlert Foundation on **01908 951045** or at www.medicalert.org.uk. You can also wear a MedicAlert bracelet for other medications.
- A dietary card in various languages, if you are on a restricted diet. See the DietaryCard in **Other organisations**, below, for more details.

MEDICATION

Packing medicines

Try to take enough medication for your whole trip, as well as extra in case of delays, to ensure you do not run out. If your medication requires refrigeration, such as with adalimumab (Humira) and golimumab (Simponi), you could store it in a small cool bag, obtainable from chemists, or in a Frio cooling wallet that works without refrigeration. See **Other organisations** for information about Frio. Note that Humira can be kept at room temperature (25°C) for up to 14 days – but it must be used within the 14 days or thrown away.

Plan ahead if you need to get new supplies of medication while you are away. Take a list of your medications, and consider checking with the relevant pharmaceutical companies about whether your medications are available in the countries you plan to visit. Your IBD team and pharmacists may be able to advise you. If your medication cannot be obtained where you are going, you could ask your doctor for a private prescription and buy extra supplies in the UK from a pharmacy.

You may also want to take a good supply of any over-the-counter medicines you are using. This could include anti-diarrhoeals such as Imodium or Lomotil, anti-spasmodics, such as Buscopan or Colofac, rehydration sachets and painkillers. Anti-diarrhoeals should not be taken if you are having an IBD flare-up.

Taking medicines abroad

If you are travelling abroad, the government advises you to keep your drugs in their original packaging, along with the Patient Information Leaflet, to show at customs. You may also need to show your letter from your GP or consultant, and a copy of your prescription.

You should carry your medication in your hand luggage when flying, in case your baggage is lost. It may also be a good idea to pack a supply of medication and a copy of your prescription in your hold luggage, in case you lose your hand luggage. Hand luggage restrictions mean that if you have more than 100ml of medicine, including liquids, gels, creams or pastes, you will need to show a letter from your doctor or a copy of your prescription.

Before you fly, check with your airline to find out whether there are any other restrictions or rules that will affect travelling with your medications. This may apply if you need to take syringes and needles in either your hand luggage or checked-in bags. You may wish to buy a travel-sized sharps bin. You could then take it to a medical centre with sharps disposal in the country you are visiting, and show them the letter from your doctor or consultant. If it's a short trip, you could bring the syringes back with you in the sharps container and dispose of them in the usual way.

Some countries have restrictions on bringing in drugs for personal use. Check with the embassy of the country you will be visiting to find out whether this applies to your medications. Details of foreign embassies in the UK can be found on the Foreign Office website: www.fco.gov.uk.

You may need a personal licence to take your medicines abroad, as some prescription medicines contain drugs subject to control under the UK's Misuse of Drugs Act. Many medicines prescribed for IBD do not contain controlled drugs. However, some people with IBD may be taking medications such as codeine or morphine that do contain controlled drugs. If you are unsure about whether you need to obtain a licence, contact the Home Office Drugs Branch on **020 7035 6330** or see their website: www.gov.uk/travelling-controlled-drugs. Personal licences are only required if you are leaving the country carrying supplies for 3 months or more. You should apply at least 10 days in advance to ensure that your licence is processed before you leave.

If you are travelling across different time zones, you may wonder about when to take your medication. You may choose to continue taking your medicines at the same time as you have been in the UK. Another option could be to gradually adjust the timing of your medication to the country you will be in, and do the same on the return journey. It might be helpful to set an alarm so you don't forget to take your medication. Your IBD care team or pharmacist can help you plan for this.

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I always make sure I am stocked up with medication before I go away. And I pack my medication with a copy of my prescription in my hand luggage, just in case my cabin luggage were to get lost.

”

Andy, age 37
diagnosed with Colitis in 2007

ENTERAL NUTRITION

If you are on enteral nutrition (liquid diet), a powdered product may be easier to carry and will take up less space in your luggage. However, you will have to get a change of prescription from the liquid to powdered form. When making up the product at your destination, make sure the water is of a sufficiently high quality, or use bottled water.

For advice on transporting either liquid or powdered diets, see the sections **Packing medicines** and **Taking medicines abroad**.

TRANSPORT

Regardless of the mode of transport you use on your trip, there are issues that you may wish to consider.

You can get a RADAR key to open accessible toilets across the UK from Disability Rights UK. A Euro key for toilets for disabled people in Germany, which also works for toilets in some other European countries, can be bought from CBF Darmstadt. For details, see **Other organisations**.

When travelling by bus, train or plane, you may want to check whether there is a toilet on board, and, if possible, book an aisle seat close to it. It may also be helpful to print a copy of your travel details and connections, and bring your own snacks and water.

Travelling by car

If you are travelling by car, you may wish to check the location of toilet facilities when planning your route. Toilets can often be found in tourist information centres, supermarkets and fast food restaurants, as well as service stations. The IBD Passport website www.IBDpassport.com has details of toilet map apps for different countries. Some people carry a travel potty in their vehicle for peace of mind when travelling on long journeys.

If you have a Blue Badge, you can also use it in the European Union (EU). See www.gov.uk for guidance on using a Blue Badge in the EU and the rules for each country.

Travelling by train

If needed, you can usually get extra support when travelling on the train, for example, help with carrying luggage and finding the right platform. Although you can ask for help at the station, it is a good idea to request assistance in advance. If you are travelling in the UK, you can call National Rail on **0800 022 3720**. If you are travelling by Eurostar, you can call **03432 186 186** to arrange additional travel support.

If you receive disability benefits, such as Personal Independence Payments (PIP), you may also be eligible for a Disabled Persons Railcard that gives you discounted rail travel in the UK.

You can find country-specific guides for train travel abroad at www.seat61.com.

Travelling by plane

Airlines and airports have varied provisions for providing care. You should get in touch with your airline at least 48 hours before you fly to let them know your requirements or any additional assistance needed. Your airline may ask you and your doctor to fill out a Medical Information Form (MEDIF) – for example, if you've recently had surgery or suffer from anxiety or depression. A MEDIF is only valid for the flight you are taking and must be completed before you fly.

“
When I go out, I am always thinking ‘where are the nearest toilets?’ If I find out where they are, I can relax a bit more.
”

—
Louise, age 34
diagnosed with Ulcerative Colitis in 2013

“
70% of people with IBD worry about toilet facilities while travelling.
”

—
Travel with IBD survey, 2017

“ 55% of people with IBD would like to be able to fast track security. ”

Travel with IBD survey, 2017

“ I have a stoma, and I find that this means I have to plan travelling. I try to be near the toilet in an aisle seat on planes, find the most direct route where possible and for longer journeys, include a stop-over. These all help me to feel less worried about the journey ahead. ”

Gillian, age 39 diagnosed with Crohn’s Disease in 2002

“ I was going through security in a Polish airport when the guard asked to body search me and my hand luggage. I was a bit apprehensive as it was my first time travelling since my ileostomy surgery. Fortunately, I had a travel leaflet for patients with a stoma, which was translated into many languages. I showed the guard and he took me to a private room and did the necessary checks there. ”

Carl, age 35 diagnosed with Crohn’s Disease in 2015

Some airlines request this information up to 72 hours before a flight. If your condition is relatively stable and you fly regularly, you may be able to get a Frequent Traveller Medical Card (FREMEC) that can be used for multiple journeys.

Many UK airports now offer a lanyard scheme for people with hidden disabilities to discreetly alert staff to their needs. The lanyards are available even if you do not need to use the special assistance service and may give you access to priority lanes at security.

You can usually pre-arrange your in-flight meals for any particular dietary requirements, such as dairy-free or low-fat. Cabin air can be very dry, so drinking plenty of water and avoiding alcohol and caffeine should help to prevent dehydration. If you are going on a long flight, you might want to consider taking an anti-diarrhoeal beforehand. This is not recommended if you are having an IBD flare-up.

TRAVELLING WITH A STOMA

If you have an ileostomy or colostomy, you may have particular concerns about travelling. With careful planning, having a stoma should not prevent you from taking a trip.

It is important to take ample stoma supplies. You are likely to be eating differently, and may have to change your appliance more often than usual, especially in hotter climates. You may need to take more supplies than you think you will use – some people suggest twice as much as normal. You could check whether your supplier delivers abroad. If you are travelling by air, taking your supplies in your hand luggage ensures that you are not without them if your luggage is lost. You may not be able to take scissors in your hand luggage, so make sure to pre-cut your adhesive base plates to size.

Colostomy UK, the IA (The Ileostomy and Internal Pouch Support Group), and some stoma companies provide travel certificates explaining your essential needs in different languages. This can be especially useful when checking in at the airport or going through security. It may be helpful to change or empty your pouch just before you enter security. You shouldn’t be concerned if you are asked to have a whole body scan. The image produced by the scanner will consist of a mannequin-style, or ‘gingerbread man’, diagram and will not contain any recognisable personal features. While the scanner may detect your stoma, airport staff should be trained to recognise this and act sensitively.

Before a long journey, try to avoid food or drink that could cause excessive wind or upset. Pressurised air in the cabin can expand gasses in the body, and there is a slight risk that it may cause more gas in your bag. Some stoma appliances have a filter to enable air to escape and prevent embarrassing odours. If your stoma does not have this, it may be worth contacting your stoma company to see if a filter is available.

Some people prefer to use drainable bags while they are away, as these may be easier to empty, especially if local foods are likely to trigger traveller’s diarrhoea. Ensure you take the usual travel precautions regarding food and water hygiene (see **Preventing traveller’s diarrhoea**).

For detailed information about travelling with a stoma, you can visit the IA or Colostomy UK websites (see **Other organisations**), or speak to your stoma nurse.

TRAVELLING AFTER SURGERY

After any surgery, doctors usually recommend putting off travel until you are able to walk around easily and to sit comfortably for the duration of a journey. Recovery will be different for everyone. This may be after 3-4 weeks, but it could be more or less depending on the type of surgery and your general condition.

If you have had abdominal surgery and intend to drive, you will be advised to wait until you are able to make an emergency stop with confidence. This can take several months. You may not be covered by your car insurance if you drive before you are fully recovered.

Following recent surgery, pressurised cabin air could cause pain and stretch your wound. In line with advice from the UK Civil Aviation Authority, many airlines restrict air travel for up to 10 days after surgery, depending on the type of operation.

You are also at increased risk of deep vein thrombosis after surgery. See the next section for further information.

AVOIDING DEEP VEIN THROMBOSIS (DVT)

DVT or blood clots can be a risk for anyone sitting still on a long journey. Flights lasting over four hours are thought to be more likely to cause blood clots, but long journeys by car, bus or train can also put you at danger. People with IBD have an increased risk of blood clots. You may also be at risk if you have recently had surgery. You can reduce this risk during the journey by:

- wearing loose fitting, comfortable clothing
- drinking plenty of fluids but avoiding alcoholic and caffeinated drinks before and during the journey
- avoiding smoking
- rotating your ankles and flexing your calf muscles regularly
- taking regular deep breaths
- walking at regular intervals around the plane cabin or train, or during stops on bus and car travel
- wearing travel compression socks/stockings – it is vital that they are properly fitted by a doctor or pharmacist

You may want to talk to your IBD team about your risk of developing DVT – and whether you should wear compression stockings or take anti-coagulant medication.

“
My emergency kit is partly for my peace of mind. It makes me feel less nervous knowing that I have everything I need with me.

— Gillian, age 39
diagnosed with Crohn’s Disease in 2002”

EMERGENCY TRAVEL KIT

You may find it helpful to pack an ‘emergency travel kit’ containing everything needed to clean up in case you have an accident. This could contain:

- a supply of pads, pants, alcohol-free wet wipes, tissues, sanitary disposal bags for soiled pants, disposable gloves and an antibacterial handwash
- a small mirror (useful to check that you are clean)
- a couple of clothes pegs to keep your clothes out of the way if you need both hands to get clean

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- an aerosol neutraliser to disguise odour
- if you are prone to sore skin, a cream such as zinc and castor oil
- a toilet roll and a change of clothes

If you are travelling by air, the kit can be packed in your hand luggage. If you have neutraliser spray in an aerosol canister, check with the airline whether you can take it on board.

ACCOMMODATION

You may wish to ensure that any accommodation you are booking has an en-suite toilet. Your travel agent should know, or it may be worth contacting the place you are staying and asking for written confirmation. Information about accommodation for people with medical needs or disabilities is available from various organisations, such as Tourism for All, Contact and Disability Rights UK (see **Other organisations**).

If your medication needs to be kept in the fridge, call ahead to check that you'll have access to one where you're staying.

Some people worry about having an 'accident' when away from home. You could take a towel or disposable bed pad to put under you while you sleep. You might also find it helpful to check on laundry arrangements beforehand. If you need to do your own washing, it can be useful to take travel wash, a folding coat hanger, a portable washing line and a few pegs.

TRAVELLER'S DIARRHOEA

Risk of developing traveller's diarrhoea

Traveller's diarrhoea is defined as three or more loose stools in a 24-hour period, often accompanied by other symptoms, including stomach cramps, fever and vomiting. It is usually caused by bacteria, parasites or viruses in contaminated food and water. Anyone travelling abroad is at risk of getting this, especially in less developed countries. Having IBD shouldn't make you more likely to get traveller's diarrhoea. If you are taking drugs that weaken your immune system you may experience more severe traveller's diarrhoea (see the **Vaccinations** section for a list of drugs). Everyone should be careful about what they eat and drink while travelling.

Preventing traveller's diarrhoea

The following tips may help you reduce the risk of developing traveller's diarrhoea:

- Wash your hands with soap, and dry by air or on a clean towel before eating. You could carry a supply of anti-bacterial wipes or hand gel for places without washing facilities.
- Drink bottled water (ensuring the seal is not broken) or water that has been boiled. It is worth bearing in mind that you will need to boil the water for longer if you are at high altitude. Sterilising tablets, if used correctly, are an alternative way of purifying water. You may wish to carry a supply of them, as they kill most bacteria.
- Exercise caution with fresh fruit juices and ice cream because the water used to make them may not be safe.
- Use bottled or sterilised water to clean your teeth and when preparing food.
- Avoid ice in drinks unless you are sure it is made with safe water.
- Peel all fruits and eggshells yourself. This includes tomatoes.

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66% of people with IBD had an alteration in bowel symptoms whilst abroad.

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Travel with IBD survey, 2017

“ Always carry a sick bag, painkillers and change of bottoms. Travelling makes your body even more sensitive and unpredictable. ”

— Anne-Marie, age 37 diagnosed with Crohn’s Disease in 1990

- Avoid unpasteurised dairy products.
- Avoid raw vegetables and salads, and foods that may be undercooked, such as steaks and burgers, and foods that have been kept warm.
- If using street vendors and kiosks, ensure food is cooked fresh and served immediately while still hot.
- Avoid shellfish as these can easily be contaminated.
- Avoid swallowing water while swimming.

For more information on food hygiene and purifying water, visit the NHS Fit for Travel website: www.fitfortravel.nhs.uk.

Treating traveller’s diarrhoea

The symptoms of traveller’s diarrhoea can be similar to those of IBD. However, traveller’s diarrhoea often passes within four days. Drinking plenty of liquids replaces the fluids lost by diarrhoea, and prevents dehydration, but be careful of ice-cold, alcoholic, caffeinated or citrus drinks, which can aggravate diarrhoea. Rehydration drinks, which can be bought from pharmacies in small sachets, may also be used.

As you improve, you should try to eat small, light meals. It may help to eat bland food, such as bananas, plain toast, boiled rice, soup, chicken and potatoes.

Rest should help you feel better. If you have to keep travelling, you could take an anti-diarrhoeal to help stop the symptoms. However, this is not recommended if you have a flare-up of your IBD, or if you’re suffering from a fever or bloody diarrhoea.

Bloody diarrhoea could either be caused by an IBD flare-up, or a bacterial infection that needs treatment with antibiotics. For such an infection, UK doctors generally recommend taking a course of antibiotics, such as ciprofloxacin, or, if you’re travelling to South Asia or South East Asia, azithromycin .

Talk to your doctor if you feel that you might be at risk of developing traveller’s diarrhoea – and whether it may be helpful to take a course of antibiotics with you to use if necessary.

For more suggestions on how to cope with diarrhoea, see our information sheet **Diarrhoea and Constipation**.

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DEHYDRATION

In hot weather, if you have had diarrhoea, or if you’re more active than you usually are, you will need to take care not to become dehydrated. Symptoms of dehydration include thirst, a dry mouth, headaches, dark-coloured urine and tiredness. It helps to avoid strenuous exercise during the hottest hours and to drink plenty of non-alcoholic liquids. At least 8-10 average glasses a day are recommended in the UK, with more in hotter climates and when sweating. You can find more information on how to avoid and treat dehydration in our **Dehydration** information sheet.

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SUN EXPOSURE

While it is important for everyone to protect themselves from the effects of the sun, you will need to take even more care if you are on immunosuppressive drug treatments for your IBD.

These include:

- adalimumab (Humira)
- azathioprine and mercaptopurine
- ciprofloxacin
- golimumab (Simponi)
- infliximab (Remicade)
- methotrexate

These treatments make your skin more sensitive to sun damage, and may increase the risk of skin cancer. You should use a high skin protection factor sunscreen (SPF 30 or above, with a 4- or 5-star rating that protects against UVA and UVB), avoid being in the sun between 11am and 3pm, stay in the shade and cover up as much as possible with clothing and a wide-brimmed hat.

STAYING WELL ON HOLIDAY

Travelling can be demanding on anyone whether or not you have IBD. Some people will find a change in routine or diet, dealing with jet lag or just being in unfamiliar places stressful. For others, stress may come from the excitement of being in a new place and wanting to see and do everything. There may be the temptation to do too much or to eat and drink things you wouldn't normally have. While you should make the most of your trip, it's important to know your limits. Don't be afraid to slow down and take time out when you need it. You may find it helpful to continue doing whatever you do to relax, maintain your exercise routine and generally follow your diet plan. Try to get enough sleep each night – and take a nap during the day if you need it.

Simply taking the time to plan ahead may help you to feel prepared and reduce stress. Research your destination and get familiar with how you'll be travelling and where you'll be staying. Speak to your doctor about your travel plans and discuss your most pressing concerns and symptoms. Your doctor can help you decide what medication to take with you, plan what to do in case of a flare-up, and advise on how to best make the most of your time away.

You might find it helpful to read our publications **Fatigue and IBD**, **Food and IBD** and **Living with IBD**.

HELP AND SUPPORT FROM CROHN'S AND COLITIS UK

We offer more than 45 publications on many aspects of Crohn's Disease, Ulcerative Colitis and other forms of Inflammatory Bowel Disease. You may be interested in our comprehensive booklets on each disease, and other topics such as **Food and IBD**. We also publish information sheets on a wide range of topics, from individual medicines to coping with symptoms and concerns about relationships, school and employment.

All publications are available to download from www.crohnsandcolitis.org.uk. The complete list is here: www.crohnsandcolitis.org.uk/about-inflammatorybowel-disease/quick-list.

Health professionals can order some publications in bulk by using our online ordering system, available from the webpage above.

“ The most important thing for me has been learning how to make sure I was prepared with everything I might need, without being daunted by all the ‘what ifs.’ ”

Kate, age 27 diagnosed with Crohn's Disease in 2005

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If you would like a printed copy of a booklet or information sheet, please contact our helpline.

Our helpline is a confidential service providing information and support to anyone affected by Inflammatory Bowel Disease.

Our team can:

- help you understand more about IBD, diagnosis and treatment options
- provide information to help you to live well with your condition
- help you understand and access disability benefits
- be there to listen if you need someone to talk to put you in touch with a trained support volunteer who has a personal experience of IBD

Call us on **0300 222 5700** or email **info@crohnsandcolitis.org.uk**

See our website for LiveChat: **www.crohnsandcolitis.org.uk/livechat**

Crohn's and Colitis UK Forum

This closed-group community on Facebook is for everyone affected by IBD. You can share your experiences and receive support from others at:

www.facebook.com/groups/CCUKforum

OTHER ORGANISATIONS

ABTA – The Association of British Travel Agents

ABTA Ltd, 30 Park Street, London SE1 9EQ

0203 117 0599

www.abta.com

Useful travel information and specific advice for disabled travellers.

CBF Darmstadt

www.cbf-da.de

Euro Key for purchase.

Colostomy UK

Enterprise House, 95 London Street, Reading, Berkshire, RG1 4QA

0800 328 4257

www.colostomyuk.org

Contact

209-211 City Road, London EC1V 1JN

Helpline: 0808 808 3555

www.contact.org.uk

Information about holidays and accommodation for families with disabled children.

European Health Insurance Card: Automated Application Service

0300 330 1350

www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/

Department for Transport

Department for Transport, Great Minster House, 33 Horseferry Road, London SW1P 4DR

0300 330 3000

www.dft.gov.uk

DPTAC – Disabled Persons Transport Advisory Committee

Email: DPTAC.Enquiries@dft.gsi.gov.uk

www.gov.uk/government/organisations/disabled-persons-transport-advisory-committee

DietaryCard

3 Inchcross Drive, Bathgate, West Lothian EH48 2HD
01506 635358
www.dietarycard.com

Disability Rights UK

Ground Floor, CAN Mezzanine, 49-51 East Road, London, N1 6AH
www.disabilityrightsuk.org
RADAR keys for purchase.

EFCCA – European Federation of Crohn’s & Ulcerative Colitis Associations

www.efcca.org

Foreign & Commonwealth Office

0207 008 1500
www.fco.gov.uk

Frio UK Ltd

Whiteleys, Little Treffegarne, Haverfordwest, SA62 5DY
01437 741700
www.friouk.com
Supplies medication-cooling wallets and travel-sized sharps bins.

Home Office Drugs Branch

020 7035 6330
www.homeoffice.gov.uk/drugs/licensing
Information on controlled drugs, licenses for taking medicines abroad and embassy contact details.

IA (The Ileostomy and Internal Pouch Support Group)

Danehurst Court, 35 - 37 West Street, Rochford, Essex, SS4 1BE
0800 018 4724 (freephone) or
01702 549859
www.iasupport.org

IBD Passport

Email: info@ibdpassport.com
www.ibdpassport.com
One stop travel advice and information for people with IBD.

The Man in Seat Sixty-One

www.seat61.com
Country-specific guides for travelling by train abroad.

MedicAlert Foundation

327 Upper Fourth Street, Milton Keynes, MK9 1EH
01908 951045
www.medicalert.org.uk

National Travel Health Network and Centre

www.nathnac.org
Information on health and travel abroad.

NHS fitfortravel

www.fitfortravel.nhs.uk
Provides health advice for travellers on a range of topics.

NHS Healthcare Abroad

www.nhs.uk/nhsengland/Healthcareabroad
Provides information on medical care abroad.

PIE Enterprises

20 Ropemaker Street, London, EC2Y 9AR
0207 952 0450
www.thepieguide.com

Website for people with restricted mobility that sells maps with information such as parking for Blue Badges.

Public Health England

www.gov.uk/government/organisations/public-health-england
A government agency to protect and improve the nation's health and wellbeing, and address health inequalities. It produces guidelines for travellers from the UK, such as prevention of malaria.

Tourism for All

7A Pixel Mill, 44 Appleby Road, Kendal, Cumbria, LA9 6ES
0845 124 9971
www.tourismforall.org.uk

World Health Organisation

www.who.int
Directing and coordinating authority for health within the United Nations system.



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Next planned review - 2020



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We hope that you have found this leaflet helpful and relevant. If you would like more information about the sources of evidence on which it is based, or details of any conflicts of interest, or if you have any comments or suggestions for improvements, please email the Publications Team at publications@crohnsandcolitis.org.uk. You can also write to us at Crohn's and Colitis UK, 45 Grosvenor Road, St Albans, AL1 3AW or contact us through the **Information Line: 0300 222 5700**.

ABOUT CROHN'S & COLITIS UK

We are a national charity established in 1979. Our aim is to improve life for anyone affected by Inflammatory Bowel Disease. We have over 35,000 members and 50 Local Networks throughout the UK. Membership costs start from £15 per year with concessionary rates for anyone experiencing financial hardship or on a low income.

This publication is available free of charge, but we would not be able to do this without our supporters and members. Please consider making a donation or becoming a member of Crohn's and Colitis UK. To find out how call **01727 734465** or visit www.crohnsandcolitis.org.uk

We are ambitious. We are compassionate. We are stronger together.



TRAVEL TIPS CHECKLIST

	Find out about insurance, vaccinations and malaria tablets before you book your holiday.
	Obtain an EHIC card for travel in Europe.
	Plan ahead so you can take enough medicines/medical supplies to cover the whole time you will be away plus any possible delays. Double your supply if possible.
	Check whether you need an import/export drug licence.
	Get a copy of your prescription.
	Ask your doctor for a medical summary, flare-up plan and, if necessary, get a translation into the local language(s).
	Take details of your own doctor and IBD team, including phone numbers and email addresses.
	Find out details of doctors in the places you will be staying (check the IBD Passport website).
	Get a foreign language 'Can't Wait' card (contact our Information Line for more details).
	Check availability of toilet facilities on transport you will be using and, where possible, book a seat near the toilet.
	If flying, inform the airline of any special dietary requirements.
	Pack your medication, any medical supplies and your 'emergency travel kit' in your hand luggage and check with the airline for any product restrictions.
	If you have a stoma, get a travel certificate from Colostomy UK or the Ileostomy and Internal Pouch Support Group (IA) and check whether supplies can be delivered to your destination.
	Contact your hotel about en-suite toilets and laundry facilities, and any dietary requirements.
	Recognise that travelling can be stressful. Research your destination so you know what to expect and plan in some periods of down time.
	Just before you travel, be sure to eat foods that are unlikely to cause upset. Ensure you follow good standards of food and water hygiene while away.
	Relax and enjoy your trip!