



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

INTRODUCTION

If you have Crohn's Disease or Ulcerative Colitis (the two main forms of Inflammatory Bowel Disease or IBD) you may find the thought of travelling daunting. A change of climate, water, or food can upset anyone's bowels. Yet many people with IBD travel widely, both in the UK and abroad. They may go for a short break or a long holiday lasting several 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 sets out to answer some of the questions that you may have when thinking about going on holiday or on a business trip. It also includes suggestions for people who have a stoma or have had surgery. See page 11 for a summary checklist.

INSURANCE

If you need medical treatment when abroad, there are many countries where you would have to pay for it, so it is usually a good idea to arrange travel insurance to cover healthcare costs. This is particularly the case if you are travelling to countries that do not have healthcare agreements with the UK. For example, costs are very high in the USA. For further information, see NHS Healthcare Abroad in **Other organisations**.

For travel to most parts of Europe you can get a free European Health Insurance Card (EHIC). This card entitles you to reduced-cost or free treatment in most European countries. However, you may not wish to rely on this alone, because it does not help you get home, or cover your family's expenses. For further details, see European Health Insurance Card in **Other organisations**.

It is usually worth mentioning your IBD to the insurance company when you are arranging your policy. If you do not, you may find that your insurance is invalid or that you have problems should you need to make a claim. You may find that some insurance companies will not cover a pre-existing condition such as IBD. Or, you might have to confirm that you are not travelling against your doctor's advice in order to obtain cover.

It may be more difficult to obtain insurance if you have recently had or are awaiting surgery, have been admitted into hospital within the last year, or are waiting for the results of tests. 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 insurance companies suggested by Crohn's and Colitis UK members. It is available on our website or from our Information Line.

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If you do become ill during your travels and you wish to claim on your insurance, you will need to keep receipts for everything, such as taxi fares to hospital.

VACCINATION

Vaccinations may be needed or recommended for travel to certain countries. Check with your doctor which vaccinations you should have. Some need to be taken two or three months before travel so it is worth finding out several months in advance.

For more information, you could check with your travel agent or visit the NHS Fit for Travel website (see **Other organisations**).

When packing for your trip, it is a good idea to take your vaccination certificate with you as some countries will check it at customs, and may refuse entry to people who have not had the correct vaccinations.

If you are on certain drugs for your IBD, you may find that you cannot have some vaccinations. This is because some of the drugs prescribed for IBD can weaken the immune system. These include steroids, immunosuppressants (such as azathioprine, 6-mercaptopurine and methotrexate) and biologics (such as infliximab and adalimumab). If you are on any of these medications, you should avoid live vaccinations, including yellow fever.

You may find it helpful when travelling to have a medical exemption letter from your doctor stating why you cannot have the vaccination. However, even with such a letter, some countries may not be able to admit you without a yellow fever vaccination. Also, if you are travelling from a country where there is a yellow fever risk and you have not had the vaccination, immigration officials are legally entitled to quarantine you. For more information on which countries carry risk of yellow fever, visit the World Health Organisation website (see **Other organisations**).

If you have stopped taking immunosuppressants you may be able to have a live vaccination after waiting 3 months, depending on which drug you have been taking.

If you have recently had a live vaccination and you are about to start immunosuppressants, it is recommended that you wait at least 3 weeks before starting your treatment.

Standard vaccines, such as Hepatitis A or B, and 'inactivated' vaccinations such as polio and typhoid are considered safe, but they may not be as effective when taking immunosuppressant drugs.

Talk with your IBD Team about the exact timings of immunosuppressant treatment and vaccinations.

MALARIA

If you are travelling to an area with malarial mosquitoes, you are advised to take an anti-malaria medication. Most tablets have to be started a week or more before travel and continued for four weeks after return. Like any medication, there may be side-effects when taking anti-malarials, and these may affect your IBD. There can also be adverse interactions between some anti-malarials and some immunosuppressant drugs for IBD. You may wish to discuss with your specialist which anti-malarial tablets are suitable for you.

Preventing mosquito bites is just as important as taking the medication. Mosquitoes bite particularly between dusk and dawn, although in some areas, they may bite during the day so it is worth considering protection 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 (diethyltoluamide) of at least 20% concentration. Sunscreen may not be as effective if applied after insect repellent, so, when you need to wear both, it is always a good idea to apply the sunscreen first. More information can be found on the National Travel Health Network and Centre (NaTHNaC) website and in the Public Health England Guidelines on malaria prevention (see **Other organisations**).

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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.

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Chris, age 26
diagnosed with Crohn’s Disease in 2013

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MEDICAL DOCUMENTS

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

- A letter from your GP or Consultant confirming that you are fit to travel.
- A medical summary of your condition, history and any known allergies, as well as a plan for a flare-up, should one happen. Talk to your doctor about these before you leave. You may like to get the medical summary translated into the language of your destination, particularly if English is not commonly understood in your destination country.
- A list of your medications, including the generic names of drugs (for example, mesalazine for Asacol and Pentasa) and a copy of your prescription.
- A list of key words and phrases about your condition and medication in the local language.
- One of our ‘Can’t Wait’ cards in the language of your destination. You can call our Information Line for details about this.
- The details of your own doctor and IBD team, including the phone number and email address – as a precaution.
- If possible, the name and contact details of the doctor you would hope to visit, should you need to. You may be able to find details of healthcare professionals on the IBD Passport website (see **Other organisations**).
- If you are on steroids, a steroid card or ‘MedicAlert’ bracelet. If there is an emergency, this alerts the person attending you of your condition and medication. You can obtain a card from any pharmacy or a bracelet from the MedicAlert Foundation. See **Other organisations** for further information.
- If you are on a restricted diet, dietary cards in various languages. See the DietaryCard organisation in **Other organisations** for more details.

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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.

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Andy, age 37
diagnosed with Colitis in 2007

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MEDICATION

Packing medicines

If possible, 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 has to be kept refrigerated, 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**).

When going away for some time, you may need to get new supplies of your medication while you are away. If you can, try to plan for this. As well as taking a full list of your medications, you could also check with the relevant pharmaceutical company whether your medications are likely to be easily available in the countries you plan to visit. If your medication cannot be obtained where you are going, then you could ask your doctor for a private prescription, and purchase extra supplies in the UK from a pharmacy.

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You may also want to take a good supply of any over-the-counter medicines you are using, such as anti-diarrhoeals (eg Imodium, Lomotil), anti-spasmodics, (eg Buscopan, Colofac) rehydration sachets (eg Dioralyte, Electrolate, Rehidrat) and pain killers (eg paracetamol). However, anti-diarrhoeals are not recommended if you are having a flare-up of your IBD.

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 customs your letter from your GP or Consultant.

Storing your medication in your hand luggage when flying will help if your baggage is lost. Hand luggage restrictions mean that if you have more than 100ml of medicine in your hand luggage you will need to show a letter from your doctor stating your medical need. You may need to check with your airline before you fly whether there are any other restrictions or rules which will affect travelling with your medications. This will particularly apply if you need to take syringes in either your hand luggage or checked-in bags. You may wish to consider purchasing a travel sized Sharps bin for disposal once you arrive at your destination.

You could then take it to a local medical centre with Sharps disposal, and show them the letter from your doctor or consultant to dispose of them. If it is a short trip, you may wish to bring the syringes back with you in the Sharps container, and dispose of them in the usual way once you are home.

Some countries have restrictions on bringing in drugs for personal use. You can check with the embassy of the country you will be visiting whether this applies to your medications. Details of embassies can be found on the Foreign Commonwealth Office website (see **Other organisations**).

You may need a personal licence to take your medicines abroad, as some prescription medicines contain drugs subject to control under the Misuse of Drugs legislation. Many medicines prescribed specifically for IBD do not contain controlled drugs. However some people with IBD may be taking other medications such as codeine or morphine both of which do contain controlled drugs. If you are unsure about whether you need to obtain a licence, contact the Home Office Drugs Branch (see details in **Other organisations**). Personal licences are only required if you are leaving the country carrying supplies for 3 months or more. You may need to apply at least 10 days in advance to ensure it is processed before you leave.

If you are travelling across different time zones you may wonder about the timing of your medication. Your specialist may be able to advise you. Some people split the difference between the time they would have taken it in the UK and the time at their destination. You could then gradually adjust the timing of your medication to the country you will be in, and do the same on the return journey.

ENTERAL NUTRITION

If you are on enteral nutrition (liquid diet) you may find it useful to obtain a powdered product instead of the liquid if possible. This is 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.

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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.

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Louise, age 34
diagnosed with Ulcerative Colitis in 2013

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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.

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

TRANSPORT

You may be travelling on holiday via car, bus, train, ferry or aeroplane. Whichever way you are travelling, there are issues that you may wish to consider.

If you are travelling by car, you may wish to check the location of accessible toilet facilities when planning your route. They can often be found in places such as Tourist Information Centres, supermarkets, and fast food restaurants, as well as service stations. The IBD Passport website has details of toilet map apps for different countries (see **Other organisations**).

You can get a key for UK toilets for disabled people from Disability Rights UK. A Euro key for toilets for disabled people in Germany and some other European countries can be bought from CBF Darmstadt. For details about both of these organisations, see **Other organisations**.

When travelling by bus, train, or aeroplane, it may be worth checking whether there is an accessible toilet on board, and, if possible, booking a seat close to it.

If you are flying, 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. But these are not recommended if you are having a flare-up of your IBD.

TRAVELLING WITH A STOMA

If you have an ileostomy or colostomy you may have particular concerns about travelling. However, with careful planning, having a stoma should not stop you from going away.

It is important to take ample stoma supplies. You are likely to be eating differently and you 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, as some companies offer this service. If you are travelling by air, taking your supplies in your hand luggage ensures that you are not without them should your luggage go missing.

For detailed information about travelling with a stoma you can contact the IA (The Ileostomy and Internal Pouch Support Group) or the Colostomy Association (see **Other organisations**), or you could speak to your stoma nurse. For travel abroad, both the Colostomy Association, the IA and some stoma companies provide Travel Certificates explaining your essential needs in many different languages. This can be especially useful when checking in at the airport or going through airport security.

TRAVELLING AFTER SURGERY

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

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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, and this can take several months. Your car insurance may not cover you if you drive before you are fully recovered.

If you are travelling by air, you may be affected by the pressurised cabin air, which expands the gases in your body. Following recent surgery, this could cause you 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 surgery.

Some stoma appliances have a filter to enable air to escape and prevent embarrassing odours, which may help when flying. If your stoma does not have this, it may be worth contacting your stoma company to see if it is available.

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

AVOIDING DEEP VEIN THROMBOSIS (DVT)

DVT or blood clots can be a risk for anyone sitting still on a long journey. Long haul flights lasting over 4 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 had recent 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 carriage or during stops on bus and car travel
- Wearing travel compression socks/stockings – it is vital that they are properly fitted.

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

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
- an aerosol neutraliser to disguise odour
- if you are prone to sore skin, include 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 a neutraliser spray in an aerosol canister, check with the airline that you can take it on board.

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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

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ACCOMMODATION

You may wish to ensure that any accommodation you are booking has an en-suite bathroom. Your travel agent should know, or it may be worth contacting the hotel yourself, 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-a-family and Disability Rights UK (see **Other organisations**).

Some people worry about having an ‘accident’ when staying away from home. You could take a towel to put under you in bed or request a mattress cover. 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 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. But having IBD may mean you have to be particularly careful about food hygiene and what you eat and drink.

Preventing traveller’s diarrhoea

The following tips might help you to 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 disposable wipes for places without washing facilities.
- Peel all fruits and eggshells yourself. This includes tomatoes.
- Avoid food from street vendors and kiosks, and any food likely to have been exposed to flies.
- 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.
- Avoid shellfish as these can easily be contaminated.
- 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 travelling 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.
- 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.
- Avoid swallowing water while swimming.

For more information on food hygiene and purifying water, visit the NHS Fit for Travel website (see **Other organisations**).

Treating traveller’s diarrhoea

The symptoms of traveller’s diarrhoea are very 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.

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As you improve it may help to eat bland food, such as bananas, plain toast, boiled rice, soup, chicken and potatoes. You may wish to avoid products containing milk, even several days after recovery, as some people can get temporary lactose intolerance.

Rest should help you to feel better. If you have to keep travelling, you could take an anti-diarrhoeal to help stop the symptoms. However, these are not recommended if you have a flare-up of your IBD.

Bloody diarrhoea could either be caused by a flare-up of your IBD, or a bacterial infection which needs treatment with antibiotics. For such an infection, UK doctors generally recommend taking a course of antibiotics, such as ciprofloxacin for at least five days. If amoebiasis (a parasitic infection) is suspected or confirmed, metronidazole (Flagyl) may be prescribed.

Talk to your doctor if you feel that you might be at risk of traveller's diarrhoea or developing such an infection. Check what you should do when you are away if you develop a fever or any other symptoms associated with your IBD, and if you should take a course of these antibiotics with you on your trip.

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

DEHYDRATION

In hot weather, or if you have had diarrhoea, 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). More information on how to avoid and treat dehydration is given in our leaflet, **Dehydration**.

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 azathioprine, mercaptopurine and methotrexate, any of which will 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).

HELP AND SUPPORT FROM CROHN'S AND COLITIS UK

All our information sheets and booklets are available to download from our website: **www.crohnsandcolitis.org.uk**. For a printed copy, please contact our information line.

Crohn's and Colitis UK Information Line: 0300 222 5700: Open Monday to Friday, 9 am to 5 pm, except Thursday open 9 am to 1 pm, and excluding English bank holidays. An answer phone and call back service operates outside these hours. You can also contact the service by email **info@crohnsandcolitis.org.uk** or letter (addressed to our St Albans office). Trained Information Officers provide callers with clear and balanced information on a wide range of issues relating to IBD.

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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'.

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—
Kate, age 27

diagnosed with Crohn's Disease in 2005

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Crohn's and Colitis Support: 0121 7379 931

Open Monday to Friday, 1 pm to 3.30 pm and 6.30 pm to 9 pm, excluding English bank holidays. This is a confidential, supportive listening service, which is provided by trained volunteers and available to anyone affected by IBD. These volunteers are skilled in providing emotional support to anyone who needs a safe place to talk about living with IBD.

OTHER ORGANISATIONS

ABTA – The Association of British Travel Agents

ABTA Ltd, 30 Park Street, London SE1 9EQ
0203 117 0599

Website: www.abta.com/home

Useful travel information and specific advice for disabled travellers.

CBF Darmstadt

Website: www.cbf-da.de

Euro Key for purchase.

Colostomy Association

Enterprise House, 95 London Street, Reading, Berkshire, RG1 4QA
0800 328 4257

Website: www.colostomyassociation.org.uk

Contact a family

209-211 City Road, London EC1V 1JN

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Information about holidays and accommodation for families with disabled children.

European Health Insurance Card: Automated Application Service

0300 330 1350

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

Department for Transport

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

0300 330 3000

Website: www.dft.gov.uk

DPTAC – Disabled Persons Transport Advisory Committee

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

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

DietaryCard

3 Inchcross Drive, Bathgate,

West Lothian EH48 2HD

01506 635358

Website: www.dietarycard.com

Disability Rights UK

Ground Floor, CAN Mezzanine, 49-51 East Road, London, N1 6AH

Website: www.disabilityrightsuk.org

Disability Rights UK was formed by the unification of RADAR, Disability Alliance, and National Centre for Independent Living. RADAR keys for purchase.

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

www.efcca.org

Foreign & Commonwealth Office

0207 008 1500
Website: www.fco.gov.uk

Frio UK Ltd

Whiteleys, Little Treffegarne, Haverfordwest, SA62 5DY
01437 741700
Website: www.friouk.com
Supplies medication cooling wallets.

Home Office Drugs Branch

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

IA (The Ileostomy and Internal Pouch Support Group)

Pevehill House, 1-5 Mill Road, Ballyclare, Co Antrim, BT39 9DR
0800 018 4724 (freephone) or
028 9334 4043
Website: www.iasupport.org

IBD Passport

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

MedicAlert Foundation

327-329 Witan Court, Upper Fourth Street, Milton Keynes, MK9 1EH
01908 951045
Website: www.medicalert.org.uk

Medical Advisory Service for Travellers Abroad (MASTA)

Website: www.masta-travel-health.com/
Creates personal health briefs based on health risks as well as vaccination requirements for travel around the world.

National Travel Health Network and Centre

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

NHS fitfortravel

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

NHS Healthcare Abroad

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

PIE Enterprises

Caledonia House, 223 Pentonville Road London N1 9NG
0844 847 0875 or 0844 847 0876
Website: www.thepieguide.com/
Website for people with restricted mobility selling specialised maps showing information such as public toilets.

Public Health England

Website: 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. They produce 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
Website: www.tourismforall.org.uk

World Health Organisation

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

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CHECKLIST BEFORE TRAVELLING

- Find out about insurance, vaccinations and malaria before you book your holiday.
- Obtain an EHIC card for travel in Europe.
- Get a copy of your prescription.
- Take enough medicines/medical supplies to cover the whole time you will be away and any possible delays.
- Check whether you need an import/export drug licence.
- 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 number and email address.
- Find out details of doctors in the places you will be staying.
- Obtain a RADAR key (or overseas equivalent).
- Get a foreign language 'Can't Wait' card(s) if necessary (contact our Information Line for more details). Contact your hotel about en-suite and laundry facilities and any dietary requirements.
- 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, for foreign travel get a Travel Certificate from the Colostomy Association or the Ileostomy and Internal Pouch Support Group (IA) and check whether supplies can be delivered to your destination.

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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 Diseases. We have over 28,000 members and 50 Local groups 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

