

DIGESTIVE HEALTHCARE OF GEORGIA

Patient Education: Crohn's Disease

Understanding Crohn's disease, how it is diagnosed, treatment options, and what to do next

What is Crohn's disease?

Crohn's disease is a chronic inflammatory bowel disease (IBD). It can cause inflammation anywhere in the digestive tract—from the mouth to the anus—but often affects the small intestine and the beginning of the large intestine. Inflammation may involve deeper layers of the bowel wall. The location and pattern of disease differ from person to person. [1]

Crohn's disease often has periods when symptoms flare and periods when symptoms improve or disappear. These quieter periods are called **remission**. Treatment aims to control inflammation, prevent complications, and maintain remission—not simply to mask symptoms. [1, 4]

The exact cause is not known. Immune-system activity, genes, environmental factors, and the gut microbiome may all play a role. Crohn's disease is not caused by a single food or personal choice, and it is not contagious. Cigarette smoking can increase the risk of Crohn's disease and is an important factor to discuss with your care team. [2]

What symptoms can Crohn's disease cause?

Symptoms vary according to where inflammation is located and how active it is. Common symptoms include:

- Diarrhea
- Abdominal cramping or pain
- Unintended weight loss
- Fatigue or fever
- Reduced appetite, nausea, or vomiting
- Anemia, which may cause weakness or shortness of breath

Some people also develop symptoms outside the digestive tract, such as joint pain, eye irritation, or skin changes. Crohn's disease can cause complications such as narrowing or blockage of the bowel, abnormal tunnels called fistulas, or pockets of infection called abscesses. [2, 3]

How do clinicians find Crohn's disease?

There is **no single test** that diagnoses Crohn's disease in every person. A gastroenterology provider considers your symptoms, medical and family history, examination, and test results. Testing also helps identify where inflammation is located, how active it is, and whether another condition could be causing similar symptoms. [3]

Your evaluation may include:

- **Blood tests** to look for anemia, inflammation, or other health effects.
- **Stool tests** to look for intestinal inflammation and check for infections that can cause similar symptoms.
- **Colonoscopy with biopsies** to examine the colon and the end of the small intestine and collect small tissue samples.
- **Imaging**, such as MRI or CT enterography, to examine areas of the small intestine or look for complications. Intestinal ultrasound may also be used in some settings.
- **Other tests**, such as upper endoscopy or capsule endoscopy, when your symptoms or earlier test results suggest they may help.

The tests recommended depend on your symptoms and health history. Your care team will explain how to prepare for any procedure. [3, 5]

How is Crohn's disease treated?

Treatment is individualized. It depends on disease location, severity, complications, previous treatments, test results, and your health goals. Medicines may reduce inflammation and help bring about and maintain remission. **Crohn's disease currently has no medication that cures it.** [4, 5]

Treatment may include:

- **Anti-inflammatory or immune-targeting medicines.** Options may include biologic medicines, immunomodulators, or other targeted medicines. The 2025 ACG guideline supports choosing therapy based on the person's disease and cautions against requiring every patient to fail older conventional medicines before appropriate advanced treatment is considered. [5]
- **Corticosteroids for selected situations.** Steroids may be used for a short time to control a flare, but are generally not used as long-term maintenance treatment because of potential side effects. [4]
- **Nutrition support.** A balanced diet is a reasonable goal, but no one diet works for everyone with Crohn's disease. Some people need help identifying foods that worsen symptoms or addressing weight loss or nutrient deficiencies. A clinician or registered dietitian can help. Do not begin a highly restrictive diet or supplements without discussing them with your care team. [4, 6]
- **Surgery for certain complications.** Surgery may be needed for a blockage, fistula, abscess, or inflammation that is not controlled with medicines. Surgery can treat complications, but Crohn's disease can return in other areas, so follow-up care remains important. [4, 5]

Your clinician may also recommend monitoring symptoms and inflammation over time with appointments, blood or stool tests, imaging, or endoscopy. If Crohn's disease affects the colon, ask your provider about the timing of colonoscopy for colorectal cancer screening. The schedule depends on your disease history and other risk factors. [1, 5]

What are the next steps?

If you have symptoms or are awaiting an evaluation:

1. Arrange an appointment with a gastroenterology provider, especially for persistent diarrhea, abdominal pain, blood in the stool, unexplained weight loss, or fatigue.
2. Write down when symptoms began, how often they occur, what seems to worsen them, and any changes in your bowel habits or weight.

3. Bring a list of your medicines, vitamins, and supplements, along with relevant test results and information about family members with Crohn's disease, ulcerative colitis, or colorectal cancer.
4. Ask what tests are recommended, what each test can show, and when you should expect results.

If you have already been diagnosed:

- Take medicines as prescribed and contact your provider before stopping or changing them.
- Keep follow-up appointments and complete recommended monitoring, even if you feel well.
- Ask your provider before taking over-the-counter pain or diarrhea medicines, anti-inflammatory medicines, or supplements.
- Discuss nutrition, smoking cessation, vaccinations, medication risks, and colorectal cancer screening as part of your care plan.
- Contact your care team if symptoms worsen or your treatment is not working as expected.

When to seek urgent care

Contact your clinician promptly for worsening abdominal pain, persistent fever, increasing diarrhea, blood in your stool, inability to keep fluids down, or signs of dehydration.

Call 911 or go to an emergency department for severe or rapidly worsening abdominal pain, a swollen abdomen with repeated vomiting or inability to pass stool or gas, fainting, confusion, severe weakness, or heavy bleeding. These can be signs of a serious complication.

Make an appointment

Call Digestive Healthcare of Georgia to set up an appointment with one of our providers. Call **(404) 355-3200** and ask to schedule with the office serving your area. The practice has multiple Georgia locations; staff can help direct your appointment request. [7]

Sources

[1] National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). *Definition & Facts for Crohn's Disease*. Last reviewed July 2024.

<https://www.niddk.nih.gov/health-information/digestive-diseases/crohns-disease/definition-facts>

[2] NIDDK. *Symptoms & Causes of Crohn's Disease*. Last reviewed July 2024.

<https://www.niddk.nih.gov/health-information/digestive-diseases/crohns-disease/symptoms-causes>

[3] NIDDK. *Diagnosis of Crohn's Disease*. Last reviewed July 2024.

<https://www.niddk.nih.gov/health-information/digestive-diseases/crohns-disease/diagnosis>

[4] NIDDK. *Treatment for Crohn's Disease*. Last reviewed July 2024.

<https://www.niddk.nih.gov/health-information/digestive-diseases/crohns-disease/treatment>

[5] Lichtenstein GR, Loftus EV Jr, Isaacs KL, et al. *ACG Clinical Guideline: Management of Crohn's Disease in Adults*. American Journal of Gastroenterology. 2025;120(6):1225–1264. ACG guideline highlights:

https://gi.org/wp-content/uploads/2018/04/ACG_CrohnsHighlight2025.pdf

[6] NIDDK. *Eating, Diet, & Nutrition for Crohn's Disease*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/crohns-disease/eating-diet-nutrition>

[7] Digestive Healthcare of Georgia. *Contacts & Locations*.

<https://digestivehealthcare.net/contact-locations/>

This handout is for general education and does not replace medical advice, diagnosis, or treatment. Your provider can recommend care based on your individual symptoms and health history.