

Travel and IBD

You may find the thought of traveling daunting when you have inflammatory bowel disease (IBD). With careful planning, it should be possible for you to travel safely to most places for both short and long holidays.

Travel can be an important part of your life for work or leisure. With the right planning and preparation, you should be able to travel safely to most destinations. It is important, however, to inform your GP and IBD team about any travel plans **at least 6-8 weeks** in advance, so that arrangements regarding health insurance, vaccinations, and medications can be made. If you are planning a trip to resource-limited countries, it is important to discuss your plans with your IBD team before booking your flights. You may also find websites such as the “[IBD Passport](#)” helpful in the lead up to your trip.

Health insurance

Check if you are covered by health insurance in the country of your travel, and if not, consider taking out a health insurance policy in case of emergencies. It is important to ensure your plan covers potential emergency medical treatment, general medical assistance, evacuation back to Australia, as well as any patient transport within and out of your destination. To find out whether the country you are visiting supports publicly funded health care as part of the reciprocal health care agreement, visit the [Services Australia website](#).

We recommend you have the contacts of any local emergency medical services and your travel insurer and to visit the [Australian Government’s travel website](#) for more information. You can call the Australian Government’s 24-hour consular emergency centre on + 61 2 6261 3305 for guidance about local hospitals and English-speaking medical services overseas.



Vaccination

You may need specific vaccinations before travelling to certain countries. It is important to talk to your GP or IBD team about your travel plans at least 6-8 weeks prior to travel, as certain vaccines need to be given well in advance. We recommend attending a travel clinic to help you understand this in more detail. See our separate [Vaccinations and IBD information sheet](#) for more information and visit the Department of Health website for the [general information for yellow fever](#), which may be mandatory prior to trips to certain countries.

Medications and appliances

Try to pack enough medication for your entire trip, plus more in case of delays. Your doctor will be able to help you get larger amounts of your IBD medications dispensed from the pharmacy for longer trips. Other medications that may be useful to take include anti-diarrhoeals (loperamide, colestyramine), anti-spasmodics (Buscopan), and painkillers for symptom management.

It is important to discuss with your IBD clinician the possibility of having a spare prescription for antibiotics or corticosteroids in case you experience a flare whilst overseas and are not able to access medical services

quickly. We suggest that you discuss which symptoms constitute a flare and clarify when you should be resorting to taking emergency steroids.

If your medication requires refrigeration, you can store these in cooler bags. Ask your IBD team about obtaining some of these (some pharmaceutical companies supply patients with these). Remember that some medications may be stable out of the fridge for different durations, so make sure to note the timeframe for all your medications. Carry your medication in your cabin luggage when you fly, in case your baggage is lost or misplaced.

If you have a stoma, you may need to pack extra appliances or different types of appliances to make plane travel more comfortable. Please discuss this with your stomal therapy nurse or supplier in advance. If you have recently had surgery, it is recommended to hold off on travel until you have recovered well. Please discuss this with your surgeon.

Airlines

It is suggested that you contact your chosen airline(s) regarding policies about medication and equipment that you may need to transport with you on your trip. It is important to clarify what is permissible as carry-on and checked-in luggage with each individual airline you are travelling with on every leg of your trip so that these essentials remain in your possession.



Medical documents

It may help to have certain documents while you are away. These include a vaccination card, letter from your doctor summarising your disease and treatment, the dates and names of any surgeries (and operation report if

you are able to obtain it), a list of all your medication and doses and contact details for your IBD team. You should also consider specific documents such as 'fitness to fly', a letter requesting exemption to allow you to carry your injections, needles and medication on board and a copy of your latest prescriptions.

Risk of blood clots or deep vein thrombosis (DVT)

Blood clots are a risk for anyone who is travelling long distances or immobilised for a prolonged time. Usually, these clots develop in the leg (deep vein thrombosis, DVT), causing pain in the calves or swelling in the legs. A clot can travel to the lungs (pulmonary embolus, PE), causing chest pain, shortness of breath, light-headedness, or very rarely, death. The risk is greater if you have had recent surgery (especially within 6 weeks of travel) or are currently undergoing a flare of your symptoms. Your risk of DVT may reduce if you take regular fluids (apart from caffeine or alcohol) to keep well-hydrated, avoid smoking, exercise your calves, walk at regular intervals around the cabin, use compression stockings or sometimes blood thinning medications. Speak to your IBD team about how your risk of blood clots may be reduced.

Sun exposure

Certain medications increase your skin sensitivity, making you more prone to sun damage and some skin cancers. These include azathioprine, mercaptopurine, methotrexate, infliximab, golimumab and adalimumab. It is universally recommended to use a sunscreen with high SPF (30 or higher) and reapply it frequently, reduce sun exposure at peak UV index times, as well as covering up with clothing and wearing a hat to avoid sun damage.

Preventing and managing worsening symptoms while on holiday

Some patients with IBD may experience worsening symptoms while on holiday. These can be due to infections such as gastroenteritis or food poisoning, or due to a flare of the underlying IBD.

You may reduce the risk of infections by taking precautions with food and drink, especially in resource-

limited countries where tap water or food may be contaminated:

- Please refer to the [Centers for Disease Control and Prevention website](#), select your destination, and scroll to the “Eat and Drink Safely” section for further information in your chosen destination
- Ensuring clean water is available for:
 - Drinking including for all mixed drinks or juices
 - Washing other food items
 - Personal hygiene such as brushing your teeth

If there is concern about any of these, it is preferable to use bottled or boiled water.

- Avoid potentially contaminated foods like raw vegetables and salads, fresh fruit juices, ice in drinks (the water may not be safe), undercooked meats and shellfish.

If you do become unwell with vomiting and diarrhoea:

- Maintain hydration with regular intake of bottled or boiled water and electrolyte solution if available
- Take some rest
- Monitor your symptoms.

An infection should usually get better within 2-3 days. However, if symptoms persist, worsen or you develop fevers or bloody diarrhoea, you should:

- Seek medical attention as you may need:
 - A course of antibiotics like ciprofloxacin or azithromycin
 - A course of steroids (e.g. prednisolone) if a flare of IBD is suspected
 - Further investigations or treatment
- Contact your IBD team in Australia if you are able to.

Traveling with a stoma

Having a stoma does not prevent you from travelling, however it is advisable to discuss your plans with your IBD team including your surgeon and stoma therapy nurse. They will help ensure you are well-equipped and prepared for any flights and locations you may visit. It is also especially important to discuss what to look out for when caring for your stoma away from home and to ensure that you are always well-hydrated should you also

experience an episode of gastroenteritis. For more information, view the information developed by the [Australian Association of Stomal Therapy Nurses](#).

Toilet planning

Access to toilets may vary in different locations. Ask your IBD team about any toilet access cards which you can be issued or register for the “[Can’t Wait Card](#)”.

If you have a smartphone, you can type in the names of the following applications into your app search box and download these for a map of toilets throughout your travels. These may help locate a toilet nearby when needed:

- Get Flushd
- The toilet finder
- The WC finder
- Sit or Squat
- Where to wee
- IPeeAddress.

Alternatively, refer to the links below.

Other general planning

You may find it useful to pack a travel kit which includes spare clothes, toilet paper, wet wipes, antibacterial hand gel, sickness bag, zinc cream and electrolyte solution or tablets, and possibly some antibiotics or supply of steroid medication.

Useful resources

- For the latest information and advice from the Australian government on overseas travel, visit: <https://www.smarttraveller.gov.au/>
- For further practical information for travelling with IBD, you can check out this resource by a UK-based registered non-profit charity: <https://www.ibdpassport.com/travelling-with-ibd>
- For additional tips on travelling with a stoma, please see: <https://stomalthrapy.au/patient-education-pamphlets-2/>
- For useful toilet-finding websites, containing links to smartphone apps, go to: <http://getflushd.com/>

Acknowledgements:

This resource was developed in 2021 by the **GESA IBD Patient Information Materials Working Group** that included the following health professionals:

Mayur Garg (Chair, Gastroenterologist)	Sam Costello (Gastroenterologist)	Katherine Healy (Senior Gastrointestinal Dietitian)	Meera Rajendran (IBD Pharmacist)
Aysha Al-Ani (Gastroenterologist)	Basil D'Souza (Colorectal Surgeon)	Simon Knowles (Specialist Gastrointestinal Psychologist)	Clarissa Rentsch (IBD Pharmacist)
George Alex (Gastroenterologist - Paediatric)	Alice Day (Senior Gastrointestinal Dietitian)	Taryn Lores (Health Psychologist)	Sally Stockbridge (CCA Consumer Representative)
Vinna An (Colorectal Surgeon)	Kevin Greene (Consumer Representative)	Raphael Lubner (Gastroenterologist)	Julie Weldon (CCA Consumer Representative)
Jakob Begun (Gastroenterologist)	Geoff Haar (IBD Pharmacist)	Antonina Mikocka-Walus (Specialist Gastrointestinal Psychologist)	Charys Winter (IBD Clinical Nurse Consultant)
Maryjane Betlehem (Stomal Therapy Nurse)	Emma Halmos (Senior Gastrointestinal Dietitian)	Marion O'Connor (IBD Clinical Nurse Consultant)	
Robert Bryant (Gastroenterologist)	Tim Hanrahan (Gastroenterology Trainee)		
Britt Christensen (Gastroenterologist)	Heidi Harris (IBD Clinical Nurse Consultant)		
Rosemary Clerehan (Educational Linguist)			
Susan Connor (Gastroenterologist)			

The development of this resource was led and funded by GESA, independent from pharmaceutical or device companies. It is possible that the above listed contributors have received funding from pharmaceutical or device companies in a different capacity.

Requests and enquiries concerning reproduction and rights should be addressed to: Gastroenterological Society of Australia (GESA)
Level 3 517 Flinders Lane Melbourne VIC 3000 | Phone: 1300 766 176 | email: gesa@gesa.org.au | Website: <http://www.gesa.org.au>

This document has been prepared by the Gastroenterological Society of Australia and every care has been taken in its development. The Gastroenterological Society of Australia and other compilers of this document do not accept any liability for any injury, loss or damage incurred by use of or reliance on the information. This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use, or use within your organisation. Apart from any use as permitted under the Copyright Act 1968, all other rights are reserved. © 2021 Gastroenterological Society of Australia ABN 44 001 171 115.