Understanding medication

Many IBD patients will have taken medication at some point to ease their symptoms, but it's not always clear how the drugs work and why they may not. In this article, Elaine Paton, Senior Prescribing Adviser at NHS Greater Glasgow and Clyde, provides much-needed insight.



If you live with a stoma, you may be prescribed different types of medicines. These are usually to treat and manage different conditions and not all of them will be related to managing your stoma. However, you should be aware that many medicines have the potential to affect your stoma output as well as managing the condition for which they are being prescribed.

Only a small number of medicines are prescribed just to help manage your stoma, such as:

- Antimotility drugs (like loperamide) to reduce diarrhoea or high stoma output.
- Painkillers (analgesics).
- Medicines that reduce stomach acid.



It is really important that you continue to take your medicine as prescribed. If you have any unpleasant or unacceptable side effects, please discuss these with your GP, consultant or pharmacist.

Medical conditions which may lead to an ileostomy

Several medical conditions can lead to someone needing an ileostomy. These are often related to bowel disease or may occur after severe injury or trauma to the abdomen.

If a person has bowel disease which has worsened or is at risk of causing further complications, they may need surgery to create a stoma. Even after this surgery, they will still need to continue taking their usual medicines to manage their underlying condition.

Other conditions, such as bowel cancer can also result in an ileostomy. People will still require appropriate treatment both before and after their stoma surgery to help treat the cancer.

Drug absorption

Having a stoma can affect how well your body absorbs medicines. This impact is greater if you have a shortened bowel, but anyone with a changed or compromised digestive system may be affected. The amount that medicines are absorbed in the body can vary person to person and depends on factors such as:

- How much intestine is left to absorb medicines.
- Which part of the bowel has been removed
- How quickly the stomach empties.
- How fast food and medicines move through the gut.

People with an ileostomy should **avoid enteric coated tablets** (which is used to prevent

faster breakdown of medicines by the body). This is because the bowel is too short for these tablets to release enough medicine as they move through the bowel, meaning they may not work properly.

Modified release medicines, which release the medicine slowly over time, are also not suitable for people with an ileostomy.



You also may notice capsule casings inside the ileostomy bag. This is normal; the capsule will have released the drug into your body, but the physical casing has not been broken down fully and can pass into the bag.

To improve absorption, your healthcare team may recommend uncoated tablets, liquids, or soluble medicines. In some cases, they may increase the dose to make sure you receive the right amount of medication.

Medicines used in managing stomas

Diarrhoea

The most commonly used drug for diarrhoea is called **loperamide**. Diarrhoea is very common in people with a shorter bowel because there is less space to absorb nutrients and water.

Another common drug used to prevent diarrhoea is **codeine phosphate**. Both loperamide and codeine can cause constipation because they reduce the amount of water and sodium in the stool.

Co-phenotrope is also used to prevent diarrhoea but is used less often as it can cause more side effects than loperamide.

Some people may be prescribed **colestyramine**. This drug binds to bile salts and stops them from being reabsorbed, which reduces the risk of diarrhoea. However, it is only suitable in specific cases and depends on the person's bowel health and type of stoma.

Managing pain

Paracetamol is often sufficient to manage any pain caused by your stoma. This is a non-opioid analgesic, which means it does not contain any opioids.



Opioid analgesics such as **codeine** or **morphine** can cause constipation in anyone. For people with a stoma, this can cause extra complications and should only be used after discussion with your clinical team.

If you need an anti-inflammatory drug (e.g. **aspirin, ibuprofen** or **naproxen**), you should check your stoma output for any signs of blood. These medicines can increase the risk of bleeding.

Reducing stomach acid production

Stomach acid is needed to help break down food so your body can digest and absorb it. Too much acid can also cause problems, such as indigestion, and so you can take medicines which reduce the amount of acid which is produced.



Drugs that reduce stomach acid, especially proton pump inhibitors (PPIs) such as **omeprazole** can also help lower stoma output. You may be prescribed other acid-reducing medicines.

If you are taking omeprazole and it does not make any difference to your stoma output, you should stop taking it.

Other medication considerations

Laxatives and antacids

Medicines for other conditions such as constipation and indigestion can also affect your stoma output. If you have an ileostomy, you should not take laxatives as this can lead to a rapid loss of water and electrolytes. It is better to drink more fluids and increase your dietary fibre instead of taking laxatives, as this helps avoid losing too much water and essential salt. (See diarrhoea section above.)



Antacids help by neutralising stomach acid. However, depending on the content, unwanted side effects such as constipation or diarrhoea may occur:

- Antacids containing calcium and aluminium can cause constipation.
- Antacids containing magnesium can cause diarrhoea and this is more likely if you have an ileostomy.

Iron products

Vitamin supplements often contain iron as one of their components. You may be prescribed iron if you have low blood levels to prevent anaemia. However, iron products can result in diarrhoea if you have an ileostomy, or constipation if you have a colostomy. In both cases, this can make your stoma output look discoloured or more black than usual.

Iron products are also likely to cause sore skin around your stoma.

Diuretics

Diuretics, also known as 'water pills', are often used to treat high blood pressure or reduce fluid retention.

If you have an ileostomy, there is an increased risk of diuretics causing dehydration.

There are different types of diuretics, and they work in different ways; therefore your doctor or prescriber should consider what type to prescribe for you. If you have any concerns, please speak to your GP or pharmacist.

Medicines used to manage bowel conditions

If you have a chronic bowel condition, such as colitis or Crohn's disease, you will often be taking other medication to manage them. These medicines are not directly treating your stoma and may not prevent the need for a stoma in the future. However, if you do need a stoma, you will still need to take your usual medication to prevent your bowel condition from getting worse and to manage it effectively.



Chronic bowel problems are often characterised as inflammatory conditions and treatment is aimed at reducing symptoms and preventing flare-ups. Treatment for Crohn's disease can include **oral steroids**.

Other drugs which may be used include **azathioprine** or **methotrexate**. For both, you will need blood tests to make sure that the dose is appropriate for you. These drugs may also affect your immune system, dependent on dose.



Treatment for ulcerative colitis usually starts with medicines to manage flare-ups. Additional treatments may be added depending on how severe the condition is.

In severe colitis, your specialist consultant may consider including **biologic treatment** or **Janus kinase inhibitors** (also known as JAK inhibitors). These drugs are likely to reduce your ability to fight infection as they will cause immunosuppression.

If you are prescribed drugs which affect your immune system, you may be **eligible for some vaccines**. As part of your treatment plan, you may be referred for additional vaccines including Covid-19 and seasonal influenza. You should get advice from your GP or via NHS Inform for information regarding any additional vaccinations you may need.

Corticosteroids (steroids)

Steroids are often the first treatment for inflammatory bowel conditions and are usually given as a short course during a flare-up. However, they are not recommended for long-term use because of the risk of serious side effects.

Common side effects of steroids include acne, weight gain or increased appetite. Some people may also experience increased irritability or difficulty sleeping.

Biologic treatments

These treatments cover a number of different types of medications, but they are all designed to target proteins in the immune system that cause inflammation. They are usually used when other immunosuppressant treatment hasn't worked or worked as well as it should.

The medicines are developed to replicate the effect of antibodies in your body and are normally given as an injection or through an intravenous drip in hospital.

Many biologics drugs can be identified by the ending of their name, such as –mab or –nib.

Some people may respond well to biologics; for others they may not work, and their specialist team may advise stopping or switching to another treatment. Sometimes a medicine works well but becomes less effective over time, and other treatments may then be considered.

As with any medicine, you should tell your clinical team of any side effects, especially if they are serious or difficult to manage day to day.



JAK inhibitors

This type of medicine may be used in colitis when other treatments have not worked well enough. As JAK inhibitors are not safe to use during pregnancy, women should make sure that they are taking appropriate contraception during treatment and for at least four weeks after stopping the treatment.

This type of medicine can be given as an injection or tablets.

Similar to biologics, this type of medicine acts on the proteins in the immune system but is specifically targeting a particular type of protein called janus kinases.

Conclusion

If you have a stoma, you need to consider the type of medicines that you are taking and should talk to your GP, pharmacist or specialist team if you have any questions or concerns. Very few medicines are used to only manage the stoma itself. Most people will still need to continue their regular medicines for their bowel even after a stoma is formed.

You should be aware that medicines for gastrointestinal minor conditions, such as diarrhoea, indigestion or constipation, can affect your stoma output.

If you have any queries about your medicines, please speak to your pharmacist, GP or clinical team.

References:

bnf.nice.org.uk/treatment-summaries/stoma-care/
bnf.nice.org.uk/treatment-summaries/short-bowel-syndrome/
pharmaceutical-journal.com/article/ld/pharmaceutical-considerations-for-patients-with-stomas
PrescQIPP Bulletin 338 Stoma
bnf.nice.org.uk/treatment-summaries/crohns-disease/
bnf.nice.org.uk/treatment-summaries/ulcerative-colitis/
biologic-medicines-ed-3e.pdf

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