
Dehydration

Dehydration happens when your body loses more fluid than you take in. This can happen if you are not drinking enough. Or if you lose too much fluid through sweat, tears, pee, vomiting or diarrhoea.

Having Crohn's or Colitis – the two main forms of Inflammatory Bowel Disease (IBD) - can sometimes increase the risk of becoming dehydrated. This information is for anyone who wants to know more about dehydration and some ways to prevent and treat it.

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Key facts about dehydration

- Mild or moderate dehydration can usually be treated quickly. But, it can become severe if it is not treated. Severe dehydration needs urgent treatment or it can lead to complications.
- Feeling thirsty and dark yellow pee are two early signs that you may be dehydrated.
- You may be more likely to become dehydrated if you have frequent or watery diarrhoea, have had your colon removed, have a stoma or short bowel syndrome.
- If you have symptoms of dehydration, drink plenty of fluids. This could be water or diluted squash. Keep drinking small amounts of fluids regularly.
- If you have a high output stoma or short bowel syndrome, speak to your GP or IBD team to find out what type of rehydration would work best for you.

What is dehydration?

Your body needs the right amount of water and minerals to function properly. You lose body fluids during the day through sweat, tears, moisture in your breath, pee and poo. Usually, the fluid and salt content of what you eat and drink make up for this loss. But you can become dehydrated if you lose more fluid than you take in.

This can happen for a number of reasons. Not drinking enough water or fluids or losing too much body fluid through sweating, vomiting or diarrhoea, can cause dehydration.

When your body is dehydrated, this can cause you to lose weight due to there being less water in your body. Dehydration can be described as mild, moderate or severe depending on how much of your body weight has been lost through fluids.

Mild or moderate dehydration can usually be treated quickly. But, it can become severe if it is not treated. Severe dehydration needs urgent treatment or it can lead to complications such as kidney problems or low blood pressure.

Signs and symptoms of dehydration

I know I am dehydrated by the colour of my pee, and also dry scaly skin is an indicator for me.

Sarah

Living with Colitis

Feeling thirsty and dark yellow pee are two early signs that you may be dehydrated.

Other symptoms of dehydration include:

- Not peeing as much as usual
- Strong smelling pee
- Headache
- Feeling dizzy
- Dry or cracked lips, tongue and mouth

Contact your GP or 111 (by phone or online) if you think you have severe dehydration.

Signs of severe dehydration include:

- Extreme thirst
- A very dry mouth
- Fast breathing and fast heart rate
- Feeling confused, tired or drowsy
- Feeling dizzy when you stand up and it does not go away

Causes of dehydration

I often become dehydrated when I have a flare-up of my Crohn's and I have diarrhoea. Now I am mindful of how much water I am drinking at all times, especially when my Crohn's is active. I ensure that I am drinking plenty of water during a flare-up, and I find that this generally avoids me getting dehydrated.

Karen

Living with Crohn's

Dehydration may not be a problem for everyone with Crohn's or Colitis. However, you may be more likely to become dehydrated if you:

- Have frequent or watery diarrhoea
- Are being sick (vomiting) repeatedly
- Have had your colon removed or have had ileal pouch-anal anastomosis (IPAA) surgery, commonly known as J-pouch surgery
- Have a stoma (ileostomy)
- Have short bowel syndrome. Short bowel syndrome happens when the bowel does not have enough surface area to absorb nutrients from your food and drink. This can happen if you have had surgery to remove large sections of your small bowel.
- Have bile salt malabsorption, which can cause frequent watery diarrhoea
- Are sweating a lot. This might be during hot weather or exercise, or because you have a fever.
- Are peeing more than usual. This can happen if you have uncontrolled diabetes, are drinking too much caffeine, or are taking diuretic medicines ('water tablets' which make you pee more).
- Have drunk too much alcohol
- Are being sick or have diarrhoea because of a stomach bug (gastroenteritis), bowel infection or food poisoning

What should I do if I become dehydrated?

If you have symptoms of dehydration, drink plenty of fluids. This could be water or diluted squash. Keep drinking small amounts of fluids regularly. Avoid caffeine or alcohol as they can make dehydration worse.

If you have been sick (vomiting) or have diarrhoea, you might need to increase the levels of salts and sugar in your body, as well as water. Oral rehydration solutions (ORS) are powders or tablets that are dissolved in water. They help the body replace water, salts and sugar. You can buy oral rehydration solutions from most supermarkets and pharmacies. Your pharmacist can recommend a rehydration solution that is right for you. Your GP or IBD team might give you a recipe to make your own ORS at home. Make sure you follow all instructions carefully.

If you have a high output stoma or short bowel syndrome, speak to your GP or IBD team to find out what type of rehydration would work best for you. You are more likely to need more salt than most store-bought rehydration solutions provide. Your GP or IBD team may recommend drinking an oral rehydration solution with a higher salt (sodium) level.

I try and make sure I always have a bottle of water with me. I do not drink alcohol as I find it dehydrates me.

Sarah

Living with Ulcerative Colitis

Preventing dehydration

The easiest way to avoid dehydration is to make sure that you drink enough. The [EatWell Guide](#) recommends drinking 6 to 8 glasses of fluids a day. This is around 1.2 litres in total, which equals 6 x 200ml glasses or 8 x 150ml glasses. Water and diluted squash

are good choices to stay hydrated. When you are well hydrated, your pee should be a pale yellow colour.

You may need to drink more when there is a higher risk of becoming dehydrated. This could be when:

- The weather is very hot
- You are sweating due to exercise
- You have diarrhoea or are being sick (vomiting)

Do not wait until you feel thirsty before you start drinking extra water.

Drinking more water than your body can process can lead to hyponatremia. This is a rare but serious condition where the amount of salt (sodium) in your blood is abnormally low. If you feel uncomfortable or bloated from drinking, take a break from drinking and allow yourself time to recover.

When it is hotter I tend to get dehydrated much more quickly, especially if I have a flare-up of my Crohn's. Now I try to avoid getting too hot by staying out of the sun, wearing a hat, using a fan and drinking water.

Karen

Living with Crohn's

Diarrhoea and dehydration

If you have frequent diarrhoea, you may want to consider taking anti-diarrhoeal medicines. You should not take anti-diarrhoeal medicines if you are in a flare, if you have a high temperature, or if you have blood in your poo. You may not be able to take anti-diarrhoeal medicines if you have a narrowing in your bowel called a stricture. You should check with your doctor or IBD team before taking anti-diarrhoeal medicines.

Keeping hydrated with a stoma (ileostomy)

If you have an ileostomy, food and drink pass through your small bowel and waste comes out through an opening in your tummy called a stoma. Food and drink do not pass through your large bowel, which is where water and salts are usually absorbed. It is important to drink enough water to keep yourself well hydrated. Your IBD team may recommend that you add extra salt to your meals (around a teaspoon a day).

Oral rehydration solutions (ORS) can be useful if you have short bowel syndrome or a high-output ileostomy. Your IBD team will let you know the best ORS for you. It is important that you follow instructions carefully. You may need to avoid drinking plain water while you are having an ORS.

If you have high or watery output from your stoma, your stoma nurse might recommend anti-diarrhoeal medicines, like loperamide, or thickening sachets to put in your bag.

Read more about eating and drinking with an ileostomy in our [living with a stoma](#) information.

Help and support from Crohn's & Colitis UK

We're here for you whenever you need us. Our award-winning information on Crohn's Disease, Ulcerative Colitis, and other forms of Inflammatory Bowel Disease have the information you need to help you manage your condition.

We have information on a wide range of topics, from individual medicines to coping with symptoms and concerns about relationships and employment. We'll help you find answers, access support and take control.

All information is available on our website: crohnsandcolitis.org.uk/information

Our Helpline is a confidential service providing information and support to anyone affected by Crohn's or Colitis.

Our team can:

- Help you understand more about Crohn's and Colitis, diagnosis and treatment options
- Provide information to help you live well with your condition
- Help you understand and access disability benefits
- Be there to listen if you need someone to talk to
- Help you to find support from others living with the condition

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

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

Crohn's & Colitis UK Forum

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

facebook.com/groups/CCUKforum.

Help with toilet access when out

Members of Crohn's & Colitis UK get benefits including a Can't Wait Card and a RADAR key to unlock accessible toilets. This card shows that you have a medical condition, and will help when you need urgent access to the toilet when you are out. See crohnsandcolitis.org.uk/membership for more information, or call the Membership Team on 01727 734465.

Crohn's & Colitis UK information is research-based and produced with patients, medical advisers and other professionals. They are prepared as general information and are not intended to replace advice from your own doctor or other professional. We do not endorse any products mentioned.

About Crohn's & Colitis UK

We are Crohn's & Colitis UK, a national charity fighting for improved lives today – and a world free from Crohn's and Colitis tomorrow. To improve diagnosis and treatment, and to fund research into a cure; to raise awareness and to give people hope, comfort and confidence to live freer, fuller lives. We're here for everyone affected by Crohn's and Colitis.

This information is available for free thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis: call 01727 734465 or visit crohnsandcolitis.org.uk.

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We hope that you've found this information helpful. You can email the Knowledge and Information Team at evidence@crohnsandcolitis.org.uk if:

- You have any comments or suggestions for improvements
- You would like more information about the research on which the information is based
- You would like details of any conflicts of interest

You can also write to us at **Crohn's & Colitis UK, 1 Bishops Square, Hatfield, Herts, AL10 9NE** or contact us through the **Helpline: 0300 222 5700**.

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