SEX AND SEXUAL HEALTH

Everyone has their own experience of whether **Crohn's** or **Colitis** affects their sex life. This information is here to help you think and talk about sex, intimacy and sexual health. Even if you're not having sex or do not want to have sex, you may still find this information useful.

This information is meant for everyone with Crohn's or Colitis, whatever your sexuality or relationship status.

When we refer to 'Colitis' in this information we mean Ulcerative Colitis. The research that this information is based on does not include Microscopic Colitis. However, people with Microscopic Colitis may still find this information helpful.

We have separate information on:

- **Relationships and dating**
- **Reproductive health and fertility**
- **Pregnancy and birth**

CONTENTS

KEY FACTS ABOUT SEX AND SEXUAL HEALTH

- Many people living with Crohn's or Colitis are in intimate, loving and sexual relationships. But having Crohn's or Colitis may impact your sex life.
- In general, many people experience a loss of sex drive at some point in their lives.
- There are some practical things you can try if symptoms are getting in the way of sex.
- It is important to be tested for sexually transmitted infections (STIs) if you have sex with a new partner. Depending on your symptoms or treatment, you may be at higher risk of catching an STI.

- Most people with Crohn's or Colitis can have anal sex, but there are some things to consider.
- Support is available if you're having problems with sex or your sexual health. Contact your IBD team, GP or sexual health clinic. The **other organisations** at the end of this resource may also be helpful.

SEX AND INTIMACY

Living with Crohn's or Colitis may impact your sex life. For example, you may not feel able to be as intimate as you want to be. This can cause feelings of guilt. But it does not mean your sex life is over. It may take time, but there are things you can try to get your sex life to how you want it to be.

Your healthcare professional may not bring up the topic of sex. But if something about your sex life is worrying you, do not be afraid to ask for help. Your healthcare professional is there to support you.

> "Don't be afraid to say how you are feeling, it's important to us if it's important to you. We need to hear what your main concerns are so we can address these."
>
> **BRIDGETTE**
> **IBD NURSE**

Sex and consent

Sexual consent is fully understanding and agreeing to have sex or taking part in sexual activities. In the UK, you have to be 16 years old or older to consent to sex or sexual activities. This is the law, and is the same for all genders and sexualities. See the charity Brook for more information on consent.

> "When I was growing up with Colitis, there was very little information about sex. But I think things are changing and there are a lot more people talking about sex and body positivity now."
>
> **ROSE**
> **LIVING WITH COLITIS**

Not feeling like having sex - low libido, desire or sex drive

Many people experience a loss of sex drive at some point in their lives.

Low sex drive in people with Crohn's or Colitis could be due to:

- A fear of experiencing symptoms during sex
- Symptoms affecting how attractive you feel
- Fatigue
- Lower testosterone levels in men taking steroids or opiates, or with inflammation
- Low body image and self-esteem
- Depression

Speak to your GP if a change in sex drive is worrying you. They can help you find out the causes and suggest ways to treat it.

Being intimate without being sexual

There are ways to still feel close to someone even if you're unwell, in a flare-up or have a low sex drive. Scope share ways you can be **emotionally intimate** or **physically intimate without being sexual**.

Orgasm issues

You may want to have sex but find it difficult to orgasm when you do. There can be many reasons for this, both physical and mental. The charity Brook has information on **orgasms** and what can affect them.

You may be able to discover, or rediscover, ways to orgasm through **masturbation**. This could help you find new ways to enjoy being physically intimate with someone.

Problems with erections or ejaculating

Men living with Crohn's or Colitis may have problems with getting an erection, staying hard, or ejaculating. This is called erectile dysfunction. There are many **causes of erectile dysfunction**. Risk factors for people living with Crohn's or Colitis include:

- Depression
- Being in a flare-up
- Some medicines, such as sulfasalazine or methotrexate

For some types of surgery, there is a risk of damaging the nerves that control erections. Talk to your healthcare professional if you are thinking of having surgery and are worried about the risks.

If you have erectile dysfunction, speak to your GP or sexual health clinic. They can help you find possible causes and offer treatments.

For more details, see the NHS Inform information on **erectile dysfunction**.

Your partner has stopped having sex with you

Your partner may be less sexual with you for many different reasons. Talk to your partner and encourage them to be open about their feelings. Brook has **tips on how to talk about sex**. And there are other ways you can build your relationship and be intimate together. See the earlier section on **being intimate without being sexual.**

Being spontaneous

Many things can get in the way of spontaneous sex, such as work or children. Wanting to take a shower first or planning what to do if you get Crohn's or Colitis symptoms can also make it hard to be spontaneous.

Be kind to yourself and your partner and avoid comparing your sex life to others. Tell your partner what you need to do to feel more comfortable being intimate.

Try to prepare as much as you can. You could plan intimacy for a time when your symptoms are less active. If you're going out with your partner, you could take extra underwear, wet wipes, or pain relief. Or you could leave a bag of spare clothes and toiletries at their place.

Taking medicines

The way you take some medicines for Crohn's and Colitis may affect sex. Some medicines, like mesalazine and steroids, may be given by enema or suppository.

Enemas use an applicator which contains the medicine as a liquid or foam. Enemas are put into your bottom and apply the medicine directly into the rectum. Suppositories are small bullet-shaped capsules of medicine. They are put directly into your bottom.

Your IBD team may suggest you take these just before you go to sleep. This could affect when you have sex. You may decide to have sex at bedtime, and take your medicines after before you go to sleep. Or you might decide to have sex at a different time of day. Speak to your IBD team if you have questions about taking enemas or suppositories and sex.

Sex after surgery

Your surgery team can give specific advice about when they think it's safe for you to have sex after surgery. Getting back to sexual activity could mean exploring new ways of being intimate.

After surgery, you may find some positions do not feel as comfortable as they did before. Around 4 in 10 people changed their usual sex positions after colorectal surgery.

Sex may feel different because:

- Scar tissue, also called adhesions, in your tummy could cause pain.
- There is a risk that surgery may damage nerves. This can affect how things feel when you have sex or you're aroused.

It takes time, but some people find that their sexual functioning improves after surgery.

If you're worried about sex after surgery, speak to your IBD team.

Sex and stomas

If you have, or are going to have a stoma, you may worry about having sex. Having a stoma can change how you feel about your body, and this may affect intimacy. You may be worried about how your partner will react to your stoma. Or your partner may be worried about hurting your stoma during sex.

But having a stoma could also make you feel more in control. It can take time, but some people find that having a stoma improves their sex life.

You may feel more confident being intimate by:

- Emptying or changing the bag before sex
- Making sure the bag is attached well
- Buying stoma covers or lingerie designed for stomas
- Wearing a stoma support belt
- Reassuring your partner about body contact with your stoma during sex

Do not use your stoma for sex. Bowel tissue is very fragile and can be easily damaged.

For more on living with a stoma:

- Read our information on **living with a stoma**
- Talk to your stoma nurse
- See **Colostomy UK**
- Read the tips in the later section on **diarrhoea and incontinence**

ANAL SEX

Anal sex means any sexual activity involving the bottom, also called the anus. Many people enjoy anal sex, regardless of their gender or sexuality.

Anal sex includes:

- You or someone else using fingers in or around your bottom
- Having someone put their penis in or around your bottom
- Having someone licking in or around your bottom, also known as rimming
- You or someone else using sex toys in or around your bottom

There's no right or wrong answer about anal sex with Crohn's or Colitis. But there are some risks with anal sex. The lining of the anus and rectum is thin. It can be easily damaged. Damage can increase your risk of catching or passing on an infection during anal sex.

Receptive anal sex is linked with a higher risk of anal cancer. This is because anal sex can spread human papilloma virus (HPV), which can cause anal cancer. People with anal or perianal Crohn's also have a higher risk of developing anal cancer. We have more information about who is at risk and the symptoms of **anal cancer**.

Anal sex may be more uncomfortable if your Crohn's or Colitis affects your bottom. There may be times when you want to avoid having anal sex. This might be during a flare-up, if you have had surgery, or if you have an anal fistula or fissure.

Anal sex may be more difficult if you have:

- Strictures causing tightening in your bottom
- Perianal fistulas, abscesses or anal fissures

To help lower your risk of damage during anal sex:

- Use plenty of lubricant. This can help lower the risk of cuts and tears. You may prefer a silicone-based lubricant if you have scarring in your bottom.
- Foreplay is important. Being turned on will help you relax. This can make the area more sensitive to pleasurable sensations.
- Be gentle to avoid accidental damage. Try different positions to find something that works for you.
- If there's pain or bleeding, you may want to stop. You may need to give your bottom a chance to heal before trying again.

There is not much research on anal sex and Crohn's and Colitis. We do not know if anal sex could make your inflammation worse or trigger a flare-up. Speak to your IBD team for advice on having anal sex with Crohn's or Colitis.

We have specific **health information for members of LGBTQIA+ communities** who are living with Crohn's or Colitis.

Douching

Some people douche before anal sex. Douching is cleaning out the bottom and rectum. It may help you feel more confident about avoiding accidents. But it has been linked to inflammation, especially in people who douche regularly. Speak to your IBD team for advice on douching.

Anal sex after panproctocolectomy with end ileostomy

Panproctocolectomy is a permanent type of **surgery** where the colon, rectum and anal canal are removed. An ileostomy, also known as a stoma, is made by joining a section of the small bowel to the surface of the tummy. Bowel contents pass out of this opening into a stoma bag. Anal sex after panproctocolectomy with end ileostomy is not possible. There is no anal canal left to insert anything into, and your bottom is sewn up.

How you enjoy sex may have to change, but it does not need to end. Some people may find this change extremely difficult. Psychosexual counselling, also known as sex therapy, may help. This is a talking therapy that helps people understand and resolve sexual difficulties. Speak to your GP, IBD team, or local sexual health clinic about accessing this support.

Anal sex after proctocolectomy with ileo-anal pouch (IPPA)

This surgery is also known as J pouch surgery. The colon and rectum are removed, known as a proctocolectomy. The small bowel is then joined to the hole in your bottom known as the anus. You may find receiving anal sex more difficult after pouch surgery. Your bottom may feel tighter and may be more easily damaged. Inserting anything into your bottom carries a risk of pouch rupture.

Try to be patient while you get used to your new pouch. Avoid forcing anything too quickly. Your surgeon or colorectal nurse can give you advice on anal sex after pouch surgery. You'll likely be advised to avoid anal sex for some time. But most healthcare professionals agree that anal sex after pouch surgery should be possible once you have fully recovered.

Sexually transmitted infections (STIs) and anal sex

- Proctitis means inflammation of the rectum.
- Crohn's Disease and Ulcerative Colitis can cause proctitis.
- Infectious proctitis is inflammation of the rectum caused by an infection. STIs that can cause proctitis include chlamydia, gonorrhoea, syphilis and herpes.

Some STI symptoms are similar to symptoms of Crohn's and Colitis. If you have bleeding, discharge, itchiness, or pain in your bottom, contact your local sexual health clinic and let your IBD team know. Your healthcare professionals may advise checking for STIs as well as the usual Crohn's and Colitis tests.

See the later section on **STIs** for more information.

CROHN'S AND COLITIS SYMPTOMS AND SEX

Crohn's and Colitis symptoms may affect your sex life. Here are some common issues and ideas to help you manage them.

Pain during sex

Crohn's and Colitis can cause pain in many places, including your tummy, joints, mouth and genital area. Let your partner know when and where you feel pain. Together, you can find ways to enjoy yourselves without causing or worsening pain.

Pain during sex seems to be more common in women living with Crohn's. Pelvic, vulval or vaginal pain may increase during a flare-up. Pain during sex may be partly due to your pelvic floor muscles. These muscles contract when trying to control incontinence, diarrhoea and tummy pain. Your pelvic floor muscles also contract during orgasms.

Brook has more information **painful sex**. It includes **the causes of painful sex** and **things you can try to help**. If your pain is not going away, speak to your GP or sexual health clinic.

If penetration is too much, there are **other ways to be intimate**. Sex is not just about penetration. Explore your body to find out what feels good for you.

> "I was diagnosed with Colitis before I started having sex, so it's always been at the back of my mind when meeting new people. Symptoms have got in the way at times, but I've learnt to just be honest and take control of the situation. I now feel more confident exploring different positions or roles so that we both have a good time."
>
> **ROSE**
> **LIVING WITH COLITIS**

Bloating and farting

Feeling bloated can be uncomfortable and can make the thought of sex unappealing. Or you may be worried about farting during sex. But people who do not have Crohn's or Colitis also fart during sex. Try not to feel too embarrassed. It can, and does, happen to anyone.

There are some things you can try to help with these symptoms. See our information on bloating and wind.

> "Navigating a new relationship with my now husband, when I had first been diagnosed, I was self-conscious about physical symptoms such as being gassy and bloated. I was paranoid about having an accident or not being clean enough. I found the best thing to do was to be honest about how I was feeling so that my partner understood."
>
> **PHOEBE**
> **LIVING WITH COLITIS**

Diarrhoea and incontinence

If you're worried about diarrhoea or incontinence during sex, you are not alone. You may find that it affects your sex life and being intimate with others. It can be very off-putting and may make it harder for you to orgasm. This anxiety can also lead to erection problems.

It's understandable to be nervous. Sex is meant to be fun, pleasurable, and empowering. The thought of poo could be the last thing you want. Talking to your partner about your worries could help.

You could try:

- Having a poo before sex.
- Having a wash or shower before sex.
- Having sex at the times of day when your symptoms are less active.

- Using a dental dam during oral sex. A dental dam is a small latex sheet. It's put between the mouth and the other person's vulva or bottom. You could also use a cut-up condom. See the charity Brook for more on dental dams.
- Using an **antidiarrhoeal medicine**, such as loperamide, before sex. These medicines are not suitable for everyone with Crohn's or Colitis. Check with your IBD team first. Do not take a**ntidiarrhoeal medicine**s during a flare-up.

See our information on diarrhoea and bowel incontinence and urgency for more ways to manage these symptoms.

Accidents may still happen, so be prepared. You could keep towels or wet wipes close by so you can easily clean up. Or you could put towels on the bed just in case.

Depending on your relationship, you may be able to accept it, clean up together and carry on.

No one should make you feel bad or embarrassed about having an accident. Maybe consider if they are someone you want to be intimate with again.

> "By voicing my fears, it opened up vulnerability for both of us. We are now so comfortable with each other that on days where my IBD is playing up I'll joke and say that my underwear has to stay on today, but my partner's doesn't! I see it as an opportunity to be playful and treat my partner."
>
> **PHOEBE**
> **LIVING WITH COLITIS**

Fatigue

Fatigue is a common symptom of Crohn's and Colitis. Around 4 in 10 people have fatigue even when their Crohn's or Colitis is in remission.Fatigue can have a big impact on intimate relationships.

It's OK if you do not feel like having sex. You should not feel pressured to have sex just because the other person wants it.

If you do want sex but get tired easily, you could try:

- Positions that require less energy from you
- Using support props, such as cushions
- Using sex toys, such as vibrators or dildos, to do the work
- Going slow and sensual
- Mutual or solo masturbation
- Taking breaks
- Having sex at times of the day when you have more energy

Sex does not always have to be about having an orgasm. Take it slow and do what feels good for you.

See our information for more tips on managing **fatigue**.

> "We always talk about how we are feeling in relation to sex, and at times where I'm having a lot of fatigue or discomfort, I always take care to show my partner that I love them and am attracted to them in ways that I can whilst feeling unwell."
>
> **PHOEBE**
> **LIVING WITH COLITIS**

Fistulas

A **fistula** is when a tunnel develops that connects one organ to another part of your body. Fistulas are a complication of Crohn's, and more rarely Ulcerative Colitis.

Anal or perianal fistulas connect the very end of your bowel to the skin near your bottom where poo leaves your body. These are the most common type of fistula. Some women develop fistulas between their bowel and their vagina.

Having a fistula may mean that you have to find what feels good for you sexually. But it's still possible to have a healthy sex life with a fistula.

Scarring, sores, and setons can make your genital area look a bit different. Having to consider leakage from a fistula could make things more difficult. Fistulas and scarring may make your genitals feel tight or dry. Keep lubricant nearby to help make sex more comfortable for you.

If you find penetrative sex too painful, there are **other ways to be intimate with someone**. You could also ask your IBD team for advice on sex with a fistula.

You should not have penetrative sex if you are recovering from fistula surgery. Your surgical team will check for healing and can tell you when it's safe to have sex again.

CONTRACEPTION

Contraception is also known as birth control. It is the different methods used to help prevent pregnancy.

There are many methods of contraception available. Contraception is free from your GP or sexual health clinic. Other organisations, such as **Brook,** also offer free contraception.

Do I need to use contraception?

For most people, living with Crohn's or Colitis will not affect their fertility. You should use contraception if you want to have sex but not get pregnant, or get someone else pregnant.

Planning for pregnancy

Flare-ups

If you're in a flare-up, you may want to think about using contraception until your condition is better controlled. This is because there is a higher risk of pregnancy complications when you are in a flare-up. See our information on **pregnancy** for more on how your condition may affect your pregnancy.

Medicines that can be harmful to an unborn baby

These include:

- Methotrexate
- Tofacitinib
- Filgotinib
- Upadacitinib
- Ozanimod
- Etrasimod
- Balsalazide

You should use effective contraception while taking these medicines, and for some time after you stop taking them. See our information on **reproductive health and**

fertility for more about these medicines. Ask your IBD team or pharmacist if you're unsure whether the medicines you are taking could be harmful to an unborn baby.

Surgery

You may be advised not to have sex before surgery, or to use contraception if you do want to have sex before surgery. Speak to your surgeon or IBD team for advice on this.

Choosing contraception

Before starting any contraception, speak to your GP or sexual health clinic. They can go through your options with you.

Deciding which type of contraception is best for you depends on a number of things. They can include:

- Your age
- Your medical history
- Medicines you're taking
- Your body mass index(BMI)
- Whether you smoke

You can find out more in the **NHS contraception guide.**

Taking oral contraceptive pills should not cause a flare-up of Crohn's or Colitis.

Most Crohn's and Colitis medicines do not interact with contraceptives. But if you are living with Crohn's or Colitis, you should consider:

Your risk of blood clots

People with Crohn's and Colitis have an increased risk of clots. If you have had a blood clot, or have other risk factors for a blood clot, the combined oral contraceptive pill may not be suitable for you.

Other risk factors for blood clots include:

- Smoking
- Recent or upcoming surgery
- Low activity levels or poor mobility
- Taking steroids long-term
- Being overweight

Your risk of liver disease

The combined hormonal contraceptive pill and progesterone-only methods may not be suitable if you have problems with your liver.

Your risk of osteoporosis

People with Crohn's or Colitis can be at risk of developing **weaker bones**. The contraceptive injection also increases your risk of developing weaker bones and may not be suitable for you.

Rectal medicines

Lotions or oil-based creams can make condoms weaker and more likely to break. Ask your IBD team or pharmacist for advice if you're using creams, ointments, or medicines in or around your genitals or bottom. This includes barrier creams. If you can, apply the medicine after, or a couple of hours before you have sex.

Your gut absorption

If you have gut absorption problems, contraception taken as a tablet or pill may not work as well for you. This includes the morning after pill. You may have problems if you:

- Have Crohn's in your small bowel
- Are regularly being sick or vomiting
- Have severe diarrhoea
- Have short bowel syndrome

There are other types of contraception you could try, such as condoms, an intrauterine device or the contraceptive implant. Contraception taken as a tablet or pill should work for you if only your large bowel is affected. If you're not sure, speak to your IBD team, GP or sexual health clinic for advice.

> "My daughter came as a surprise; I had just had an ileostomy reversal and was on the combined pill. As I was recovering and had very loose stool, the combined pill was not absorbing as it should, resulting in me falling pregnant with my daughter. It was in fact the best thing that happened to me, but for some, an unexpected pregnancy may not be ideal, so it is important to look at your contraceptive choices particularly post op!"
>
> **KELSEA**
> **LIVING WITH CROHN'S**

Having surgery

If you're using the combined oral contraceptive pill. you will need to switch to another method at least four weeks before having surgery. Having surgery and the combined oral contraceptive pill increase your risk of blood clots. Your doctor or nurse should give you advice on what you can switch to, and when you can switch back.

Female sterilisation is a permanent contraceptive method. It might not be suitable for you if you have previously had surgery in your tummy area. Previous surgery can make sterilisation difficult and less likely to work.

Long-term steroid treatment

Taking steroids for a long time, or multiple times over a short time, may affect your stress response. You may be at higher risk of low blood pressure and fainting when having a coil fitted. If you're thinking about having a hormonal or copper coil, ask your IBD team for advice.

Taking medicines that weaken your immune system does not increase your risk of infection after having a coil inserted.

Emergency contraception

Emergency contraception is used after unprotected sex to stop you from getting pregnant. There are two main types:

- The emergency contraceptive pill, known as the morning-after pill
- An intrauterine device (IUD), also known as the copper coil

The NHS has more on these methods of **emergency contraception**.

You can use either of these methods if you live with Crohn's or Colitis.

If you have gut absorption problems, the morning-after pill may not work as well for you. This includes people with Crohn's in their small bowel, those experiencing severe diarrhoea or those with small bowel syndrome.

If you vomit within two hours of taking the morning-after pill, you may need to take another one. When getting the pill, tell the healthcare professional your medical background so they can give you appropriate advice.

Side effects of emergency contraception

Some short-term side effects of emergency contraception can be similar to Crohn's or Colitis symptoms. These include:

- Morning-after pill: Stomach pain, feeling sick, being sick and diarrhoea.
- IUD or copper coil: Cramping in your lower tummy.

If you are worried about your symptoms, talk to your IBD team or GP.

SEXUAL HEALTH AND SEXUALLY TRANSMITTED INFECTIONS (STIS)

Using condoms is the most effective way to protect yourself from STIs. Having regular STI tests helps to keep yourself and others safe. Not all STIs give you symptoms, so do not wait until you feel unwell. See the NHS **information on STIs.**

Some STIs have similar symptoms to Crohn's and Colitis. If you have **symptoms of an STI**, speak to a sexual health clinic. They can give you tests and medicines for STIs.

Find your nearest sexual health clinic

- **England**
- **Northern Ireland**
- **Scotland**
- **Wales**

Many websites advertise STI tests that you have to pay for. But you may be able to get free STI tests sent to your home. Brook has information on **finding free STI tests**.

Anyone can get an STI, but using condoms can help to protect you. Your risk of catching STIs may be higher if you:

- Have open, sore skin. If you are regularly wiping your bottom, this can make it sore. Diarrhoea and incontinence can also irritate skin and make it sore. Help your skin heal by using warm water to wash around your bottom and pat dry with toilet paper. You can also use a barrier cream to help the skin heal. See our information on **diarrhoea** for more tips on skincare.
- Take medicines that cause vaginal dryness, such as contraceptive pills and antidepressants. Vaginal dryness increases your risk of cuts and tears during sex. You can lower this risk by using lubricant.
- Use lotions or oil-based creams, ointments or medicines around your genitals or bottom. This could include barrier creams. These kinds of creams can make condoms weaker and more likely to break. Ask your IBD team or pharmacist for further advice.

Pelvic inflammatory disease (PID)

Pelvic inflammatory disease (PID) is an infection of the female reproductive system. It's often caused by STIs, including gonorrhoea and chlamydia. You are not at higher risk of PID if you're living with Crohn's or Colitis. But PID can cause pain in your lower tummy. This pain could be mistaken for Crohn's or Colitis pain. Your GP or sexual health clinic can check for PID. It's important to get checked if you are not using condoms, or have multiple or new sexual partners.

See the NHS for more on **pelvic inflammatory disease**.

Herpes

Herpes Simplex Virus (HSV), known as herpes, is a common infection. Herpes causes infections around the genitals and mouth, and cold sores.

Herpes spreads easily, mainly through skin-to-skin contact. You are most infectious when you have **symptoms**, such as blisters and sores. Herpes can still be infectious even if you do not have symptoms. Once you have been infected, symptoms can come back. This is called an outbreak.

If you are taking **immunosuppressant medicines**, your risk of having an outbreak is higher. Antiviral medicines can help with symptoms. If you're having lots of outbreaks, you may need to take antivirals every day.

If your partner has genital herpes, avoid sexual contact until their symptoms and sores have gone. Using condoms can help, but cannot protect you completely.

See the NHS information on **genital herpes**.

Human papillomavirus (HPV)

Human papillomavirus (HPV) is a group of viruses found on the skin. HPV is spread by sexual contact. Most people will get some type of HPV in their lifetime.

Some types of HPV can cause genital warts or certain cancers.

Genital warts

There is a higher risk of genital warts in people with Crohn's or Colitis, even if they are not taking immunosuppressant medicines. The risk of genital warts is higher in women than men with the conditions.

HPV cancers

This includes anal cancer and cervical cancer.

- For information on anal cancer risk, see **bowel cancer and other gut-related cancers**.
- For information on cervical cancer risk and screening, see **reproductive health and fertility**.

HPV vaccine

The HPV vaccine lowers your risk of getting HPV. It is offered to children aged 12 and 13. Some men who have sex with men can also get the HPV vaccine. See the NHS for more information on the HPV vaccine, including the full eligibility.

It is safe to have the HPV vaccine if you are taking an immunosuppressant.

Human Immunodeficiency Virus (HIV)

We do not know much about the relationship between HIV and Crohn's or Colitis. Some evidence suggests HIV infection may result in milder Crohn's or Colitis.106–108 But more research is needed to know for sure. If you have HIV and Crohn's or Colitis, it's important to get treatment for both conditions.

Telling your IBD team you are HIV positive

You may feel that you want to keep your HIV status private. However, your IBD team will need to carry out HIV screening before starting certain medicines. This is to keep you safe. It has nothing to do with your sexuality or gender identity. See Terrence Higgins Trust for more on **telling healthcare professionals you are HIV positive**.

If your CD4 cell counts are stable, you may be able to safely take immunosuppressants to treat Crohn's or Colitis. CD4 cell counts are a blood test used to monitor the progression of HIV infection.

If you are diagnosed with HIV after starting treatment for Crohn's or Colitis, tell your IBD team straight away.

Pre-exposure prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) is a medicine that stops you catching HIV. PrEP is free in the UK for people who are at greater risk of getting HIV. This includes men who have sex with men. See **Terrence Higgins Trust**'s information, or speak to your sexual health clinic for more on what PrEP is and how to access it.

Many of the common medicines used to treat Crohn's and Colitis do not interact with the medicines used in PrEP. But before taking PrEP, get advice from your IBD team or pharmacist if you take:

- Sulfasalazine
- Mesalazine
- Methotrexate
- Ciclosporin
- Tacrolimus

Always check with your IBD team or pharmacist before taking any new medicines.

SEXUAL HEALTH AND OTHER INFECTIONS

Bacterial vaginosis (BV)

Bacterial vaginosis (BV) is an overgrowth of bacteria in the vagina. It causes a smelly vaginal discharge. BV is not an STI, but can increase your risk of getting an STI. You are not at higher risk of BV if you're living with Crohn's or Colitis. But using douches, deodorant or perfumed wash products in or around your vagina increases your risk of BV.

See the NHS information on **bacterial vaginosis**.

Thrush, known as candidiasis

Thrush is a common yeast infection that you can get on and around your genitals. Thrush is not an STI. It can make your genitals feel very itchy and sore. It can make having sex uncomfortable. Having a weakened immune system or taking antibiotics can increase your risk of thrush. If you think you have thrush, speak to your GP, IBD team or sexual health clinic. There are over-the-counter medicines for thrush, but they may interact with some Crohn's or Colitis medicines. This includes ciclosporin and tacrolimus. Check with your IBD team or pharmacist before taking any medicines for thrush.

See the NHS information on **thrush**.

Mpox

Mpox, previously known as monkeypox, is a rare infection. Mpox is spread by physical contact and coughs or sneezes. It is usually found in east and central Africa, but people have also been diagnosed in the UK. Mpox can affect anyone, but most cases in the UK have been in men who have sex with men.

Some men who have sex with men can get a vaccine to help protect against infection. It is safe to have the Mpox vaccine if you are taking an immunosuppressant. The NHS has more information on **Mpox**, including **how to get the vaccine**.

TALKING TO HEALTHCARE PROFESSIONALS ABOUT SEX

Sex is not usually asked about at your appointments. And you may feel anxious to bring it up, especially if you do not have much time. Here are some things to try:

- If you usually go to appointments with family, a friend or a partner, you may prefer to go alone so you can talk openly.
- You may find that having your partner there helps you bring up things that can be difficult to talk about.
- Write down your questions or concerns to show your doctor or nurse, so you do not have to say them out loud.
- You may be able to email your IBD team your questions or concerns.
- Use words that feel comfortable to you. Whatever helps you get the message across.
- Look at our **appointment guide** to help you prepare for your appointment.

If your sexual wellbeing is worrying you, let someone know. It's a valid problem, and you should not be dismissed.

TALKING TO HEALTHCARE PROFESSIONALS ABOUT SEXUAL ORIENTATION AND GENDER IDENTITY

You might meet lots of healthcare professionals if you have Crohn's or Colitis. You may find that people make assumptions about your gender, sexual practices or sexuality.

Our information on **LGBTQIA+ health with Crohn's or Colitis** can help. It covers

- The NHS rainbow badge
- Confidentiality
- Discrimination
- Use of pronouns
- Requesting a healthcare professional of a certain sex

OTHER ORGANISATIONS

Age UK
The UK's largest charity working with older people.
www.ageuk.org.uk
Advice line: 0800 678 1602

Brook
A charity promoting sex education and wellness. Mainly support young people, but information for all ages, genders and sexualities.
www.brook.org.uk

Find a sexual health service: **www.brook.org.uk/find-a-service/sexual-health-services-across-the-uk/**

British Association for Counselling and Psychotherapy

A professional body with a register of therapists

www.bacp.co.uk

01455 883300

Find a therapist: **www.bacp.co.uk/about-therapy/using-our-therapist-directory**

College of Sexual and Relationship Therapists

A professional body with a register of therapists

www.cosrt.org.uk

Find a therapist: **www.cosrt.org.uk/search-members**

Colostomy UK

A charity supporting and empowering people living with a stoma.

www.colostomyuk.org

Helpline: 0800 328 4257

Ileostomy and Ileoanal Pouch Association

A national support group for people living with an ileostomy or internal pouch, their families, friends and carers.

www.iasupport.org

0800 0184 724

Mind

A mental health charity.

www.mind.org.uk

Helpline: 0300 123 3393

Refuge

A charity that supports people affected by domestic abuse.

www.refuge.org.uk

National Domestic Abuse Helpline: 0808 2000 247

Switchboard

A national LGBTQIA+ support line.

www.switchboard.lgbt

Helpline: 0800 0119 100

Terrence Higgins Trust

A charity that supports people affected by HIV and promotes sexual health.

www.tht.org.uk

Helpline: 0808 802 1221

Young Minds

Mental health support for young people.

www.youngminds.org.uk

HELP AND SUPPORT FROM CROHN'S & COLITIS UK

We're here for you. Our information covers a wide range of topics. From treatment options to symptoms, relationship concerns to employment issues, our information can help you manage your condition. We'll help you find answers, access support and take control.

All information is available on our **website.**

Helpline service

Our helpline team provides up-to-date, evidence-based information. You can find out more on our **helpline web page.** Our team can support you to live well with Crohn's or Colitis.

Our Helpline team can provide support by:

- Providing information about Crohn's and Colitis
- Listening and talking through your situation
- Helping you to find support from others in the Crohn's and Colitis community

- Providing details of other specialist organisations

You can call the Helpline on **0300 222 5700**. Or visit our **LiveChat service**. You can read our information on **when the Helpline** is open for more details..

You can email **helpline@crohnsandcolitis.org.uk** at any time. The Helpline will aim to respond to your email within three working days.

Our helpline also offers a language interpretation service, which allows us to speak to callers in their preferred language.

Virtual Social Events

We offer people affected by Crohn's or Colitis the chance to join a virtual social event with others across the UK. The events will be a chance to chat, share experiences and potentially learn from others. Each event may have a specific topic but the overall discussion will be driven by what those attending wish to talk about.

Family, friends and colleagues are more than welcome to attend.

Visit our **Virtual Social Events** page to find out what is available.

Crohn's & Colitis UK Forum

This closed-group Facebook community is for anyone affected by Crohn's or Colitis. You can share your experiences and receive support from others. Find out more about the **Crohn's & Colitis UK Forum.**

Help with toilet access when out

There are many benefits to becoming a member of Crohn's & Colitis UK. One of these is a free RADAR key to unlock accessible toilets. Another is a Can't Wait Card. This card shows that you have a medical condition. It will help when you are out and need urgent access to the toilet. See **our membership webpage** for more information. Or you can call the Membership Team on **01727 734465**.

ABOUT CROHN'S & COLITIS UK

We're Crohn's & Colitis UK and we're changing what it means to live with these lifelong gut conditions. 1 in 123 people in the UK have Crohn's Disease or Ulcerative Colitis. These are unpredictable conditions that could flare up at any time.

No one should face that alone. That's where we can help.

We provide trusted information and support cutting-edge research. We also lead bold campaigns to get more people talking about Crohn's and Colitis. We help people understand these conditions, give them the attention they deserve and bring people together to create change.

This year, 25,000 people will be told they have Crohn's or Colitis. Once diagnosed, the obstacles continue. Today, there is no cure. People simply don't understand these conditions. So, we have listened. It's time for change & we're leading the way.

Our information is available thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis by calling **01727 734465.** Or you can visit **our website**.

About our information

We follow strict processes to make sure our information is based on up-to-date evidence and is easy to understand. We produce it with patients, medical advisers and other professionals. It is not intended to replace advice from your own healthcare professional.

You can find out more on **our website**.

We hope that you've found this information helpful. Please email us at **evidence@crohnsandcolitis.org.uk** if:

- You have any comments or suggestions for improvements
- You would like more information about the evidence we use

- 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 you can contact us through the **Helpline** on **0300 222 5700**.

We do not endorse any products mentioned in our information.

Sex and sexual health, edition 1

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