Rush Center for Crohn’s and Colitis

The Rush Center for Crohn’s and Colitis offers a multidisciplinary approach to treating patients with Inflammatory Bowel Disease (IBD). Rush’s team includes clinical faculty members from different disciplines whose collaboration allows for a wider range of expertise for patients with more complicated disease profiles.

Our specialists offer comprehensive options to manage these conditions based on extensive clinical experience and cutting-edge research. Treatment options can include colonoscopy, Endoscopic Retrograde Cholangiopancreatography (ERCP), endoscopic ultrasound, esophagastroduodenoscopy (EGD), infusion therapy, laparoscopy and psychotherapy.

We are happy to care for patients who need advanced inpatient management, seek second opinions, or are transferring care from other hospitals to our inpatient IBD service. Our practice places a high level of importance on working alongside referring providers to fully benefit the patient.

Unique Approaches. We work to research and innovate treatment options for IBD-related conditions. Patients may qualify to enroll in clinical trials led by Rush researchers, such as our ongoing stem cell trial for treating Crohn’s fistulas, providing access to cutting-edge treatments and therapies.

The Center for Crohn’s and Colitis also offers access to the Rush Ostomy Support Group. Patients who are living with ileostomies, colostomies, and urostomies), are caring for a loved one with an ostomy, or are considering a possible diversion surgery can take advantage of our virtual forum. The support group allows individuals to ask questions and discuss ostomy-related issues while learning from expert guest speakers, building mutual support, and finding camaraderie.

The program offers an infusion center that located on the main hospital campus of our primary clinic, making it convenient to receive this service without additional travel or time. Patients also may receive infusion services recommended by referring physicians.

We also closely coordinate IBD care with radiology and pathology teams. In addition, our pilot robotic surgery program has pushed forward treatment through procedures like the construction of ileal pouch anal-anastomosis (IPAA, j-pouches) or laser surgery to treat perianal fistulas.

IBD can typically be seen within 24 hours. We can also offer same-day collaborative consultations with multiple members of our team from different disciplines, often in-person or via video.

Conditions we treat:
- Cancer or dysplasia associated with ulcerative colitis and Crohn's disease
- Complex strictureing Crohn's disease
- Crohn's disease
- Diseases of the ileal pouch
- Fertility issues in IBD
- Fistula
- Malnutrition in IBD
- Microscopic colitis
- Novel treatments in patients who have failed all approved medications
- Pouchitis
- Ulcerative Colitis

Multidisciplinary collaboration.

Our team is staffed by several gastroenterologists and colorectal surgeons. The team is supported by the following:
- Dietitian. We offer an on-site consultation with a dietitian who specializes in IBD to discuss a dietary plan that meets each patient’s needs.
- Psychologist. We provide the opportunity to see an on-site psychologist with special clinical focus and expertise in IBD.
- Specialized IBD pharmacist. We have a specialized IBD pharmacist available to discuss potential concerns about medications.
Learn more: 
rush.edu/services/crohns-disease-and-colitis-care

Articles:


Saad RE, Shobar R, Mutlu E. Collagenous colitis development occurs after long standing mucosal healing in IBD with TNF-a inhibitors, and could be due to exaggerated healing response from excess TNF-a inhibition. Science Direct, February 2019, Pages 90-94 https://doi.org/10.1016/j.mehy.2019.01.004.

Book: