



Infliximab

Information for people with inflammatory bowel disease

PE-IBD-10

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Infliximab is a biologic medicine given by a drip into a vein. It blocks TNF, one of the main chemical messengers driving inflammation in Crohn's disease and ulcerative colitis.

Why you are taking it

It is used for moderate to severe disease that has not responded to steroids and immunosuppressants, for disease that flares whenever steroids are reduced, for fistulas around the anus in Crohn's disease, and for severe ulcerative colitis in hospital. It heals the bowel lining, not only the symptoms.

How to take it

The dose is 5 mg for each kilogram of body weight, given at week 0, week 2 and week 6, then every eight weeks. The infusion takes about two hours, and we keep you in the unit for a further one to two hours for the first few doses. The dose or the interval can be adjusted if the effect wears off early. Infliximab is often given with azathioprine for the first six to twelve months, which raises the drug level and reduces the chance of antibodies forming against it. Before the first dose we screen for tuberculosis with a chest X-ray and blood test, and for hepatitis B and C and HIV, because these medicines can reactivate a silent infection.

How long it takes to work

Many people feel better within two weeks of the first infusion. We assess the full response at about fourteen weeks with symptoms, blood tests and calprotectin. Around one in three people lose response during the first year; if that happens we measure the drug level and antibodies in your blood and can increase the dose, shorten the interval, or change medicine.

Blood tests and monitoring

We take blood before each infusion. Once treatment is established we also measure the infliximab level and antibodies, usually before a dose, to guide the dose. Tuberculosis screening is repeated if you have had a significant exposure.

Side effects

Side effect	What it means and what to do
Reaction during or just after the infusion – flushing, itching, chest tightness, breathlessness	Occurs in up to about 1 in 5 people. Tell the nurse immediately. It is usually managed by slowing or pausing the drip.
Delayed reaction 3 to 12 days later – joint pain, rash, fever	Uncommon. Contact your doctor; it is treatable.
Infection, including chest and skin infections	Common. Report fever or any infection early – see sheet PE-IBD-04 .
Reactivation of tuberculosis or hepatitis B	The reason for screening before treatment. Report a persistent cough, night sweats or weight loss.
Psoriasis-like rash, or a lupus-like illness with joint pain and rash	Uncommon. Tell your doctor – it settles when the medicine is changed.
Worsening heart failure, nerve problems, lymphoma	All rare. Tell your doctor before starting if you have heart failure or a neurological condition. Lymphoma risk is highest with azathioprine combined, and is still in the order of 1 in 1,000 people per year.

Important precautions

- Do not have the infusion if you have an active infection – tell your doctor so it can be delayed.
- No live vaccines. Non-live vaccines are recommended – see sheet [PE-IBD-04](#).

- Tell your doctor before any surgery, including dental surgery.
- Keep your appointments: missed infusions are the commonest cause of antibodies forming and the medicine stopping working.
- For a repeat prescription, message the clinic. If there is no reply after 48 hours send the message again, and if there is still no reply, come to the clinic.

Pregnancy and breastfeeding

Infliximab is continued in pregnancy. It crosses to the baby in the later part of pregnancy, so the baby's live vaccines must be delayed – BCG above all, which in Oman is given at birth. Tell your doctor as soon as you know you are pregnant, and make sure the deferral is arranged and written in the notes before you deliver; see sheet [PE-IBD-04](#). Breastfeeding is safe.

Tell your doctor straight away if

- You have a fever, or any sign of infection.
- You develop breathlessness, chest tightness, swelling of the face or lips, or a widespread rash.
- You have joint pain, rash or fever in the days after an infusion.
- You have a cough lasting more than three weeks, night sweats or weight loss.
- Your symptoms return before the next infusion is due.

Tell your doctor so they know and can bring your appointment forward. But if you feel seriously unwell, go to the Emergency Department first – do not wait for a reply.

Contact your doctor using the numbers your clinic has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. Brand names and preparations may differ – check the label on your own medicine. General safety advice is in sheet [PE-IBD-04](#). Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.
