



Ustekinumab

Information for people with inflammatory bowel disease

PE-IBD-13

Version 1.0 · Last reviewed October 2026 · Next review October 2028

Ustekinumab blocks two chemical messengers of inflammation, interleukin-12 and interleukin-23. It is used for Crohn's disease and ulcerative colitis, and it has a good long-term safety record.

Why you are taking it

Ustekinumab is used for moderate to severe disease that has not responded to steroids, immunosuppressants or an anti-TNF medicine, and is often chosen for people who also have psoriasis. Only the first dose is given in hospital; the rest are injections you give yourself at home.

How to take it

The first dose is a single infusion into a vein, calculated from your weight – 260 mg, 390 mg or 520 mg – and takes about an hour. From eight weeks after that, you inject 90 mg under the skin every twelve weeks. If the effect fades before the next dose we can shorten the interval to every eight weeks. Keep the syringes in the fridge, let one reach room temperature before injecting, rotate the site between the thigh and the abdomen, and use the sharps bin. Before starting we screen for tuberculosis and viral hepatitis.

How long it takes to work

Some people improve within three weeks of the infusion, but the full effect is judged at around week 16. If the response is partial, shortening the interval often helps rather than changing medicine.

Blood tests and monitoring

We check blood tests before starting and then every three to six months. Drug levels are less useful for ustekinumab than for the anti-TNF medicines, so we judge mainly on symptoms, calprotectin and endoscopy.

Side effects

Side effect	What it means and what to do
Injection site reaction	Common, mild and settles within days.
Nasal congestion, sore throat, sinus infection	Common.
Headache, tiredness, joint pain, diarrhoea	Common and usually mild.
Infection	Report fever or any infection early – see sheet PE-IBD-04 .
Reactivation of tuberculosis	The reason for screening. Report a persistent cough, night sweats or weight loss.
Allergic reaction, or a rash resembling eczema or psoriasis	Uncommon. Tell your doctor.

Important precautions

- Do not inject if you have an active infection or fever – contact your doctor first.
- No live vaccines. Non-live vaccines are recommended – see sheet [PE-IBD-04](#).
- Keep to the twelve-week schedule and mark the dates on a calendar; a long gap makes the medicine less effective.
- Take a cool bag and spare syringes when you travel.
- 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

Ustekinumab is continued in pregnancy when it is needed to keep the disease settled. It crosses to the baby late in pregnancy, so the baby's live vaccines must be delayed – BCG above all, which in Oman is given at birth. Arrange the deferral before you deliver; see sheet [PE-IBD-04](#). Breastfeeding is considered safe, as very little passes into milk.

Tell your doctor straight away if

- You have a fever, or any sign of infection.
- You develop breathlessness, swelling of the face or lips, or a widespread rash.
- You have a cough lasting more than three weeks, night sweats or weight loss.
- Your symptoms return before the next dose is due.
- You have missed a dose by more than two weeks.

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.

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