



THAT GUT FEELING

Autumn / Winter 2025



What's inside?

Read Jack's story and hear about his family's in-memory fundraising on **pages 17-19**

Read exciting news about Guts UK's Helpline on **page 8**

Check out our updated information on heartburn and acid reflux on **page 14**

Hello

from our CEO



Contents

- 3 Hello from our CEO
- 4 Sean's ulcerative colitis story
- 5 Pull up a chair, let's talk guts
- 6 Winter soup recipe
- 7 5 myths about gut health and what you need to know
- 8 Guts UK's Helpline
- 10 Lisa's CIPO story
- 12 How can rapid infection diagnostics help patients with liver cirrhosis?
- 14 Getting to grips with heartburn and acid reflux
- 16 Your small change can make a big difference
- 17 Jack's acute pancreatitis story
- 18 A musical tribute in memory of Jack

Get in touch

Need information and support for a digestive condition or symptoms? We're here for you.

Call our Helpline on **0300 102 4887** (Monday to Friday, 10am to 2pm, except bank holidays) or go to gutscharity.org.uk/helpline to complete our online form.

If you're contacting us about something else, call our main telephone line on **020 7486 0341** or go to gutscharity.org.uk/contact-us.

f @in X d @gutscharityuk

www.gutscharity.org.uk

Guts UK, 2 St Andrews Place, London, NW1 4LB
Registered Charity Number: 1137029



In September, I celebrated my first year as Chief Executive with Guts UK. It was the perfect opportunity to reflect on the exciting developments and accomplishments of the charity over the past 12 months, from the launch of our new five-year strategy to the expansion of our services and support.

It has been a transformational year, with areas of significant growth. In April, we launched a six-month pilot for a Helpline service that provides information and support to people affected by digestive conditions and symptoms. The pilot highlighted the need for a dedicated support service, whether people are experiencing digestive symptoms for the first time and don't know where to turn, they're newly diagnosed and want to better understand their condition and how to live with it, or they are supporting a friend, colleague, or loved one.

So far, the Helpline has supported over 1,160 people by telephone and online, emphasising the ever-growing demand for our support as the national charity for the digestive system. I'm thrilled to share that following the pilot's success, in September the charity's Board of Trustees approved the development of the Helpline as a permanent Guts UK service.

We've further developed other areas of support too, responding directly to the feedback you shared last year in our strategy development survey. We expanded our public awareness and education events, with one in Glasgow in June and another in Cambridge in October. We developed our online

webinars, hosting one on microscopic colitis in April and a second on diverticular disease in October. We also further developed our Health at Work talks, increasing education opportunities for employers and employees.

This year has been particularly successful in terms of demand and applications received across our research grants programme. Working closely with other charities and support organisations, we've also responded to and participated in a range of national health consultations, planning, and policy initiatives to ensure that digestive health is better prioritised by key policy and decision makers.

At the time of writing the magazine, we're planning for the second year of our five-year strategy and I'm very excited for what comes next. In 2026, we'll continue to prioritise development, growth and sustainability, ensuring Guts UK is here for those who need us, now and in the future. We're looking forward to achieving even more, with plans to develop a new national public awareness campaign with the support of our community, further develop our information and support with new initiatives, and introduce new volunteering opportunities within the charity.

None of this is possible without your amazing support. Thank you for joining us on our journey as your national charity for the digestive system.

Best wishes,

Suzanne

Sean's ulcerative colitis story

Sean is 35 and lives in Hartlepool with his dog, Mikey. He lives with ulcerative colitis, a form of inflammatory bowel disease (IBD) that affects the rectum and large bowel (colon). He shares his story with us:

“

In my early 20s, I started to experience abdominal pain before going to the toilet. Later, I had pain when using the toilet to poo and then I noticed blood. I had full body aches that drained the energy out of me. After initially being treated for haemorrhoids, the pain continued to get worse. Eventually, a colonoscopy (a thin tube with a camera on the end, inserted via the back passage) and biopsy (a small sample of tissue) led to my diagnosis of ulcerative colitis.

In 2016, I started rapidly losing weight and noticed that my skin was starting to become yellow in colour. I went to hospital and was told I was no longer responding to the original medication prescribed to treat my ulcerative colitis. The inflammation in my bowel had caused further issues and was affecting my liver. I started a stronger medication and was told I'd need a



monthly infusion but just a few days later, I was told that I was beyond the help of medication and would need surgery to form a permanent ileostomy (a surgical procedure that creates an opening from the small bowel to divert the contents through the abdominal wall into a medical bag which is adhered to the abdomen). Without it, I would likely die. Within a week, I went from a change in my medication to becoming permanently disabled.

I'm incredibly lucky that the surgery was a success, and I now live comfortably with an ileostomy. It was the best outcome as I am no longer in pain and can now live a more 'normal life'. Since my surgery, I have had two amazing children, become a homeowner, and have worked more successful and fulfilling jobs. Without my ileostomy, I would have struggled to do all of this.

I wish people knew that IBD is more than just a bad tummy or pain when you go to the toilet. It's much worse and can feel like it's hurting your whole body. Be patient and as understanding as you can with someone who might have a digestive condition. They are trying their best and don't want to feel like a pain to others. If you're living with a digestive condition yourself, you're not alone and you can get through this.

”

Pull up a chair, let's talk guts



One of the things Sean reminded us of is that people with digestive conditions and symptoms often don't want to feel like a 'pain' to others. Mealtimes, family gatherings and dinner with friends can be tricky as food and drink are often at the centre of social gatherings. That's why speaking openly can make a difference.

Why conversations matter

Digestive conditions are often invisible. On the outside, you might look fine. On the inside, you could be dealing not only with the physical symptoms but also worrying about what to eat. Talking about it gives those around you a better understanding of what it's really like. Honest conversations can help loved ones support you in ways that suit you best.

Be clear about your needs

Being specific helps. You might want your family to know you might need to leave the table suddenly or you'd like your friends to know you may bring your own food or feel more comfortable being the one to choose a suitable restaurant. The clearer you are, the easier it is for others to support you.

Practical ways others can support you

Support looks different for everyone. During a flare-up, you might just want someone to check in and sit with you. At social events, you might want help

finding a toilet quickly, or even someone to carry a spare bag for you. You can also suggest practical ways to help, such as assisting with meal prep, running errands, or supporting you with everyday tasks. You can also let people know that sometimes, the best thing they can do is simply listen rather than offer advice.

Be there for your loved ones

If you know someone with a digestive condition, learning more about what it means for them can go a long way.

Remember, you're not alone

As the festive season approaches, many of us will spend more time around tables with friends and family. Remember, mealtimes are about more than food. They're about connection. Sharing how you feel and what helps you most doesn't just make meals less stressful, it can also make your relationships stronger. You're not alone and with the right conversations, you can feel more at ease around those you love.

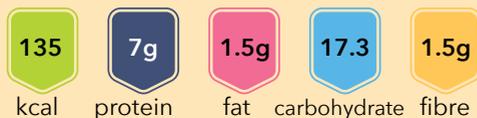
Empower yourself to better support your loved ones by accessing our information at gutscharity.org.uk/information and following us on social media [@gutscharityuk](https://gutscharityuk). For further information or support, call our Helpline on **0300 102 4887**.

Winter soup recipe

This gut-friendly soup is perfect for winter. It's comforting, delicious and easy to make.

Nutritional information

Per 300ml portion:



Please note: This recipe is not suitable for people who have been advised to have a low lactose or low FODMAP diet.

Ingredients (to serve 6 people)

- 300g carrots
- 1/2 onion
- 1/2 stick of celery
- 1 tbsp cooking oil
- 1 tsp ground ginger
- 1 tsp powdered stock / 1 stock cube
- vegetable or chicken
- 1/4 tsp grated nutmeg
- 1 litre water
- 2 tbsp skimmed milk powder
- 1 tin chickpeas (or other pulses such as butter beans or cannellini beans)
- Salt and pepper to taste



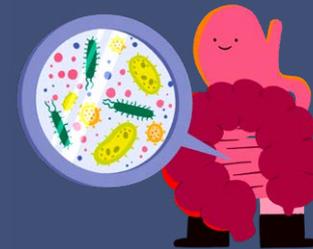
Carrot, ginger and chickpea soup

Let's get cooking

1. Grate the carrots.
2. Chop the onion and celery finely.
3. Add the oil to a pan and fry the onion, celery, ground ginger and nutmeg.
4. Add the grated carrot and cook for a further five minutes.
5. Boil the water and add the stock, then pour into the pan.
6. Cook until the vegetables are soft (10 minutes should be adequate).
7. Using a hand blender or food processor, blend the soup until smooth.
8. Drain the chickpeas (or alternative) and add to the soup.
9. Add the skimmed milk powder before serving and pepper and salt to taste (you may not need much salt depending on the type of stock used).
10. Serve and enjoy!

For more free, tasty recipes, visit gutscharity.org.uk/recipes

5 myths about gut health and what you need to know.



You've probably heard plenty of myths about your gut - what's 'good', what's 'bad' and what you 'should' be doing. With so much information out there, it's easy to feel confused. We're here to help you separate fact from fiction.

Myth 1: Stress doesn't affect your gut

Your brain and gut are closely connected through the gut-brain axis. This two-way system is why you might feel butterflies in your stomach when you're nervous. Stress can also affect how your gut moves, causing symptoms like diarrhoea, nausea, or constipation. Looking after your mental wellbeing is an important way to support your gut too.

Myth 2: Everyone should poo once a day

Some people go three times a day, others three times a week. Bowel movements can be considered normal if they happen regularly for you, without ongoing constipation or diarrhoea, and you can go without straining or needing laxatives. If your habits suddenly change, or you notice blood in your poo, speak to your doctor.

Myth 3: Detox diets cleanse your gut

Your liver and kidneys are your body's natural detox team. Detox teas or juices can't 'cleanse' your gut and some can even be harmful. Liquid-based diets, laxatives or colonic irrigation (where the bowel is flushed with water) are not necessary unless advised by a medical professional. The safest approach is to

follow medical advice and manage your symptoms or condition with guidance from your healthcare team.

Myth 4: A gut microbiome or poo test can diagnose you

Commercial kits might look scientific, but they cannot diagnose a digestive condition. They can provide interesting information for research, but everyone's microbiome is unique, and we do not yet fully understand what different levels of microbes mean for individual health. If you are experiencing digestive symptoms, speak to your doctor for appropriate testing and advice.

Myth 5: All bacteria in your gut are bad

Your gut is home to trillions of bacteria and other micro-organisms, most of which are friendly. They help break down fibre, produce vitamins, and support your immune system. A healthy gut has a wide mix of bacteria, which is why understanding your gut and looking after it matters.

Understanding your gut doesn't have to be confusing. Knowing the facts helps you recognise what's normal for you, make informed choices, and reach out for support when you need it.

Providing **information** and **support** through our dedicated Helpline service.



Earlier this year, we launched a pilot Helpline for people affected by digestive conditions and symptoms. Following a successful six-month pilot, we're thrilled to share that the Helpline will become a permanent part of the support we offer.

Our Helpline provides information, support and guidance to people affected by a range of digestive conditions and symptoms. It's free to anyone who needs it.

If you or a loved one is experiencing digestive symptoms and aren't sure what to do, are in the process of seeking a diagnosis and want to know what you should ask your GP, or have been diagnosed with a digestive condition and need help to better understand it, we're here for you.

Since the launch of the pilot, our Helpline has **supported more than 1,160 people** over the phone and online. Most who reached out were looking for support for

themselves. Others were parents and carers looking to support a child or loved one, as well as healthcare professionals looking to better support individuals.

Following our support, many people provided feedback:

- **85% told us they felt listened to** and that our support helped them to take the next steps to seek the help they needed.
- **85% felt better informed** to seek help from a healthcare professional.
- **80% better understood** or felt better equipped to manage their symptoms or condition after speaking to us.

“

The person I spoke to was extremely helpful. She listened to what I was saying and was very informative and reassuring.

”

What our Helpline team can help with:



- Helping you to understand a digestive condition or symptom.
- Providing support and guidance around what to say to a GP or what questions to ask a healthcare professional.
- Suggesting other services that might be able to help you.
- Signposting to useful information online.
- Providing professional and publicly available information about possible treatments relating to your condition.

What our Helpline team can't help with:



- Providing advice on what you should or shouldn't do.
- Providing ongoing support.
- Diagnosing a medical condition.
- Recommending specific treatments.
- Recommending or referring you to an individual healthcare professional.

Ways to contact our Helpline

If you need information and support for digestive conditions or symptoms, you can reach our Helpline team in the following ways:

By telephone

The best way to reach our Helpline team is by calling our freephone number on **0300 102 4887**. Lines are open Monday to Friday, 10am to 2pm (excluding bank holidays).

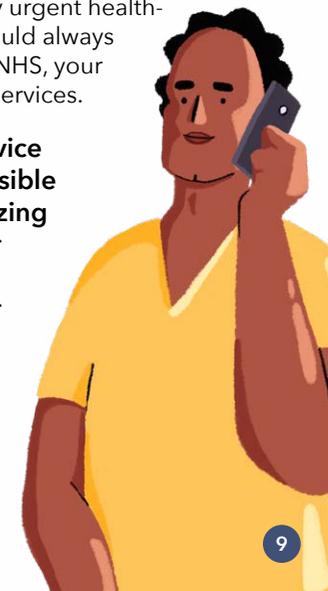
If our lines are busy or if you're trying to reach us outside of these hours, you can still call the number above and request a call back. As part of the service, we also offer pre-booked telephone appointments for those who need one.

By online form

You can complete our short online form at any time at **gutscharity.org.uk/helpline**. A member of our Helpline team will be in touch.

Please note: We always do our best to respond to your query within 10 working days, however, we're a small team and this can take longer during busier periods. Any urgent health-related matters should always be directed to the NHS, your GP or urgent care services.

Our Helpline service is only made possible through the amazing generosity of our supporters. Help us to be there for everyone who needs us with a donation to Guts UK. Thank you.



Getting to grips with

Chronic Intestinal Pseudo-obstruction

Chronic Intestinal Pseudo-obstruction (CIPO) is an overall term for several rare digestive conditions. They can affect any part of the gut (intestine) but primarily the small intestine.

- **“Pseudo” means false.** Symptoms resemble those caused by an obstruction of the gut, but no real blockage is found when investigated.
- **The number of people that live with CIPO is not well known.** There are slightly more males than females diagnosed.
- **CIPO can be a long-term condition** with symptoms that occur frequently or are constant.



Lisa

Lisa's story

Lisa, aged 37, lives in Somerset with her husband, Craig and their son, George.

Talk us through your CIPO symptoms

“Over 25 long and exhausting years, I experienced constant bloating, abdominal pain, nausea and severe constipation. Doctors kept telling me ‘It’s just IBS’ or ‘it’s in your head’, but I knew deep down it was more. Everyday life increasingly became more of a struggle.”

How were you diagnosed with CIPO?

“Before my CIPO diagnosis, I was diagnosed with achalasia. This is a condition which hinders the passage of food and fluid down the gullet and entering the stomach, leading to difficulty swallowing.

During 2023, I was in hospital for eight months and had numerous tests and procedures. This led to my CIPO diagnosis.

Hearing this was a mix of relief and devastation. Emotionally, I felt like I had lost the life I knew, yet I had to find the strength to keep going, for my family and for myself.”

What treatment have you received for CIPO?

“In 2023, I had an ileostomy (a surgical procedure that creates an opening from the small bowel to divert the contents through the abdominal wall into a medical bag which is adhered to the abdomen). This gave me some relief from the worst ‘blockages’ and faecal incontinence (involuntary loss of stool, liquid or gas from the bowel). Since then, I have had nutrition provided directly into my bloodstream via a vein as my

gut couldn’t absorb nutrients. I’ve also had more tests. Results showed CIPO in my small bowel too. My future is unpredictable and uncertain, but I am monitored regularly at hospital.”

Note: Surgery is usually reserved for severe cases and is rarely performed as CIPO normally affects the whole gut. However, if CIPO is thought to be limited to one section of the gut, surgery may be used. Nutrition via a vein is considered only in severe cases as it can have some severe side effects.

What would you tell others living with a digestive condition or symptoms?

“Trust your gut – literally. If something doesn’t feel right, keep pushing for answers. You know your body better than anyone.

It’s okay to grieve the life you thought you would have. But know that you can still find joy and purpose, even on the toughest days. There is life after diagnosis, it just looks different.”

Lisa wants to shine a light on digestive conditions such as CIPO and achalasia...

“If even one person reads my story and feels less alone, it’s worth it.

Guts UK does incredible work in raising awareness, funding research and supporting those affected by digestive conditions. Without charities like them, conditions like mine would remain in the shadows.”

To find out more about digestive conditions like CIPO and achalasia, head to gutscharity.org.uk/information

How can rapid infection diagnostics help patients with permanent liver scarring (cirrhosis)?



Dr Merianne Mohamad from The Roger Williams Institute of Liver Studies was awarded an Early Career Researcher Grant from Guts UK. She tells us more about her research.

Why were you interested in researching the liver?

The liver is a fascinating and vital organ. It converts nutrients from the food we eat into energy and usable substances, plays a key role in immune function, filters your blood to remove toxins, and produces bile to aid digestion. Certain liver diseases, such as cirrhosis, can increase the risk of a patient developing an infection, making outcomes significantly worse.

These infections are often managed with courses of antibiotics. However, the misuse and overuse of antibiotics are driving the emergence of drug-resistant microorganisms, making these infections increasingly difficult to treat.

As a microbiologist with a background in studying antibiotic resistance, I was drawn to this field of research because antimicrobial resistance in liver disease is a serious and growing challenge. It sits at the crossroads between microbiology and clinical medicine, and I wanted my work to directly contribute to improving patient outcomes.

What was the purpose of your research project?

My project set out to explore how cutting-edge nanopore metagenomic sequencing (a method of analysing the collective genetic material from multiple organisms within a single sample) could be used to improve the diagnosis of infections and antimicrobial resistance in patients with cirrhosis. Infections are a major cause of illness for people with chronic liver disease and can be fatal, yet current diagnostic tools are often slow and insensitive, taking hours to deliver results. This delay can leave patients without the right antibiotic treatment when they need it most.

My aim was to investigate whether metagenomic sequencing could provide clinicians with timely, actionable information that guides appropriate antibiotic treatment for patients.

What was the outcome of the research project?

We showed that this type of method of analysis can identify pathogens (microorganisms that cause diseases) and antimicrobial resistance markers much faster and with greater detail than traditional methods. Using this approach, we can determine the resistance profile within 10 to 16 hours, compared to around 72 hours with conventional testing.

Metagenomics also revealed additional information, such as the presence of more than one pathogen in a sample (known as a polymicrobial infection) which we detected in both blood and ascites cultures (laboratory tests of fluid collected from the abdomen that detect infection).

What's next for this area of research?

The next step is to refine these approaches so they can be used in routine hospital practice. This means making the workflows faster, more cost effective, and integrated into clinical decision making. Beyond improving patient care, metagenomics has exciting potential for outbreak monitoring and surveillance, helping hospitals to detect emerging threats early and track how resistance spreads. There's also scope to use metagenomics to discover entirely new resistance mechanisms, which could guide the development of future treatments.

What could this research mean for patients and the healthcare professionals treating them in the future?

For patients, it means quicker and more accurate diagnoses and treatments. It could potentially be lifesaving in critical cases. For healthcare professionals, it provides better tools to guide treatment, reduce unnecessary antibiotic use, and combat antimicrobial resistance. Importantly, these advances also contribute to antimicrobial stewardship, supporting a more sustainable and responsible use of antibiotics that protects current and future patients.

What's the most interesting part of your job as a research scientist?

Since childhood, I've always been fascinated by how things around me work. Being a research scientist allows me to nurture that same curiosity every day. The most exciting part is knowing that if we discover something new, introduce a treatment or optimise an existing one, it could potentially save a patient's life.

Did you know?

Antimicrobial resistance happens when microorganisms like bacteria, viruses or fungi evolve to survive treatments like antibiotics, antivirals, and antifungals, making them ineffective.



Get to grips with heartburn and acid reflux

We've recently updated our information on heartburn and acid reflux. Here, we break it down...



What is heartburn and acid reflux?

Heartburn is a 'burning' chest pain that usually occurs after eating, lying down or bending over. Pain is at the lower end of the breastbone, in the centre of the chest, and often rises upwards.

Acid reflux is when stomach contents, including acid, regurgitate into the oesophagus (also known as the gullet or food pipe). We usually aren't aware it's happening.

What are the main symptoms of heartburn and acid reflux?

Most people experiencing heartburn have mild symptoms that can be a nuisance. It often worsens after eating rich foods, citrus juice, hot drinks, or alcohol but triggers can vary. Symptoms, which can be worse at night or when lying down include:

- Discomfort or pain when you swallow.
- A need to clear your throat often, cough, or feeling like you are choking.

Some people have slightly different, or 'atypical' symptoms of reflux including:

- Voice changes.
- A sore throat.
- Bad breath.
- A cough.
- Problems with your teeth that can be picked up by a dentist.

When should I see a GP for my symptoms?

For some, heartburn and reflux can really impact quality of life, including interfering with physical activity or impacting sleep. In a few people where severe gullet inflammation is present, there is a risk of complications such as internal bleeding or narrowing of the gullet.

You must always see a GP if you:

- Have symptoms like food getting stuck in your gullet, frequently being sick or unintentional weight loss.
- Feel lifestyle changes and pharmacy medicines aren't helping.
- Have heartburn most days for three weeks or more.
- Have difficulty or pain when swallowing food.
- Have heartburn, indigestion, hiccups or an unpleasant taste in your mouth for three weeks or more.

How are heartburn and acid reflux diagnosed?

Doctors will discuss your symptoms and how long you have had them for. Your doctor may suggest a need for acid-reducing medicines. However, if these don't work, you may be referred for tests such as:

- Endoscopy.
- Capsule sponge test.
- Barium swallow.

Find out more about these tests at: gutscharity.org.uk/info/heartburn-reflux.

What treatments are available?

Most treatments revolve around lifestyle changes. Your symptoms are likely to lessen if you take measures to reduce the amount of reflux that you have.

Alcohol

Reducing your alcohol intake, if needed, to within healthy limits may help. If you have a large intake, discuss this with your GP before reducing it. Health advice is to have less than 14 units per week, with some alcohol-free days during the week. To check your units, visit drinkaware.co.uk.

Smoking

Stopping smoking can also help. Your GP can signpost you to stopping smoking services where you live. For more information, visit nhs.uk/live-well/quit-smoking.

Diet

Reducing foods that trigger your reflux symptoms can be helpful. There is no one approach to diet and reflux, and triggers can vary from person to person.

Other lifestyle factors to consider

These include:

- Having a higher body weight than is considered healthy.
- Eating patterns.
- Sleeping position.
- Antacids (medications which offer quick, temporary relief, by neutralising stomach acid).
- Alginates (compounds found in seaweed that form a gel-like barrier on stomach acids, stopping them from flowing back into the oesophagus).
- Acid-suppressing medications (work by decreasing stomach acid production).

Facts & figures

- **Up to 1 in 4** UK adults are affected by heartburn.
- **1 in 10 people** with acid reflux have Barrett's oesophagus, a potentially pre-cancerous condition where the normal cells lining the oesophagus have been replaced with abnormal cells. It can develop into oesophageal cancer, though for the majority it will not.
- **Acid reflux is the major symptom** of gastroesophageal reflux disease (GORD).
- Guts UK is a member of Action Against Heartburn. Visit actionagaintheartburn.org.uk for more information.

To find out more about heartburn and reflux or the conditions mentioned such as Barrett's oesophagus and oesophageal cancer, visit gutscharity.org.uk/information or call our Helpline on **0300 102 4887**.

Your small change can make a big difference



Amy's workplace bake sale

Amy and her colleagues at Williams, a plumbing and heating merchant, raised an incredible £490 from their office bake sale.

The team at Williams love a sweet treat and chose to support Guts UK ahead of Amy's upcoming surgery to form a stoma (where a section of bowel is brought out through an opening on the abdomen).

Amy said: "This is the most successful bake sale we've ever done. I think it's because when you know somebody is going through something and the cause is personal to them, it's relatable. I do feel like people were more generous because they know my story. It's not the number of people that took part, it's that people donated higher amounts because we all know each other."



Catherine's charity pantry

Catherine set up a charity pantry for her colleagues in the office with tea, coffee and other goodies, with an honesty box for donations and a very strict rule inspired by the popular 90's film Fight Club: 'The first rule of charity pantry is you pay for charity pantry.'

The pantry has raised over £100 so far and is now a staple in Catherine's office.

What could your small change fund?

£3 could provide a Can't Wait card for someone who needs urgent access to public toilet facilities.

£10 could enable our Helpline team to provide information and support to someone when they need it most.

£30 could fund an hour of vital research into the digestive system by an early career researcher.



Jack's story



Kranky Panky is a powerful and heartfelt awareness campaign that holds a permanent place in Guts UK's calendar. Every November, we share real-life stories from people affected by pancreatitis, shining a light on the reality of this often devastating condition.

Jack died from acute pancreatitis in February 2023, aged 28 years old, only two days after being admitted to hospital.

His dad, Ian and mum, Philippa, bravely share their family's heart-breaking story to highlight the lasting impact that pancreatitis can have.

Ian told us "Jack was intelligent, witty, and full of life. He was a loyal supporter of Crewe Alexandra, loved live music, and surrounded himself with friends. He was liked and loved, with a true 'you only live once' attitude.

As a young adult, he was sociable and fun-loving, but he also battled with his mental health. He struggled to access the right support. Alcohol became a sticking plaster for his anxiety, and during COVID, his relationship with alcohol worsened."

Jack's diagnosis of acute pancreatitis

"By December 2022, Jack was back living at home. It mattered to us that he was always safe, warm, fed and loved. After a short relapse in February 2023, we found him unwell and called an ambulance.

Jack didn't look great, but that wasn't unusual. The paramedics decided to take him in. We felt relieved, hoping he'd finally get the help he needed. But hours later, doctors pulled me aside and explained that Jack was extremely poorly. He had severe acute pancreatitis, and 80% of his pancreas had already died. They didn't know if his body could survive.

Jack was transferred to intensive care and placed on maximum life support. In the early hours, less than 48 hours after his admission, we were told there was nothing more doctors could do. We held his hand and told him we loved him. And then he was gone."

In Jack's memory

"Jack's funeral was filled with family and friends who loved him dearly. At home, a corner of our living room holds photos, lyrics from his favourite songs, and keepsakes that keep his memory alive.

Jack was loved by so many. But most of all, by his family. That love will never leave us."



Jack's cousin, Lydia Reece, performing at The Sugarmill in tribute to Jack.

A musical tribute in memory of Jack

We want to extend a heartfelt thank you to Guts UK supporter Ian Crawford and his family for their incredible fundraising efforts in loving memory of Ian and Philippa's son Jack.

A night of live music

In August, Ian and his family organised a special live music fundraiser in honour of Jack, who loved music. The event featured Jack's cousin and rising artist Lydia Reece, alongside talented performers Eve Buckley and Josie Oliver. The evening raised more than £1,000 for Guts UK.

Ian told us: "The event was a real hit. We sold more tickets than expected and the atmosphere was so positive

and uplifting. All three musical acts were superb. Lydia told us it was the best gig of her musical career so far and it meant so much to her and us to raise money for Guts UK. Jack would have loved it - he was always amazed by his cousin's voice."



Sharing Jack's story

Following the fundraiser, Ian joined Susan Hanks on BBC Radio Stoke to talk about Jack's life, his family's experience of pancreatitis, and the importance of raising awareness through events like this.



The Crawford family and those close to them have raised over £16,000 in memory of Jack. From sponsored walks to bucket collections and much more in between!

This incredible fundraising journey began in **March 2023**, when donations were made to mark what would have been Jack's 29th birthday. The tradition continued into 2024, as Jack's family and friends gathered once again to celebrate what would have been Jack's 30th birthday, with a special fundraiser at their local cricket club.

2023

Throughout 2024, Jack's cousin, Tom, set himself a remarkable challenge - to run the distance of a half-marathon every week for an entire year. The fitness bug caught on, with Jack's uncle, Matt, taking on the Manchester Marathon, proudly running every mile in Jack's honour. In May that year, members of the Crawford family pledged to walk 10 kilometres every day throughout the month.

2024

Fundraising in 2025 began with a nod to Jack's love of football, a fond memory for everyone who knew him. Jack's family and friends paid homage to his favourite team for the second time with a bucket collection at Crewe Alexandra Football Club.

2025



We're truly in awe of this incredible family and absolutely love their thoughtful, creative, and dynamic fundraising activities in memory of Jack. Thank you for your amazing support.

Feeling inspired? Take on your own fundraising activity in support of Guts UK. Download your **FREE** fundraising pack at gutscharity.org.uk/support-us/fundraise

Patient information leaflets

Guts UK is the national charity for the digestive system. Visit gutscharity.org.uk for all our information leaflets. If you'd prefer a hard copy sent by post, email us at info@gutscharity.org.uk or call us on **020 7486 0341**.

Conditions

- Achalasia (**Updated**)
- Acute Pancreatitis
- Adhesions
- Anal Fistulas
- Ascites
- Barrett's Oesophagus
- Belching Disorders
- Bile Acid Diarrhoea (BAD) (**Updated**)
- Bile Duct Cancer
- Biliary Sphincter Disorders (Sphincter of Oddi Dysfunction)
- Bowel Cancer
- Chronic Intestinal Pseudo-Obstruction
- Chronic Pancreatitis
- Coeliac Disease
- Crohn's Disease
- Diverticular Disease
- Dumping Syndrome (**Updated**)
- Eosinophilic Diseases (**Updated**)
- Faecal Incontinence (**Updated**)
- Functional Dyspepsia
- Gallstones
- Gastritis
- Gastroparesis
- Gilbert's Syndrome
- Helicobacter Pylori
- Irritable Bowel Syndrome (IBS) (**Updated**)
- Liver Cancer
- Microscopic Colitis (**Updated**)
- Oesophageal Cancer
- Pancreatic Exocrine Insufficiency and PERT (Pancreatic Enzyme Replacement Therapy)
- Pelvic Radiation Disease
- Perianal Disease

- Polyps in the Bowel (**Updated**)
- Primary Sclerosing Cholangitis
- Rumination Syndrome
- Small Intestinal Bacterial Overgrowth (SIBO) (**New**)
- Stomach Cancer
- Ulcerative Colitis

Symptoms

- Bloating & Distension
- Constipation
- Diarrhoea
- Heartburn & Reflux (**Updated**)
- Indigestion
- Painkillers Causing Constipation & Digestive Symptoms
- Wind

Information

- Alcohol & The Digestive System
- Fibre (**Updated**)
- Faecal Microbiota Transplantation
- Food Intolerance Testing
- Gut Microbiome (Poo Testing)
- Healthy Eating (**Updated**)
- Introduction to Gut Bacteria
- Our Personal Plumbing System
- Prebiotics and Probiotics (**Updated**)
- Surveillance For Gastric Atrophy and Gastric Intestinal Metaplasia

More information on digestive symptoms, conditions, lifestyle and more can be found at gutscharity.org.uk/information.

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No. 1137029



Donation Form **I'm getting to grips with guts!**

Please return this form to:
Freepost GUTS-UK-CHARITY

MAKE A ONE-OFF DONATION

I would like to support Guts UK with a donation of

£10 £25 £50 £100 Other £

YOUR DETAILS

Name

Address

Postcode

Tel

Email

Please tick here if you have enclosed a cheque.

Cheques should be made payable to Guts UK Charity.

If you would like to make your donation by phone, call our fundraising team on **020 7486 0341**. Our lines are open Monday to Friday, 9am to 5pm.

YOUR CARD DETAILS FOR A ONE-OFF DONATION

Name

Card No.

Expiry / Security Code

Address
(if different from above)

To acknowledge your donation and thank you for your support, we will usually send a letter in the post. If you do not wish to receive this, please tick here.

If you would like to add Gift Aid to your donation, please fill in the details overleaf.

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If you would like to make your donation a regular gift, please tick here:

Frequency of regular gift (please tick one):

Monthly Quarterly Annually

Please indicate your preferred month to start:

Commencing on (please tick one): 1st of the month or 15th of the month

YOUR BANK DETAILS FOR A REGULAR DONATION



Name(s) of Account Holder(s)

Bank/Building Society Acc No.

Sort Code

Instruction to your Bank or Building Society

Please pay Guts UK Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Guts UK and, if so, details will be passed electronically to my Bank/Building Society.

Signature

Date

Direct Debit guarantee:

A full Direct Debit guarantee will be sent you once your order has been processed. Please ensure you have included your postal address earlier on the form.

Boost your donation by 25p for every £1 you donate with Gift Aid.

I want to Gift Aid this donation (please tick)

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I am happy for all gifts of money that I have made to Guts UK charity in the last four years and all future gifts of money that I make to be Gift Aid donations. I am a UK taxpayer and understand that if I pay less Tax & Capital Gains Tax in that tax year than the amount of Gift Aid claimed on all my donations across all charities, it is my responsibility to pay any difference. Guts UK charity claims 25p for every £1 you donate from the tax you pay for the current tax year. If your circumstances, name or address change, please do let us know.

Signature

Date

Staying in touch

We would love to send you the latest updates on our information, research, campaigns, fundraising and more, highlighting the important impact your support is having on our work. We may contact you by phone or post, unless you select 'no' below.

Email: Yes/No SMS: Yes/No Post: No Telephone: No

To make any changes to your preferences at any time, email us at info@gutscharity.org.uk or call us on **020 7486 0341**.