

IRRITABLE BOWEL SYNDROME

CLINICAL FEATURES

Principle 1: Consider if 6mths+ abdo pain/discomfort, bloating, change in bowel habit

Principle 2: Identify red flags + organic disease (IBD/coeliac disease)

Criteria:

(i) Abdo pain/discomfort | | relieved by defecation | | or change in bowel habit

(ii) Plus at least 2 of:- Altered stool passage (urgency/straining/incomplete evacuation)

Passage of mucous

Abdominal bloating (distension/tenderness/hardness)

Symptoms exacerbated by eating

INVESTIGATIONS:

Coeliac screen (EMAs/TTG) positive in 5% of IBS

Faecal calprotectin

**do not need US/endoscopy/TFTs/FOB/ova+parasities/H2 breath test*

MANAGEMENT

1. Lifestyle: Identify and make use of leisure time to relax; increase activity (assess with GPPAQ questionnaire)

2. Diet: Meal behaviour/hydration/fibre, oats, linseed, probiotics/restrict caffeine, EtOH, alcohol, sorbitol, fizzy drinks

3. Pharmacologic therapy:

1st line: **Antispasmodics/Loperamide**_(IBS-d)/**Laxatives**_(IBS-C) *discourage lactulose*

2nd line: **Linaclotide** if optimum/max dose of laxatives if fail after 12mths+ IBS-C **TCA/SSRI**s anxiety/depression/neuromodulatory mechs

4. Psychological intervention: *refractory IBS with no response to pharmacologics after 12mths*

CBT: Creed et al. showed effective in women with NNT=3

Hypnotherapy: number of studies show immediate (75%) and long-term benefits (80% at 5yrs) my

FUNCTIONAL CONSTIPATION

1. Slow Transit_(colonic inertia) 2. Rectal evacuatory dysfunction 3. Combination of both

Investigations: **Luminal investigations only for red flag symptoms/suspect organic disease**

Bloods: TFTs/hypercalcaemia/hypokalaemia

Colonic transit study: opaque markers ingested and xray taken later

Defecating proctogram: paradoxical sphincter contraction, impaired pelvic floor relaxation, intussusception, prolapse

Anorectal Manometry: exclude Hirschprung's disease

Treatment:

1. Diet/lifestyle: (i) fibre marginally increases gut transit/stool bulking (ii) hydration

2. Simple: laxatives_(bulk/osmotic in idiopathy megacolon or rectum)/suppositories/enemas

3. Prokinetics: Prucalopride_(serotonin-4 receptor agonist) Linaclotide_(guanylate cyclase)

Biofeedback: learning strategy based on operant condition

Surgery: slow transit failing to respond to all the above (segmental resection/TC+IRA/ACE/ileo-rectostomy or sigmoidstomy)

IDIOPATHIC MEGACOLON/MEGARECTUM

Intractable constipation usually in first two decades of life

Megacolon: abdo pain and distension

Megarectum: faecal incontinence with recurrent impaction

Diff Dx: Hirschprung's (excluded by presence of rectoanal inhibitory reflex)

Medical therapy: (i) disimpaction_(inc. supps/biofeedback) and (ii) osmotic laxatives titrated until porridge stools

Surgery when medical therapy fails (colectomy+IRA/end stoma)

Other surgery: Duhamel, anal myomectomy, RPC with 70% favourable outcomes in these