

Gastro Conditions



And what they
are

Irritable bowel syndrome

Irritable bowel syndrome (IBS) is a common condition that affects the digestive system. It is usually a lifelong condition but medication and lifestyle changes can help the symptoms that come with the condition. It can be very frustrating to live with and can have a big impact on your everyday life.

Symptoms of IBS

Only a small number of people with IBS have severe symptoms. According to the NHS the main symptoms of IBS are the following :

- ◇ stomach pain or cramps – usually worse after eating and better after doing a poo
- ◇ bloating – your tummy may feel uncomfortably full and swollen
- ◇ diarrhoea – you may have watery poo and sometimes need to poo suddenly
- ◇ constipation – you may strain when pooing and feel like you cannot empty your bowels fully

Other symptoms of IBS are :

- ◇ farting (flatulence)
- ◇ pooing mucus
- ◇ tiredness and a lack of energy
- ◇ feeling sick (nausea)
- ◇ backache
- ◇ problems peeing, like needing to pee often, sudden urges to pee, and feeling like you cannot fully empty your bladder
- ◇ not always being able to control when you poo (bowel incontinence)

Symptoms may worsen due to the following :

- ◇ alcohol
- ◇ caffeine
- ◇ certain foods, such as spicy or fatty food
- ◇ stress and anxiety
- ◇ regular antibiotic use

IBS flare-ups can happen for no obvious reason but can also be due to triggers mentioned above.

Causes of IBS

The exact cause of IBS is unknown but there are factors that are believed to play a role, they are the following:

- ◇ **Muscle contractions in the intestine**
- ◇ **Nervous system**
- ◇ **Severe infection caused by bacteria or a virus called gastroenteritis**
- ◇ **Early-life stresses**
- ◇ **Changes to gut microbes (fungi, bacteria and viruses)**
- ◇ **Family history**
- ◇ **Diet**

Diagnosing IBS

There's no definitive test for IBS. A healthcare professional is likely to start with a complete medical history, physical exam and tests to rule out other conditions, such as celiac disease and inflammatory bowel disease (IBD). In some cases, a doctor might suggest a colonoscopy, CT scan, or endoscopy to get a clearer picture of the digestive tract. Once other conditions have been ruled out then a GP will be able to diagnose you with IBS.

Treatment for IBS

There's no single diet or medicine that works for everyone with IBS (irritable bowel syndrome). But there are things that can help if you have been diagnosed with IBS, to help improve your symptoms or avoid making them worse. NHS recommend the following for the different symptoms.

To help reduce symptoms like bloating, cramps and farting:

- ◇ **eat oats (such as porridge) regularly**
- ◇ **eat up to 1 tablespoon of linseeds (whole or ground) a day**
- ◇ **avoid foods that are hard to digest (like cabbage, broccoli, cauliflower, brussels sprouts, beans and onions)**
- ◇ **avoid products containing a sweetener called sorbitol**
- ◇ **ask a pharmacist about medicines that can help, like Buscopan or peppermint oil**

To help prevent diarrhoea, you can:

- ◇ **cut down on high-fibre foods like wholegrain foods (such as brown bread and brown rice), nuts and seeds**
- ◇ **avoid products containing a sweetener called sorbitol**
- ◇ **ask a pharmacist about medicines that can help, like loperamide (Imodium)**

To help ease constipation, you can:

- ◇ **drink plenty of water to help make your poo softer**
- ◇ **increase how much soluble fibre you eat – good foods include oats, pulses, carrots, peeled potatoes and linseeds (whole or ground)**
- ◇ **ask a pharmacist about medicines that can help (laxatives), like Fybogel**

If you worry about getting IBS symptoms while you're away from home, you can buy a key from the Disability Rights UK shop to help you access public toilets.

Crohn's disease

Crohn's disease is a long-term condition where part of your gut becomes inflamed. It also causes ulcers anywhere in the digestive tract, most commonly in the small intestine and colon.

Symptoms of Crohn's disease

According to the NHS Crohn's disease symptoms vary, depending on which part of your gut is affected, such as your mouth, stomach, bowel or bottom (anus). Common symptoms include:

- ◇ **diarrhoea**
- ◇ **blood or mucus in your poo**
- ◇ **stomach pain**
- ◇ **pain in your bottom (anus)**
- ◇ **feeling very tired or generally unwell**
- ◇ **loss of appetite and losing weight**
- ◇ **in children, not growing as expected, or delayed puberty**

You may also have symptoms affecting other parts of your body, such as joint pain, sore eyes and skin rashes. Symptoms most commonly start in teenagers and younger adults, but it can happen at any age. Symptoms of Crohn's disease can be similar to other conditions that affect your gut, such as irritable bowel syndrome (IBS), ulcerative colitis, diverticular disease and coeliac disease.

Causes of Crohn's disease

Symptoms of Crohn's disease are caused by a problem with your immune system, which causes it to attack part of your gut. It's not fully understood why this happens. It's thought to be partly caused by the genes you inherit from your parents.

However you are more likely to get the disease due to the following:

- ◇ **other people in your family have it**
- ◇ **you smoke**
- ◇ **you've recently had a stomach bug**
- ◇ **you've had your appendix removed in the last few years**

Diagnosing Crohn's disease

If a GP thinks you could have Crohn's disease, they may arrange blood tests and tests on a sample of your poo. You'll need to be referred to a specialist in hospital for more tests to confirm the diagnosis and to start treatment. Hospital tests you may have include:

- ◇ tests where a thin tube with a small camera inside is passed through your throat or bottom to check inside your gut, such as a colonoscopy, endoscopy or gastroscopy
- ◇ taking a small sample of tissue from your gut (biopsy)
- ◇ scans such as an MRI scan, CT scan or ultrasound scan

There's no single test to diagnose Crohn's disease. It often takes time to get a diagnosis, as the symptoms vary and can be similar to other conditions.

Treating Crohn's disease

There's currently no cure for Crohn's disease. But there are treatments that can help you stay without symptoms for long periods (in remission). The type of treatment you have will depend on your symptoms. You'll probably need different treatments over time.

Medication for Crohn's disease are the following:

- ◇ medicines to reduce inflammation in your gut, such as steroids, mesalazine or sulfasalazine
- ◇ medicines to reduce the activity of your immune system (immunosuppressants), such as azathioprine or mercaptopurine
- ◇ medicines that target your immune system (biological therapy), such as adalimumab or infliximab
- ◇ medicines to help with symptoms, such as painkillers, laxatives or medicines to stop diarrhoea

Some people may be offered a special liquid diet (enteral nutrition) instead of medicines. This may be recommended for children or people who cannot take steroids.

Surgical choices are the following :

- ◇ removing the damaged part of your gut and joining healthy sections together, called a bowel resection
- ◇ removing part of your gut and bringing the end of your bowel through an opening made in your tummy (stoma), called an ileostomy or colostomy

Surgery can work well to reduce symptoms. But there's a chance that symptoms will come back in another part of your gut after surgery.

Pancreatitis

Pancreatitis is inflammation of the pancreas, which can be either acute or chronic. Chronic pancreatitis is a long-term condition and typically involves recurring bouts of pancreatic inflammation, often even when known triggers are eliminated. Whereas acute pancreatitis is a sudden, debilitating attack of severe upper abdominal pain. Pancreatic enzymes irritate and burn the pancreas and leak out into the abdominal cavity.

Symptoms of pancreatitis

Symptoms of pancreatitis may vary. Acute pancreatitis symptoms may include:

- ◇ Pain in the upper belly that may feel worse after eating.
- ◇ Pain in the upper belly that radiates to the back or shoulders.
- ◇ Tenderness when touching the belly.
- ◇ Fever.
- ◇ Fast heartbeat.
- ◇ Nausea and vomiting.
- ◇ Shortness of breath.

Chronic pancreatitis symptoms may include:

- ◇ Constant pain in the upper belly.
- ◇ Belly pain that feels worse after eating.
- ◇ Losing weight without trying.
- ◇ Diarrhoea.
- ◇ Oily, smelly stools.
- ◇ Symptoms of diabetes mellitus, such as excessive thirst, hunger and urination.
- ◇ Bloating

The symptoms of acute pancreatitis can sometimes be confused with symptoms of other emergencies such as heart attack, biliary colic (gallbladder stones) or perforation of a gastric or duodenal ulcer. Chronic pancreatitis symptoms can be similar to other conditions, such as IBS and Gallstones.

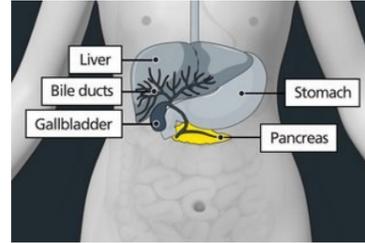
Causes of pancreatitis

Several conditions can lead to acute pancreatitis, including:

- ◇ Blockage in the bile duct caused by gallstones.
- ◇ Heavy alcohol use or cigarette smoking.
- ◇ Certain medicines.
- ◇ High triglyceride levels in the blood.
- ◇ High calcium levels in the blood.
- ◇ Pancreatic cancer.
- ◇ Injuries from endoscopy, trauma or surgery.

Conditions that can lead to chronic pancreatitis include:

- ◇ **Heavy alcohol use or cigarette smoking.**
- ◇ **Damage from repeated acute pancreatitis.**
- ◇ **Inherited conditions of the pancreas.**
- ◇ **High triglyceride levels in the blood.**
- ◇ **Autoimmune condition of the pancreas.**



Diagnosing pancreatitis

Pancreatitis is generally diagnosed quickly, by examination of the abdomen, and confirmed using a series of medical tests including:

- ◇ **General tests – such as blood tests, physical examination and x-rays.**
- ◇ **Ultrasound – sound waves form a picture that detects the presence of gallstones.**
- ◇ **CT scan – a specialised x-ray takes three-dimensional pictures of the pancreas.**
- ◇ **MRI scan – this uses a strong magnetic field rather than radiation to take pictures of the abdomen. A special form of MRI called MRCP can also be used to get images of the ducts of the pancreas and help determine the cause of pancreatitis and the extent of damage.**
- ◇ **Stool tests**
- ◇ **Pancreatic function tests**

There's no single test for chronic pancreatitis. A doctor may need to rule out other possible causes of your symptoms first this will include the tests mentioned above.

Treatment of pancreatitis

Treatment depends on the causes and severity of the condition. Treatment for acute pancreatitis will include:

- ◇ **hospital care – in all cases of acute pancreatitis**
- ◇ **intensive care in hospital – in cases of severe acute pancreatitis**
- ◇ **fasting and intravenous fluids – until the inflammation settles down**
- ◇ **pain relief – adequate pain relief is essential and is often given into the vein (intravenously). With appropriate pain relief, a person with pancreatitis is able to draw deep breaths, which helps to avoid lung complications such as pneumonia**
- ◇ **endoscopy – a thin tube is inserted through your oesophagus to allow the doctor to see your pancreas. This device is used to inject dye into the bile ducts and pancreas. Gallstones can be seen and removed directly**
- ◇ **surgery – if gallstones are present, removing the gallbladder will help prevent further attacks. In rare cases, surgery is needed to remove damaged or dead areas of the pancreas**
- ◇ **lifestyle change – not drinking alcohol.**

There's currently no cure for chronic pancreatitis. But treatment can help manage the symptoms and related problems like diabetes or difficulty absorbing nutrients from food. These treatments will include:

- ◇ **painkillers**
- ◇ **medicines that help your body absorb nutrients from food**
- ◇ **medicines for diabetes, such as insulin**
- ◇ **surgery to remove growths (cysts) from your pancreas or unblock blockages in your pancreas or bile ducts**

Sometimes you may also have treatment for the cause of your pancreatitis. For example, steroid medicine can help if it's caused by your immune system attacking your pancreas.

Coeliac disease

Coeliac disease is a serious illness where the body's immune system attacks its own tissues when you eat gluten. This causes damage to the lining of the gut and means the body can't properly absorb nutrients from food. Coeliac disease is not an allergy or food intolerance. affects 1 in 100 people. However only 36% who have the condition have been diagnosed which means there are currently nearly half a million people who have coeliac disease but don't yet know. According to coeliac.org.uk.

Symptoms of coeliac disease

According to NHS Eating foods that contain gluten can trigger a range of gut symptoms, such as:

- ◇ **diarrhoea, which may smell particularly unpleasant**
- ◇ **stomach aches**
- ◇ **bloating and farting (flatulence)**
- ◇ **indigestion**
- ◇ **Constipation**

Coeliac disease can also cause more general symptoms, including:

- ◇ **tiredness (fatigue) as a result of not getting enough nutrients from food (malnutrition)**
- ◇ **unintentional weight loss**
- ◇ **an itchy rash (dermatitis herpetiformis)**
- ◇ **problems getting pregnant (infertility)**
- ◇ **nerve damage (peripheral neuropathy)**
- ◇ **disorders that affect co-ordination, balance and speech (ataxia)**

Children with coeliac disease may not grow at the expected rate and may have delayed puberty.

Causes of coeliac disease

Coeliac disease is an autoimmune condition. This is where the immune system (the body's defence against infection) mistakenly attacks healthy tissue. In coeliac disease, the immune system mistakes substances found inside gluten as a threat to the body and attacks them.

This damages the surface of the small bowel (intestines), disrupting the body's ability to take in nutrients from food. It's not entirely clear what causes the immune system to act this way, but a combination of genetics and the environment appear to play a part. Reported cases of coeliac disease are higher in women than men. It can develop at any age. People with certain conditions, including type 1 diabetes, autoimmune thyroid disease, Down's syndrome and Turner syndrome, have an increased risk of getting coeliac disease. First-degree relatives (parents, brothers, sisters and children) of people with coeliac disease are also at increased risk of developing the condition.

Diagnosing coeliac disease

Routine testing for coeliac disease is not done in England. Testing is usually only recommended for people who have symptoms, or who have an increased risk of developing coeliac disease, such as those with a family history of the condition. First-degree relatives of people with coeliac disease should be tested. Blood tests will be done and in some cases a biopsy may be done too according to some of the research that has been looked into.

Treating coeliac disease

The NHS website states the following :

There's no cure for coeliac disease, but following a gluten-free diet should help control symptoms and prevent the long-term complications of the condition. Even if you have mild symptoms, changing your diet is still recommended because continuing to eat gluten can lead to serious complications. This may also be the case if tests show that you have some degree of coeliac disease even if you do not have noticeable symptoms. It's important to ensure that your gluten-free diet is healthy and balanced. An increase in the range of available gluten-free foods in recent years has made it possible to eat both a healthy and varied gluten-free diet.

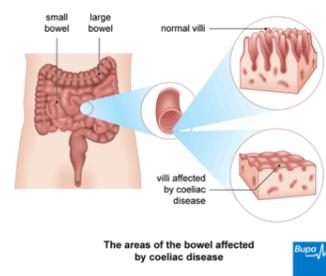
There are complications with coeliac disease

Complications of coeliac disease only tend to affect people who continue to eat gluten, or those who have not yet been diagnosed with the condition, which can be a common problem in milder cases.

Potential long-term complications include:

- ◇ **weakening of the bones (osteoporosis)**
- ◇ **iron deficiency anaemia**
- ◇ **vitamin B12 or folate deficiency anaemia**

Less common and more serious complications include some types of cancers, such as bowel cancer, and problems affecting pregnancy, such as your baby having a low birth weight.



Information provided by

www.nhs.uk

medlineplus.gov

en.wikipedia.org

my.clevelandclinic.org

mayoclinic.org

www.betterhealth.vic.gov.au

www.coeliac.org.uk

Important : Please see your GP about any of these conditions if you think you may have them. We are not doctors so always see your own doctor about any health concerns. This is an information leaflet made easy for people to access and all using information researched and personal experience. We are here to help as a support group as that is what we are. Thank you.

