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An Update On Irritable Bowel Syndrome

Irritable bowel syndrome is a common condition which affects, at a conservative estimate, approximately 35% of the adult population, in particular young working adults.

There are 3 main variants; diarrhoea predominant, constipation predominant or the mixed variety, which is the most common.

Symptoms include abdominal bloating, altered bowel habit (either diarrhoea or constipation), incomplete evacuation (a sensation of not completely emptying your bowels) and occasionally mucus discharge.

Management involves history taking and examination, simple investigations such as blood tests, stool tests (faecal calprotectin levels) and occasionally investigations such as colonoscopy.

Colonoscopy is indicated in the presence of rectal bleeding, protracted symptoms or elevated faecal calprotectin levels.

Colonoscopy is a very well tolerated procedure, undertaken under sedation.

There has been increased interest in the role of SeHCAT, if all other investigations are normal, to exclude bile acid malabsorption, masquerading as IBS.

Management of IBS may involve lifestyle or dietary modification. The use of the low FODMAPS-based diet can bring about a 75% improvement in those patients with a diarrhoea predominant IBS.

The role of probiotics such as a VSL3-based probiotic or Symprove can reduce abdominal bloating.

Often recognition of the condition and reassurance, following appropriate investigation, is all that is required, in establishing long term symptom improvement.

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