

## Irritable Bowel Syndrome

The Irritable Bowel Syndrome (IBS) sometimes called the “Spastic Colon” is common in our community. Many people have recurring gastrointestinal symptoms that can be attributable to IBS. Your bowels are intimately related to what happens in your life and changes in the stress levels, travel and diet often lead to an alteration of bowel function. Typical symptoms include abdominal bloating, colicky pain, diarrhoea or constipation and intermittent mucous discharge. Spasm of the pelvic floor muscles causing rectal pain often occurs in patients with IBS.

Many patients are concerned about more serious causes of their symptoms such as bowel cancer and reassurance from their doctor and an explanation often alleviates some of the symptoms of IBS. Often there is a family history of four or five varying symptoms which

have occurred over many years alerting the doctor to the diagnosis. Bleeding from the bowel is never caused by IBS and must always be checked by your doctor.

### Possible Causes of IBS

IBS is most likely due to a diffuse disorder of the smooth muscle of the bowel causing both over and under activity leading to the varying combination of constipation or diarrhoea symptoms. This dysfunction has been attributed to previous infectious diarrhoeal illnesses, dietary allergies and psychogenic causes. None of these theories has been proven which makes treatment difficult and unpredictable.

### Investigations

Clinical judgement is required to decide which investigations are necessary before an accurate diagnosis of IBS can be made. Because many of the symptoms are non specific, your doctor will decide

after consultation whether there is a risk of more serious problems. IBS is a diagnosis after exclusion of other conditions such as bowel cancer, inflammatory bowel disease, infections, coeliac disease and food allergies.

### Treatment

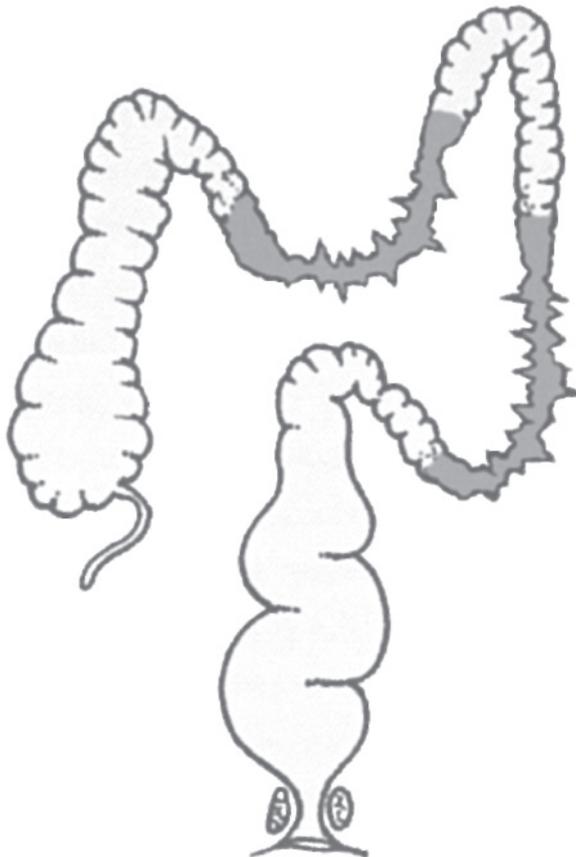
Treatment is sometimes easy with the only reassurance that no serious underlying pathology exists. A good family doctor-patient relationship can be an important consideration. As the cause is unknown and the natural history is that of repeated episodes of intestinal symptoms, it is difficult to advise one particular treatment plan.

Some treatments can help one manifestation of IBS but in so doing exacerbate another symptom. For example, fibre may improve constipation but may worsen or aggravate the feeling of being bloated. There seems little doubt that periods of emotional stress

are likely to aggravate symptoms and an understanding doctor is often the most successful therapy. The use of, or withdrawal of, fibre supplements and dietary manipulations on an individual “trial and error” basis can also be tried. Probably long term treatments should be discouraged as the natural history of this condition is that of spontaneous remissions and exacerbations.

Counselling and relaxation therapy by an experienced clinical psychologist may be helpful for some patients. Some patients may require testing for food allergies.

**Surgery has no role in the management of the irritable bowel syndrome.**



### Colorectal Surgical Society of Australia and New Zealand (CSSANZ)

Members of the Society are surgical specialists practising exclusively in colorectal surgery - the management of diseases of the large bowel (colon), rectum, anus and small bowel. After completing general surgery training they have completed a further period of training and research in colorectal surgery. The Society's mission is the maintenance of high standards in colorectal surgery and colonoscopy in Australia and New Zealand through the training of colorectal surgeons and the education of its members, and to promote awareness, prevention and early detection of colorectal diseases in the community.

The CSSANZ Foundation is a trust with a board of governors whose objective is to support high quality research projects for colorectal surgeons in training and our members. Donations to the CSSANZ Foundation are fully tax deductible in Australia and can be sent to:

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