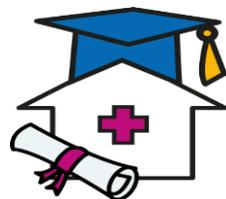


A large circular graphic composed of many small, overlapping blue brushstrokes that form a ring around the central text.

**Learn more
about
Irritable Bowel
Syndrome (IBS)**



With **all of us** in mind.



IMPORTANT, PLEASE READ

These slides are *free* for anyone to look at and see some tips that might be helpful. If you would like to learn more, please book on to our workshop of the same name.

Whilst our face to face courses are not running the moment, you can still express your interest in attending the next available date by visiting our website www.wakefieldrecoverycollege.co.uk, clicking on the “**Enrol Now**” button and following the link to our “**Enrolment Form**”. As soon as our face to face courses are back on, we’ll be in touch to reserve your place at your preferred location. We’re also still here on the phone (01924 316946) and through email (wakefieldrecoverycollege@swyt.nhs.uk) if you would like to chat to us.

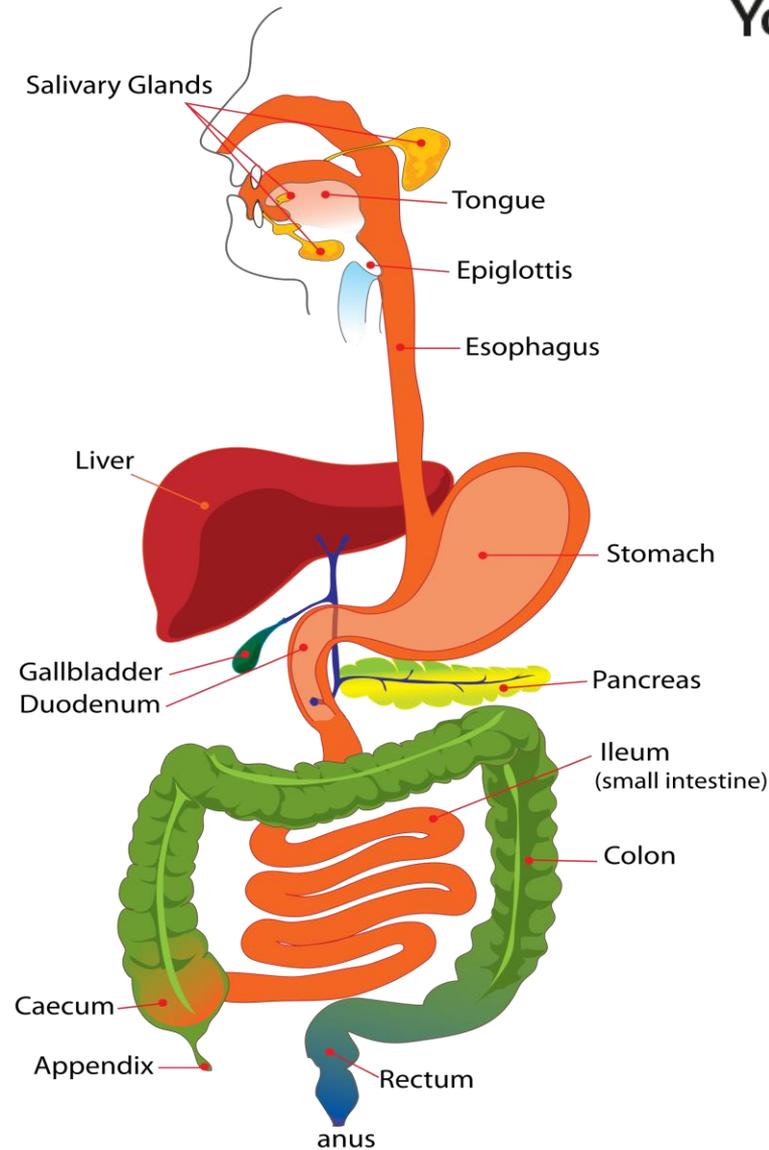
We can’t wait to see you soon, but in the meantime...

Stay home. Protect the NHS. Save Lives.

Thinking of you all, from
Your Recovery College Team.

With **all of us** in mind.

The digestive system



The gastrointestinal system is complicated! In brief, this is how it works...

When chewed, food is lubricated by saliva, which contain enzymes (chemicals) and is propelled down the gullet to the stomach.



Acid helps to 'sterilise' the food and the enzymes start the process of digestion.



Food is broken into small pieces by the stomach before being delivered into the small bowel. Enzymes from the pancreas and lining of the small bowel digest it. Bile, which is made in the liver, passes down the bile duct into the small bowel to dissolve fats.



All nutrients are absorbed into the bloodstream, to be processed and stored in the body, as the contents of the small bowel move further down



By the time the contents reach the large bowel most of the nutrients have been removed, leaving undigested material such as fiber.



It is the function of the large bowel to store these products until they are ready to be passed into the toilet (opening one's bowels).



When it's all working as it should be that is!!!



So, what is IBS then?



IBS is an *extremely* common condition, affecting **17% of the population** and affecting women more often than men (23% of women, compared to 11% of men), with symptoms usually peaking in our 30's and 40's.



It can affect any cultural or ethnic group and is now the most common diagnosis made by gastroenterologists worldwide.



Unfortunately the general public and even the medical profession often mistakenly regard IBS as a purely psychological problem.



With **all of us** in mind.

So what is IBS then?...

IBS symptoms can vary enormously between people and needs a formal diagnosis from a GP or specialist due to the complexities of the condition.



Currently, there is no biochemical, histopathological or radiological diagnostic test for IBS and can sometimes therefore take years to be diagnosed properly.



IBS can be split in to three main categories:

Diarrhoea-predominant, constipation-predominant or a mixture of both.

Many people will switch between the types that they experience.

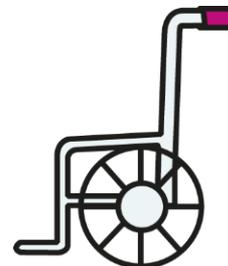
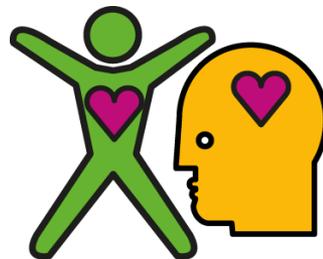


So what is IBS then?...

Symptoms can include:

Pain/discomfort, bloating, a change in bowel habit (NICE suggest seeing at least one of these for a minimum of six months before a diagnosis can be made).

Other symptoms can include: Fatigue, flatulence, heartburn, anxiety, stress, depression, headaches, poor sleep, anaemia, vitamin deficiencies, joint and muscle pain, back ache, lethargy, an urgency to use the toilet, incontinence, problems peeing, haemorrhoids, rectal bleeding, painful intercourse, reduced libido, dehydration and nausea. It can even lead to eating disorders.



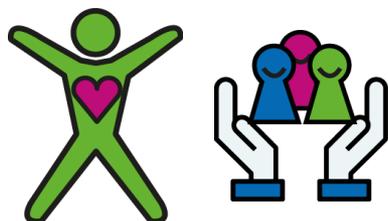
With **all of us** in mind.



So what is IBS then?...

Professor Whorwell, a leading authority on IBS in the UK, states that he is “convinced that education is an essential starting point in starting to manage this condition”.

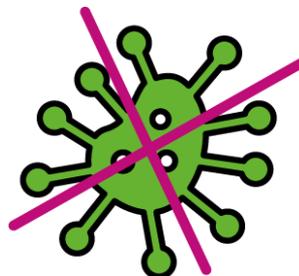
IBS cannot be cured and is a life-long condition.  But don't worry, it's not all doom and gloom  sufferers can learn to manage the condition.



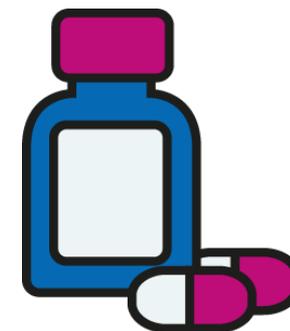
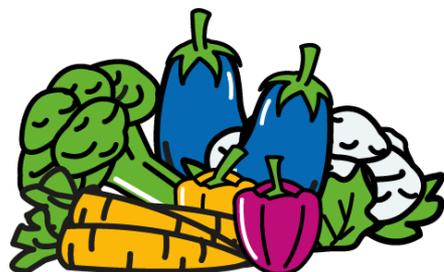
Sufferers are more likely to undergo specific surgeries.

A condition that can alter and effect every part of a person's home and work life and their relationships...It's more than just “a bit of IBS” and can be debilitating. A third of Professor Whorwell's patients have considered suicide as a result of the impact of IBS on their lives.

29% of patients are referred by their GP to a specialist (red flags)



What causes IBS?



What causes IBS?



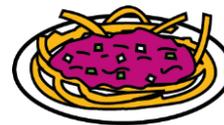
Acute gastroenteritis.

Inflammation of the gut (often a consequence of a gut infection).

Hypersensitivity in the lining of the gut, causing people to feel and know what's going on in their guts more than normal.

Muscular over activity (spasm and cramp of the muscles in the bowel).

Food/drink intolerances.



Caffeine.

Alcohol.



Childhood events

What causes IBS?



Diet

Lack of physical activity



Stress



Anxiety



Depression



Chronic pain conditions



Hereditary/genetics and learned behaviours



Bacteria in the gut





South West
Yorkshire Partnership
NHS Foundation Trust

NHS video

<https://www.nhs.uk/conditions/irritable-bowel-syndrome-ibs/ibs-diet-video-guide/>

With all of us in mind.

How to manage IBS...

What have you been told before?

‘It’s all in your head’

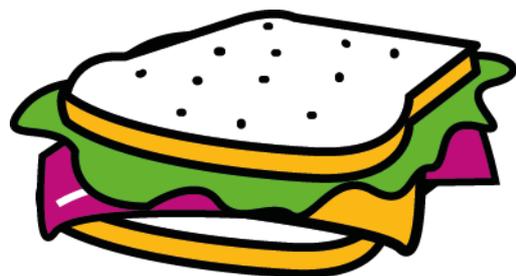
‘You will have to live with it’

‘It’s not life threatening’

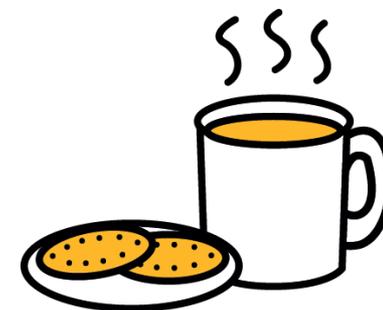
You can manage it there is support out there!

With all of us in mind.

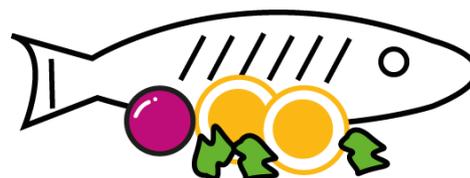
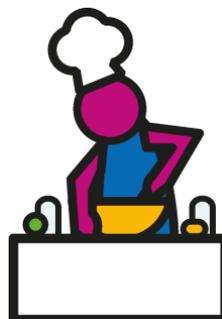
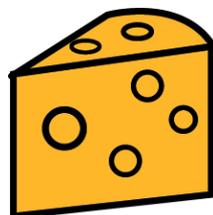
Managing IBS...



Diet



Food Allergy Vs. Food Intolerance



A food allergy is when the body's immune system reacts unusually to specific foods. **Although allergic reactions are often mild, they can be very serious.**

Symptoms of a food allergy can affect different areas of the body at the same time. Some common symptoms include:
an itchy sensation inside the mouth, throat or ears, a raised itchy red rash ([urticaria](#), or "hives"), swelling of the face, around the eyes, lips, tongue and roof of the mouth ([angioedema](#)), vomiting.

In the most serious cases, a person has a severe allergic reaction ([anaphylaxis](#)), which can be life threatening. Call 999 if you think someone has the [symptoms of anaphylaxis](#), such as:

breathing difficulties, trouble swallowing or speaking, feeling dizzy or faint.

Ask for an ambulance and tell the operator you think the person is having a severe allergic reaction.



What causes food allergies?

Food allergies happen when the immune system – the body's defence against infection – mistakenly treats proteins found in food as a threat. As a result, a number of chemicals are released. It's these chemicals that cause the symptoms of an allergic reaction. Almost any food can cause an allergic reaction, but there are certain foods that are responsible for most food allergies.

Foods that most commonly cause an allergic reaction are:

Milk, eggs, peanuts, tree nuts, fish, shellfish, some fruit and vegetables (such as kiwi).

It's still unknown why people develop allergies to food, although they often have other allergic conditions, such as [asthma](#), [hay fever](#) and [eczema](#).

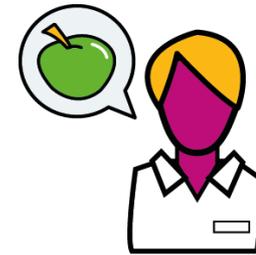
A food intolerance is not the same as a food allergy.

A food intolerance is difficulty digesting certain foods and having an unpleasant physical reaction to them. It does not involve your immune system – there is no allergic reaction, and it is never life-threatening

It causes symptoms, such as bloating, tummy pain and diarrhoea which usually happen a few hours after eating the food. This may be caused by difficulties digesting certain substances, such as lactose.

The symptoms of a food intolerance usually occur several hours after eating the food, you need to eat a larger amount of food to trigger an intolerance than an allergy (where you can only need a trace), it can be caused by many different foods and **a food intolerance is never life threatening, unlike an allergy.**

How to manage IBS – Diet



Some known IBS triggers include...

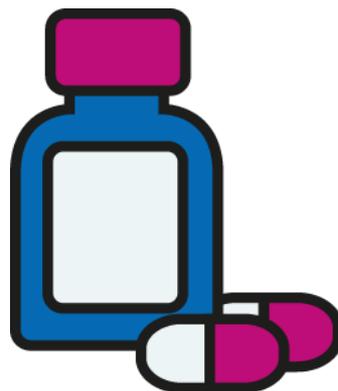
Spicy food, dairy, onions, garlic, fatty or oily foods, some fruits and vegetables, too much fruit, cereals, seeded or wholemeal bread, wheat, gluten, high fiber foods, eating too quickly, skipping meals, processed foods/meals, alcohol, caffeine, fizzy or sugary drinks, chocolate, sweeteners, mushrooms, eggs, chewing gum.

Think about what are your triggers?

How to manage IBS - Diet

- Food diaries <https://www.royalberkshire.nhs.uk/patient-information-leaflets>
- Low FODMAP diet (Fermentable Oligosaccharides Disaccharides, Monosaccharides and Polyols – poorly absorbed simple and complex sugars)
<https://www.lowfodmap.com/printable-low-fodmap-charts-table>

Managing IBS... Medication



How to manage IBS - Over the counter medications and remedies

- Loperamide (Imodium)
- Buscopan
- Colpermin
- Senocalm
- Colofac
- Peptomismol
- Gasviscon/Rennies/Tums
- Laxatives
- Good hand hygiene

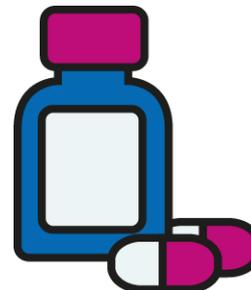
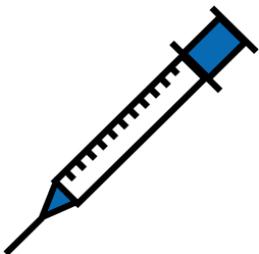


- Make sure you discuss with your GP/Pharmacist prior to taking any over the counter medications.

How to manage IBS - Prescription only medications and remedies

Your GP or specialist *may* prescribe:

- Tricyclic anti-depressants, such as Amitryptiline
- SSRI's, such as Fluoxetine
- Other antidepressants such as Duloxetine
- Non-absorbable antibiotics
- There is research currently being conducted in to the effectiveness of Antipsychotics in treating IBS.
- Movocol
- Fibogel



How to manage IBS - Other remedies and ways to manage...

- Pro-biotics
- Acupuncture
- Reflexology
- Gut related hypnotherapy
- Peppermint / peppermint oil capsules / peppermint tea
- Ginger / ginger tea
- Turmeric tea
- Chamomile tea
- Physical activity
- Relaxation.
- Sleep.
- Planning your journey and taking a list of toilets with you/toilet apps.
- Carrying an emergency kit with you.
- Anything that works for you!



When to go to the doctor, **Red** **Flags**, and things to look out for

There are some things to look out for when you have IBS (or think you may have IBS) and would be reason to head to (or back to!) the GP to get checked out:

- Weight loss for no reason
- Bleeding from your bottom or bloody poo/diarrhoea
- A hard lump or swelling in your tummy
- Shortness of breath, noticeable heartbeats (palpitations) and pale skin
- Extreme tiredness for no obvious reason
- Persistent and unexplained change in bowel habit

Don't panic...

Whilst these might be signs for bowel cancer, they could also be a symptom of something else, such as chrone's disease, colitis, microscopic colitis, ulcerated colitis, diverticulitis, wiping too hard/often, stomach bugs, bloating, food allergies/intolerances or adaptations of some of your IBS symptoms.

You can even help your doctor by bringing your food/symptom diary with you, and go being prepared that you may have to be examined. Let them know beforehand if you would prefer to have a chaperone.

Best to be safe and to be sure by seeing your GP...

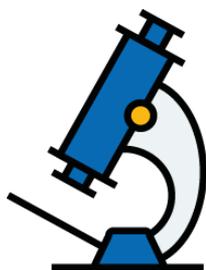


Please don't avoid your GP because you are embarrassed.



If you are nervous about an examination, let them know.

These are some of the tests you may be offered:



Blood

Colonoscopy

Thyroid Functioning

Coeliac Disease

Lactose Intolerance

Barium Enema

Parasite and Occult

Sigmoidoscopy

Ultrasound

Endoscopy

Anaemia

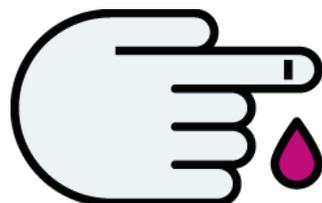
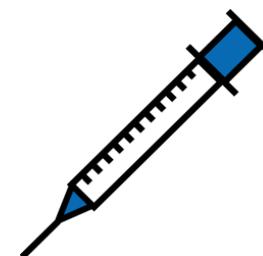
Inflammatory Markers

Faecal Calprotectin

Faecal Ova

Fructose

Other food intolerances





You can find more information on IBS from:

- Your GP
- Further reading book by Professor Peter Whorwell – leading authority on IBS in the UK “Take control of your IBS (The complete guide to managing your symptoms)” ISBN 978-1-78504-040-5 www.penguin.co can be purchased via Amazon. Approx. £12.99 paperback.
- The IBS Network - <https://www.theibsnetwork.org>
- www.ibs-care.org – South Manchester Functional Bowel Service
- Can't wait card/Radar Key for disabled toilets – lots of information online or try <https://www.bladderandbowel.org/> (there is usually a small charge)



South West
Yorkshire Partnership
NHS Foundation Trust

Have you got any
questions?

Get in touch at:
01924 316946 &
[wakefieldrecoverycollege](https://www.wakefieldrecoverycollege.nhs.uk)
[@swyt.nhs.uk](https://twitter.com/swyt.nhs.uk)

(we're still here!)



With **all of us** in mind.



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