

Irritable Bowel Syndrome

WHAT IS IRRITABLE BOWEL SYNDROME?

Irritable bowel syndrome (IBS) is a common disorder that may affect up to 30 percent of all Americans at some time during their lives. The disorder has many names, including nervous colon, spastic colon, spastic bowel, mucous colitis and spastic colitis. However, it should not be confused with diseases like ulcerative or Crohn's colitis.

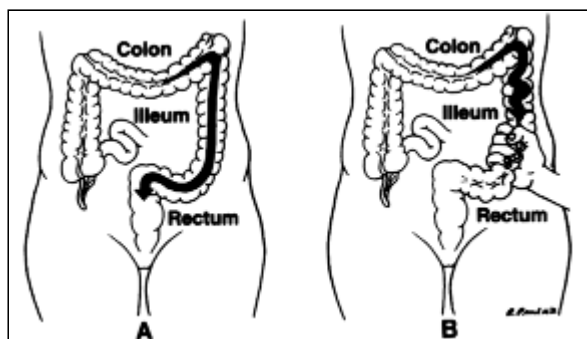
IBS is a syndrome, a pattern of symptoms such as pain and bloating that tend to occur together. It is not a "disease" in the normal sense of the word (i.e., it cannot be caught or transmitted from person to person as a cold can nor can it be cured by an operation or medication). It is not life-threatening.

WHAT ARE THE SYMPTOMS OF IBS?

People with IBS may experience constipation, diarrhea, or a combination - constipation at some times and diarrhea at other times. In addition, IBS may produce cramps, urgency, or a gassy, bloated feeling in the abdomen. Mucus, sometimes seen in bowel movements, is also a symptom of IBS. Rectal bleeding is never caused by IBS, and any rectal bleeding must be properly and thoroughly evaluated.

WHAT CAUSES IBS?

The underlying cause of this disorder is an abnormality in the way the intestinal muscles contract. These muscles, which form the outer layer of the intestine, work automatically to move food products along the intestine to the rectum and out the anus. IBS is a disorder of the function of the intestinal muscles. Even when the muscles appear normal under a microscope, they may not function normally, contracting too forcefully or weakly, too slowly or rapidly, at certain times.



Although there is no physical obstruction, a patient may perceive cramps or functional blockage.

WHAT ROLE DOES STRESS PLAY IN IBS?

Emotional stress may contribute to IBS. The brain and the intestine are closely connected by nerve fibers that control the automatic functioning of the intestinal muscles, and many people may experience nausea or diarrhea when nervous or anxious. While we may not be able to control the effect stress has on our intestines, reducing the sources of stress in our lives - high pressure jobs, family tensions, etc. - may alleviate the symptoms of IBS.

HOW CAN I TELL IF THE PROBLEM IS IBS OR SOMETHING ELSE?

A careful medical history and physical examination by a colon and rectal surgeon or other physician are essential to proper diagnosis. Tests performed to ensure that your symptoms are not caused by other problems may include a flexible sigmoidoscopic examination, colonoscopy, a hemmocult test to detect hidden blood in the stool, an x-ray examination of the lower intestines and psychological evaluation. These tests may rule out other diseases or conditions - cancer, diverticulitis, inflammation of the intestines or depression, for example.

HOW IS IBS TREATED?

Simply understanding that IBS is not a serious or life-threatening condition may relieve anxiety and stress, which often contribute to the problem. Mental health counseling and stress reduction (relaxation training) can help relieve the symptoms of IBS in some individuals.

In others, increasing the amount of non-digestible, bulk-forming foods ("roughage") in the diet may be all that is needed to relieve symptoms. Adding roughage, such as psyllium seed, to your diet may eliminate or lessen the severity of cramps, result in softer stools that pass along the intestine more easily, and absorb excess water in the intestine to prevent diarrhea. When the major complaint is constipation, additional water should be provided in the diet along with bulk agents to soften the stool.

In some cases, dietary roughage alone may not provide adequate relief from cramping and bloating. Your physician may prescribe medications that act directly on the intestinal muscles to help the contractions return to normal. Some people obtain greater relief from one medication than another. Therefore, your physician may recommend changing medications to improve symptomatic relief.

ARE THERE ANY FOODS TO BE AVOIDED?

Sometimes, caffeine, milk products or alcohol can make symptoms of IBS worse. Your physician may recommend avoiding foods that contain significant amounts of caffeine - coffee, tea, chocolate and cola drinks, for example - and alcoholic beverages, including beer, wine and "mixed" drinks.

Your physician may also recommend that you avoid dairy products, such as cheese and milk, which may cause diarrhea in some people and constipation in others. Because dairy products are an important source of calcium and other nutrients that your body needs, be sure to get adequate nutrients in the foods that you substitute.

In addition, smokers should beware: IBS symptoms may be aggravated by nicotine.

HOW LONG DOES THE TREATMENT TAKE TO RELIEVE SYMPTOMS?

Relief of IBS Symptoms is often a slow process. It may take six months or more for definite improvement to be appreciated. Patience is extremely important in dealing with this problem.

The tendency for the intestine to respond to stress will always be present. With attention to proper diet, an increase in dietary roughage, and in some cases, use of appropriate medications, the symptoms of IBS can be greatly improved or

eliminated. Mild symptoms may recur from time to time, but rarely will become more than a minor nuisance.

CAN IBS LEAD TO MORE SERIOUS PROBLEMS?

IBS does not cause cancer, bleeding or inflammatory bowel diseases, such as ulcerative colitis. Over the long term, IBS can be associated with but does not cause diverticulosis, "pockets" in the intestinal wall, which is a benign condition. This can occasionally result in diverticulitis, an inflammatory condition of one or more of the diverticula or "pockets" in the intestine that sometimes requires surgery. Treatment of IBS with bulk agents helps to prevent diverticulosis and other colon problems.

The executive office of the 1,800-member American Society of Colon and Rectal Surgeons is located in the Chicago suburb of Arlington Heights. Board-certified colon and rectal surgeons complete a residency in general surgery, plus an additional year in colon and rectal surgery, and pass an intensive examination conducted by the American Board of Colon and Rectal Surgery.

For additional information or a [list of colorectal surgeons in your area](#), contact:

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