

What you can expect at your doctors

– Investigations and Procedures



Tests are not always necessary

Current guidelines encourage gastroenterologists to make a positive diagnosis of Irritable Bowel Syndrome (IBS) on the symptoms alone.

Investigations are usually only necessary if you have recent symptoms with no obvious dietary or emotional reason or if these symptoms indicate the possibility of structural changes such as inflammation or cancer. Such symptoms include rectal bleeding, weight loss, fever or a change in your bowel habit, particularly if you are over 50. If your symptoms indicate a possibility of a diagnosis other than IBS, your GP may need to refer you to a gastroenterologist for further investigations.

Your first referral appointment

The purpose of the referral is to ensure that you do not have any damage or change in your bowel that would need specific treatment. The appointment will usually last between 20 - 30 minutes.

The gastroenterologist will ask you a lot of questions about your symptoms, how they started, what makes them worse or better, how long the bouts of pain last,

what they are like and whether anybody else in the family have similar symptoms. They will carry out a physical examination, including an examination of your rectum, (back passage), and sometimes arrange for some blood tests, camera tests of the bowel (see sigmoidoscopy/colonoscopy) and/or stool tests to be carried out.

Rectal Examination

Although having a rectal examination may be embarrassing, it is necessary and the doctor will be sensitive to your feelings. First you will need to remove your clothes from the waist down and lie on the examination couch. While you are lying on your back the doctor will feel your abdomen, searching for tender areas or lumps. Then you will be asked to turn on your left side and draw your knees up. This helps relax the anal muscles. It helps if you breathe slowly and deeply. The doctor will inspect the outside of the anal passage and then insert a lubricated, gloved finger into your back passage and feel around the wall of the rectum. This should only take a minute or two. The procedure should not be painful, but if it is, you should say.

Blood Tests

The doctor may arrange blood tests to eliminate other possible causes for your symptoms.

A simple blood count, referred to as a full blood count, is often the only test that is carried out in people with IBS. It is a good screening test for a range of diseases which might cause bowel upset. A low haemoglobin level would indicate anaemia, which might be caused by rectal bleeding due to cancer or inflammation or could possibly indicate malabsorption, (a condition in which the small intestine cannot absorb enough of certain nutrients and fluids), caused, for example, by Coeliac disease. A high platelet count might indicate bleeding from the bowel. A high white cell count would suggest infection or inflammation. If you have noticed bleeding or lost weight, the doctor will often arrange to carry out an X-ray of your bowel, or examine your bowel directly using a colonoscope or flexible sigmoidoscope. This is to make sure you don't have any inflammation or cancer.

Stool Tests

The doctor may arrange for you to have some stool tests. These may include tests to make sure there is no infection in your bowel or to see whether there is any inflammation (faecal calprotectin). Faecal calprotectin is a useful screening test for inflammatory bowel disease. The specialist will give you the necessary collection pot but you may return to the hospital to drop the sample off.

Your Second Visit

If the gastroenterologist thinks that you need a second visit, this will usually take place within three to six months and the appointment will be much shorter. The doctor will tell you the results of your test and may commence treatment or refer you to a dietitian.

Further Investigations Colonoscopy and Flexible Sigmoidoscopy

A colonoscopy examines the whole large bowel, (colon), whereas a flexible sigmoidoscopy only examines the left side of your colon. Both instruments are flexible and as thick as your index finger. They use an electronic camera within the tube of the instrument and have channels for suction and insertion of the instruments, (for example to take tissue samples).

If you are booked for a colonoscopy, you will be sent instructions on how to prepare your bowels and for how long you need to avoid eating beforehand. The colon must be completely empty of waste in order to obtain a clear view of the colon. The hospital will prescribe a laxative, (bowel preparation), for you to take before the procedure. It is important to take all of this bowel preparation and to increase your intake of CLEAR fluids on the day before the examination. A flexible sigmoidoscopy appointment only requires an enema to clear out bowel waste although some clinics do use bowel preparation for this procedure.

The doctor will explain the tests, which will include the risks and benefits, and ask you to sign a consent form. Tell the doctor or nurse if you have had any allergies or bad reactions to drugs or tests. If you have any questions, don't be afraid to ask. You will be asked to put on a hospital gown and to remove any jewellery.

You will then lie on the couch, on your left side with knees slight bent. The doctor may offer you a short-acting sedative injection and pain killer to help you relax and reduce any discomfort. If you take the sedative you will not be able to drive or return to work for 24 hours. Some clinics offer gas and air, (Entonox), as pain relief during the procedure. You may be given an injection to relax the muscles of your colon. A small device may be attached to your ear lobe to monitor your pulse and the oxygen content of your blood during the examination.

Flexible sigmoidoscopy is often conducted without sedation. This tube is lubricated and gently passed through the anus into the large bowel. Air will be pumped through it to distend the colon and give a clear view of the lining. You may feel you want to go to the toilet but as the bowel is empty there is no danger of this happening. You may pass wind, although a little embarrassing, the staff understand what is causing it. It usually takes up to 30 minutes for the whole of the colon to be examined, but flexible sigmoidoscopy often takes no longer than 10 minutes. You may experience

a feeling of pressure as the doctor manoeuvres the colonoscope round the bends of the bowel.

The internal lining of the bowel can be examined in detail and small tissue samples, (biopsies), can be removed with tiny forceps. These are examined through a microscope to determine any inflammation and to test for cancer. It is also possible to remove polyps. Polyps are like warts on the bowel. They are quite common, but they can bleed and may become malignant. They can be snared with a wire loop passed through the endoscope and detached by passing an electric current through the wire. The colonic lining is quite insensitive and you should not feel this.

When the doctor has seen the whole of the colon and up into the end of the small intestine, the tube can be removed quickly and easily. You will then be left to recover for at least 30 minutes. You may feel a little bloated with wind pains but these should settle quickly.

If you are going home after the test it is essential that someone comes to pick you up, and you must take it easy for the rest of the day. You should not drive, operate machinery or drink alcohol. The effect of the test and injections should have worn off by the next day.

In many cases doctors will tell you the results as soon as you get dressed.

However, if a biopsy has been taken, the results may take several weeks to come back.

Virtual Colonoscopy

Virtual colonoscopy constructs an image of the inside of the colon, from CT x-ray images. It can detect polyps as small as 6mm in diameter, which compares favourably with direct vision through a colonoscope, but unlike colonoscopy, it does not miss polyps in parts of the colon that are impossible to reach. A virtual colonoscopy is a painless procedure. Similar to a barium enema, the radiologist will insert a narrow tube into your rectum and gently introduce air to distend the bowel up. You will then be placed in the scanner (rather like a large polo mint) and have the images taken. Unlike a colonoscopy however, biopsies cannot be taken and if polyps are found it is likely that a colonoscopy will be needed afterwards.

Special Tests for Unexplained Symptoms

Abdominal pain and weight loss

Sometimes if the symptoms are particularly severe and do not sound right for IBS, the doctor may do special scans of your abdominal organs to check for tumours, abscesses, or areas of inflammation which may include an ultrasound scan, CT scan, MRI scan or nuclear medicine tests.

Ultrasound Scan

This uses very high frequency sound waves to build up images of internal

organs and is often used to look at the liver, gallstones, kidneys and pelvic organs. You need no special preparation. The radiologist puts some jelly on the skin of your abdomen and holds the scanner against it. It is completely painless and does not expose you to any radiation. You may be asked to drink a large volume of water before the procedure so that your bladder is distended. This makes it easier to identify the anatomy.

CT Scan

The CT scan uses x-rays to build up an image of your abdominal organs. You lie on a moving table which slowly moves through the scanner, which resembles a large metal doughnut. The pictures are produced as a series of cross sections through your body. Sometimes injections may be given into the blood stream to outline the kidneys, and sometimes barium liquid is swallowed to outline the stomach or inserted through the anus into the rectum. A CT scan may take between 20 to 45 minutes and is completely painless.

MRI Scan

The scanner is a very large, powerful magnet which creates detailed pictures of the abdominal organs. It can be used to study the movement of the intestine and requires no exposure to radiation. You lie on a moving table which slowly moves through the scanner, which resembles a large tube. Again, this is a painless procedure, but it can be very noisy and some people may feel claustrophobic.

Special Tests for Diarrhoea

Tests for Coeliac Disease

If you have severe diarrhoea, the doctor may carry out a malabsorption screen, testing for blood levels of calcium, phosphate, iron, folic acid and vitamin B12. Positive results may suggest the possibility of Coeliac disease and may be followed by a camera test of your gullet (gastroscope), which is swallowed and manoeuvred through the stomach into the small intestine. The stomach will need to be empty so you will need to have a light and early supper and fast overnight. Swallowing the gastroscope is made easier by spraying the throat with local anaesthetic spray and often by giving an injection of sedative. Sedation is optional for this examination which lasts five to ten minutes. During the procedure, a tissue sample of your small bowel (duodenal biopsy) will be taken, which in itself is painless.

Nuclear Medicine Tests

If you have diarrhoea, your doctor may request a SehCAT (see-CAT) scan. A SehCAT scan is a diagnostic procedure, which looks at the function of your bowel. It is different to an x-ray and other types of scans. It involves swallowing a synthetic bile salt capsule with a little water. The capsule contains a small amount of very slightly radioactive powder and imaging with a special camera. You will return to the department three hours later and again one week later for pictures to be taken. You will be asked to lie on your back on a scanning bed and a special camera will take a picture. The picture takes five

minutes, during which time you will be asked to lie still and breathe normally. The first and second scan results are compared and can help your specialist diagnose bile acid diarrhoea, whose symptoms are very similar to IBS with diarrhoea.

Breath Tests

Tests for Small Intestinal Bacterial Overgrowth, (SIBO), and Lactose Tolerance Test

SIBO can be associated with IBS and may result in bloating, distension and a change in bowel habit. Similarly, lactose intolerance is quite common in people with IBS and can produce abdominal pain, distension and diarrhoea. Both of these can be diagnosed using breath tests. After an overnight fast, you will drink a large glass of sweet lactulose, glucose or lactose solution. Either breath samples will be taken at regular intervals for about two hours and analysed for hydrogen and sometimes methane levels. Abnormally high hydrogen levels after 90 minutes, represents a positive result.

Anorectal Function Tests

Urgency and faecal incontinence are more likely to occur in people with diarrhoea. Anorectal function tests can reveal treatable weakness of the anal sphincter. For these you will attend a specialist physiology unit. A narrow tube will be inserted into the anus and fixed by tape. Anal pressures will be measured at rest, during straining and during distension of a balloon in the rectum. If pressures are low, a special ultrasound examination will reveal if the sphincter has been torn. Such tears can be surgically repaired.

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Further reading

IBS. Answers at your Fingertips
by **Dr Ehoud Schmueli** second edition
May 2017.

*Irritable Bowel Syndrome. Navigating
your way to recovery*

by **Dr Megan Arroll** and
Professor Christine Dancy

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