



PROF. MOSES GALUKANDE
GENERAL SURGEON

IRRITABLE BOWEL SYNDROME

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What is it?

Irritable bowel syndrome (IBS) is one of the most common functional gastrointestinal disorder. Functional, means in this case that the physical disorder in which the symptoms have no known or detectable organic basis.

Organic means, without clearly defined physical cause or structural change in the organ in question. In a consensus meeting by numerous global experts in the field called 'Rome IV criteria', IBS was characterized by as repeated abdominal pain, on an average of at least 1 day a week in the last 3 months, associated with two or more of the following: related to defecation, association with a change in frequency of stool or association with a change in form (appearance) of stool.

Are there types of Irritable bowel syndrome (IBS)?

For the purpose of treatment, IBS can be divided into three types, based on your symptoms: one; constipation which is predominant, two; diarrhea is predominant or three a mix of the two.

How common is it?

From the available community surveys, it goes as high as 1 in 10 people, though it varies from community to community. Not much work has been documented in most African countries about IBS.

How is it diagnosed?

With the above criteria and the absence of organic cause a diagnosis is made. The absence of organic cause is after a whole lot of investigations are done. These investigations include but not limited to lab tests, imaging tests and endoscopy. It is a diagnosis of exclusion, i.e. after all else has been ruled out.

Diagnostic procedures can include:

Colonoscopy

A small, flexible tube with a powerful light at the end of it, is used to examine the entire length of the colon.

X-ray or CT scan

These tests produce images of your abdomen and pelvis that might allow a health worker to rule out other causes of your symptoms, especially if you have abdominal pain.

We might also investigate the large intestine by pushing in a "dye" (barium) to make any problems more visible on X-ray. This barium test is sometimes called a lower GI series.

Upper endoscopy

A long, flexible tube is inserted down your throat and into the tube connecting your mouth and stomach (esophagus). A camera on the end of the tube allows us to inspect your upper digestive tract and obtain a tissue sample (biopsy) from your small intestine and fluid to look for overgrowth of bacteria.

Laboratory tests can include:

Lactose intolerance tests

Lactase is an enzyme you need to digest the sugar found in dairy products. If you don't produce lactase, you may have problems similar to those caused by IBS, including abdominal pain, gas and diarrhea. A breath or blood test confirms lactose intolerance or if you remove milk and milk products from your diet for several weeks and the problem goes away it is another way of proving it.

Breath test for bacterial overgrowth

A breath test can also determine if you have bacterial overgrowth in your small intestine. Bacterial overgrowth is more common among people who have had bowel surgery or who have diabetes or some other disease that slows down digestion.



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Stool tests. Your stool might be examined for bacteria or parasites, or a digestive liquid produced in your liver (bile acid), if you have chronic diarrhea.

Who gets it?

Early studies have suggested a low prevalence (occurrence) of IBS in developing countries, but more recent research has shown an increasing prevalence in newly developed and developing economies as they become more 'westernized'. Westernized, means taking on a lifestyle as in the west, not limited to adoption of the western diets.

The Irritable bowel syndrome (IBS) is more common in women in their 20 to 40s.

Is it curable?

Because IBS is a chronic condition, it may not go away completely. However, medication and lifestyle changes can help you manage the condition and reduce the frequency of attacks.

Does it worsen as we grow older?

Although seniors may feel that IBS is an inevitable part of aging, the opposite is actually true. While sensitivity of the nerves within the digestive system may increase with age, there are ways to help reduce the overall risk or alleviate the symptoms.

Are there triggers of IBS?

There is psychological stress and there is irritation caused by particular foods and drinks, and this may vary from person to person, the idea here is to be careful to note what food provokes your intestines, then withdraw from it, if relief comes, introduce it again at some point, if the symptoms return, there is your confirmation. However, there are food allergy tests that can be done by taking a blood sample to check incompatibility with your system.

How can I control it?

Try a high fiber diet. Fiber helps reduce constipation but also can worsen gas and cramping. Avoid problem foods. Eliminate foods that trigger your symptoms.

Eat at regular times. Don't skip meals, and try to eat at about the same time each day to help regulate bowel function.

Exercise regularly.

Deal with mental stress, relax, worry less, socialize, and talk to a counsellor or clinical psychologist.

Does IBS lead to cancer?

No, it doesn't, though cancer can develop independent of it. Generally, after the age of 45 in Uganda, we recommended a regular colonoscopy, regular is every 2-3 years.

When should you worry?

If the following or any of the following is happening, you need a full assessment to be sure nothing sinister is going on.

- Onset of signs and symptoms after age 45
- Unintentional weight loss
- Rectal bleeding
- Fever
- Nausea or recurrent vomiting
- Abdominal pain, especially if it's not related to a bowel movement, or occurs at night
- Diarrhea that is persistent or awakens you from sleep
- Anemia related to low iron

How is it treated?

Treatment of IBS focuses on relieving symptoms so that you can live as normally as possible. Some mood modifying drugs may be deemed necessary to add to other measures.