Living with IBS
Don't let your symptoms control you, learn how to manage them & reclaim your life
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INTRODUCTION

Welcome to our guide to IBS, created with support from Linwoods Healthfoods to help you understand how your body works, what can go wrong, and what steps you can take towards better managing your digestive health.

IBS is incredibly personal - due to our many different lifestyle habits and traits, existing conditions and medications and general biology, each person will experience symptoms differently. We’ll guide you through topics such as what ‘normal’ looks like, before moving on to discuss what can go wrong. By tracking your own habits, symptoms and diet, you can start to isolate the cause of each IBS flareup and find a remedy that works for you.

You’ll find practical tools such as a Food and Symptoms Diary and a Fluid Matrix to help make sure you’re gaining enough liquid during the day. And finally we talk through some lifestyle changes you can make to gradually shift towards a more balanced lifestyle.

Certain foods may help improve digestive health, such as Linwoods flaxseed which is prepared through a unique cold milling process to unlock the benefits of the seed for easy digestion and ensures the full nutrients remain intact.

Jane McClenghan, Nutritional Therapist says: “Adding flaxseed to your daily diet is a simple way to increase both soluble and insoluble fibre. Flaxseed has been shown to help with symptoms of constipation, IBS and diverticular disease”

Linwoods purpose is to “Enhance people's health and wellbeing, helping them to feel great everyday by providing sustainable healthy food.” Our commitment to sustainable, healthy food aligns perfectly with the Bladder and Bowel Community's mission to support individuals living with IBS. We are thrilled to partner with them in offering this insightful guide, empowering individuals to manage their condition effectively and reclaim their well-being.

This guide was created by Bladder & Bowel Community and supported by Linwoods.

WHAT IS IBS?

Irritable Bowel Syndrome, or IBS, is the name health professionals give to a series of symptoms relating to a disturbance of the large bowel that cannot be explained by any other disease.

There are number of practical ways to support your gut. This guide is designed to help you reduce symptoms and support your general health.
THE BASICS - HOW THE BOWEL WORKS

The bowel is part of our digestive system and it works to digest the food we eat, absorb the goodness and nutrients into our bloodstream. It then processes and expels the waste that the body cannot use.

Muscular contractions squeeze the food through the different sections of the bowel (peristalsis); a process which usually takes 24 to 72 hours.

For people living with IBS, this process can be interrupted by bouts of diarrhoea, constipation, excessive wind which can all cause great discomfort. As a result, quality of life can suffer.

The small intestine (small bowel)

The small intestine (or small bowel) is the first part of the bowel, where food enters from the stomach. It is around 6-8m long and roughly 2cm wide and is where digestion and absorption of nutrients takes place, via the . The remaining food then moves into the colon. At this stage the waste is a thick, porridge-like consistency.
The colon (large intestine)

The colon or large intestine (also known as the large bowel) is the waste processing part of the bowel and is about 2m long and 6-7 cm wide. The colon’s job is to absorb water from the remaining indigestible food and form the stools or faeces. Stool consistency can vary depending on how long the waste has been in the colon and how much water has been absorbed.

Normal bowel function

There is no ‘normal’ in terms of frequency of bowel movements as everyone is different. ‘Normal’ in this sense is what is usual for you. Some adults can go more than once a day, whereas others will only have a bowel movement once every three or four days.

A healthy stool might be classified to be like a sausage but with cracks on the surface, or like a snake, smooth and soft. Separate hard lumps indicate constipation and that the stool has spent too long in the bowel whereas watery, liquid stools indicate too little time.

WHAT CAN GO WRONG WITH THE BOWEL?

This section will help you understand what can go wrong and why, and if you do have a problem, and what your symptoms may indicate. If you are worried about your symptoms and they are seriously affecting your life, you should contact your doctor, nurse, continence advisor or healthcare professional straightaway.

You should never try to self-diagnose, however it may help you to learn a bit more about the different conditions before and after you seek specialist advice, to help you better understand your own particular condition or general health.

Incontinence/Altered bowel control

If you are unable to control your bowel movements and experience a leaking of stool (solid, liquid or gas) before you reach the toilet, then you have bowel incontinence also referred to as altered bowel control. This may be a daily problem or it may only happen from time to time. Bowel incontinence is a symptom, not a condition and is generally the result of another underlying problem or medical condition.

Causes of altered bowel control may include:

- Damage to one/both of the anal sphincter muscles resulting in an inability to ‘hold on’
- Constipation
- Nerve damage – nerve signals (messages) sent from the rectum do not reach the brain.
- Long term conditions such as diabetes, alzheimer’s, parkinson’s, multiple sclerosis, stroke and spinal cord injury.
People who live with IBS however, can experience a complex set of symptoms despite not having an underlying condition. In these cases, causes and symptoms are often interlinked and highly individual.

**IBS SYMPTOMS**

IBS is the name doctors have given to a collection of symptoms relating to a disturbance of the colon or large intestine. Symptoms include:

- Abdominal pain and spasms, often relieved by going to the toilet
- Erratic and irregular bowel habit
- Diarrhoea and/or constipation
- Bloating
- Rumbling noises and excessive passage of wind
- An urgent need to go to the toilet
- Excessive wind
- Sharp or dull pain, felt low down in the rectum
- Sensation of incomplete bowel movement
- Passing mucus from your back passage

People with IBS can also experience a variety of other unexplained symptoms including tiredness, backache, bladder frequency, indigestion, headaches, depression and anxiety.

One way of monitoring systems is by taking note of where you are on a scale, as below:
CAUSES OF IBS

Sensitivity to Food

Symptoms of IBS are often triggered by a meal, but only rarely due to a specific food allergy. People with the condition can be intolerant to a range of common foods, suggesting that it’s not so much the actual food that’s the problem, but the sensitive gut overreacting to its contents. Nevertheless, foods that tend to stimulate the gut are more likely to trigger symptoms.

Foods that can trigger IBS symptoms include:

- Foods high in fat
- Coffee
- Hot Spices
- Certain Fruits and Vegetables
- Cereals high in fibre
- Milk

A small group of people develop IBS following a bout of gastroenteritis, which might make the gut more sensitive.

Stress and Anxiety

There is a strong correlation between emotional stress and Irritable Bowel Syndrome. IBS can occur to anyone at any stage in their life but commonly the condition starts in early adulthood and can come and go depending on what is happening. Emotional stress can sensitise the gut making it more likely to react to its contents, and this is a topic that is becoming more commonly discussed, known as the gut-brain axis.

The term ‘gut-brain axis’ refers to the constant communication between the brain and the gut, and how closely they work together. In general it refers to a two-way conversation where taking care of your gut can help your mental well-being, and vice versa.

Serotonin

Released from specific cells in the gut wall, such as mast cells and enterochromaffin cells, Serotonin is a response to any aspect that can irritate or aggravate the gut. It can also play a large part in making the gut very sensitive and reactive.
LIVING WITH SYMPTOMS OF IBS

CONSTIPATION

If you experience a change in the frequency of your usual bowel movements, then you could be constipated. It could also be that you are having to strain more than usual or you are unable to completely empty your bowels. Constipation can be a symptom of IBS so it's worth knowing what to look out for in case you experience symptoms.

If you live with IBS and suffer with constipation - sometimes known as IBS-C - the discomfort may be more severe than functional constipation. You may experience tenderness, painful bloating and excessive gas, as well as a feeling that you cannot fully empty your bowels.

Symptoms of Constipation include:

- Fewer bowel movements than normal
- Pain and straining when passing stools
- Stomach pain or cramps
- Stools are hard and dry, and maybe large or small in size.
- Sore bottom
- Unpleasant smell due to passing wind
- Your bowels open less than three times a week
- There may be a bad taste in the mouth, bad breath, abdominal bloating, decreased appetite, lethargy and, for some, the inability to function normally

You can manage symptoms of constipation by drinking plenty of water and increasing vegetables and fibre in your diet and ensuring you include soluble and insoluble fibre.

If you suffer with Crohn's and Colitis however, increasing fibre can have a detrimental effect so please consult with your specialist before making changes to your diet.

DIARRHOEA

This is when the stool (faeces) is loose and watery. Diarrhoea can cause a frequent and urgent need to go to the toilet. Sometimes people with diarrhoea are unable to reach a toilet in time and they become incontinent. Diarrhoea can be both a symptom of and cause of incontinence, and can be chronic (on-going or recurring) or acute (sudden).
Symptoms

- Unwanted and frequent passing of watery or loose stool
- Abdominal pain, cramping and bloating
- Nausea and loss of appetite.
- Sometimes diarrhoea is accompanied by a fever or bloody stool.

Causes of Diarrhoea

- An acute infection in the bowel, such as gastroenteritis or food poisoning, which may be accompanied by vomiting.
- Some medicines e.g. antibiotics.
- Eating too much fibre, including large quantities of dried fruit or pure fruit juice.
- Using too many laxatives.
- Anxiety and stress.
- Caffeine, artificial sweeteners, too much alcohol, and sweets containing sorbitol can cause bouts of diarrhoea.

Associated Conditions

Diarrhoea can also be a symptom associated with other bowel problems. Bleeding is commonly caused by piles and anal tears, however, any bleeding from the anus should always be investigated to rule out any other more serious conditions. If this is you, please make an appointment to see your GP without delay.

Haemorrhoids (Piles)

Haemorrhoids (piles) are enlarged and swollen blood vessels which occur in and around the lower rectum and the anus; they can be internal or external and are quite common. They are often caused when you strain to pass a stool, so people who suffer with IBS and who are frequently constipated often suffer from piles. They are also common during or after pregnancy due to the pressure from the developing baby, hormonal changes and the delivery.

Other risk factors include being overweight, being over 50 years old, a family history, regularly lifting heavy objects and persistent diarrhoea

 Symptoms include bleeding after passing a stool (the blood will be bright red), itchiness around the anus. If these cause concern, please speak to a healthcare professional.
MANAGING YOUR SYMPTOMS

Most of us take going to the toilet for granted and it isn’t until something goes wrong that we realise how much of an impact irritable bowel syndrome can have on our everyday lives.

The good news is that IBS is something you can manage at home, and with a little planning you will start to notice your own triggers and be able to minimise symptoms. It may be worth trying some simple lifestyle changes as these could make a difference.

Depending on how you feel, you can make an appointment with your GP, continence nurse or other healthcare professional to discuss which lifestyle changes may be more beneficial to you. Or you can try them first, keep a record of how you get on, as well as completing a bowel diary and then make an appointment.

Keeping a Food and Symptom Diary

Keeping a food diary is a good way of helping you to notice the foods, which may upset you – it is important to carry the phone or paper you are using to note down with you rather than try and remember as it is easy to forget what you ate that day.

Below is an example of what to record, by reflecting on this and making small changes, you will find that over time your symptoms improve.

<table>
<thead>
<tr>
<th>Meal</th>
<th>Food eaten</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast 8am</td>
<td>White toast with butter -2 slices</td>
<td>–</td>
</tr>
<tr>
<td>Snack 11 am</td>
<td>Tea and 2 rich tea biscuits</td>
<td>–</td>
</tr>
<tr>
<td>Lunch</td>
<td>Nothing except water</td>
<td>–</td>
</tr>
<tr>
<td>–</td>
<td>–</td>
<td>6.00pm pain and grumbling stomach</td>
</tr>
<tr>
<td>Evening meal</td>
<td>Curry with Friends</td>
<td>–</td>
</tr>
<tr>
<td>–</td>
<td>Chicken Tikka Starter, salad and dips</td>
<td>–</td>
</tr>
<tr>
<td>–</td>
<td>Dahl and Rice</td>
<td>9.30pm Pain and wind, bloated – unable to sleep</td>
</tr>
<tr>
<td>All day</td>
<td>5 or 6 cups Coffee from machine at work</td>
<td>11.30pm diarrhoea</td>
</tr>
</tbody>
</table>
IBS Food Diary
[BB:064] Food Diary

Keeping a food diary is a good way of noting which foods may upset you if you think you have IBS. This chart will help you keep a record of what you ate and when to identify triggers.

Download blank diary here.

Managing Diet and fluids

What you eat will have an effect on your bowel movements, so looking at your diet is a good place to start if you have bowel problems. The foods that affect some people may not affect others, so you might want to experiment with what you eat. Remember, it's not just your bowels that will benefit from a balanced diet, it will help improve your overall health too.

It is also important to drink plenty of fluids to keep your body well hydrated. Constipation can be the first sign of not drinking enough and may be easily rectified by drinking more. You should aim for 1.5 to 2 litres of fluid a day, which is about 6-8 glasses, and drink more in hot weather or if you are exercising.

Top Tips for a healthy digestive system:

- Swap white bread, pasta and cereal for a wholegrain variety.
- Eat small regular meals and avoid large or fatty meals just before going to sleep.
- Limit the amount of sugary and fatty foods you eat. If you feel hungry between meals, or like to snack, try eating nuts (not salted), fresh fruit, low fat yoghurts or wholefood snack bars.
- Don’t miss meals. A lack of food in the system can cause excessive gas and lead to a gurgling, wind filled stomach. Chewing gum for long periods can exacerbate this.
- Chew well and break down each mouthful into small pieces. This helps release the enzymes that aid digestion so that food is processed thoroughly and all the goodness extracted.
- Eat a balanced diet using a variety of different food groups and watch your weight.
Fluid Intake

If you’re actively trying to improve your diet and fluid intake, it can help to understand how much you should be drinking for your body. The general rule is to try to drink 1.5 to 2 litres every day - depending on your size this may vary.

The chart below offers a guide, and body frame and activity levels should be taken into consideration. As always, be sure to drink water wherever possible and limit caffeinated drinks such as coffee and cola, and if taking part in vigorous exercise you should drink more fluids.

<table>
<thead>
<tr>
<th>Weight (stone/kg)</th>
<th>Millilitres / fl oz</th>
<th>Pints</th>
<th>Mugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>6st / 38kg</td>
<td>1,190ml / 42fl.oz</td>
<td>2.1</td>
<td>4</td>
</tr>
<tr>
<td>7st / 45kg</td>
<td>1,275ml / 49fl.oz</td>
<td>2.5</td>
<td>5</td>
</tr>
<tr>
<td>8st / 51kg</td>
<td>1,146ml / 56fl.oz</td>
<td>2.75</td>
<td>5-6</td>
</tr>
<tr>
<td>9st / 57kg</td>
<td>1,786ml / 63fl.oz</td>
<td>3.1</td>
<td>6</td>
</tr>
<tr>
<td>10st / 64kg</td>
<td>1,981ml / 70fl.oz</td>
<td>3.5</td>
<td>7</td>
</tr>
<tr>
<td>11st / 70kg</td>
<td>2,179ml / 77fl.oz</td>
<td>3.75</td>
<td>7-8</td>
</tr>
<tr>
<td>12st / 76kg</td>
<td>2,377ml / 84fl.oz</td>
<td>4.2</td>
<td>8</td>
</tr>
<tr>
<td>13st / 83kg</td>
<td>2,575ml / 91fl.oz</td>
<td>4.5</td>
<td>9</td>
</tr>
<tr>
<td>14st / 89kg</td>
<td>2,773ml / 98fl.oz</td>
<td>4.9</td>
<td>10</td>
</tr>
</tbody>
</table>

Use the urine colour chart below to check if you are drinking enough.

1 - 3 (healthy wee) 4 - 8 (you must try to drink more)

If you would like more information about following a healthy diet or if you need to lose weight speak to your GP or visit the NHS Eat Well website. Contact details are at the end of this guide.
**Good Toilet Habits**

- Don’t put off going to the toilet when you feel the urge, as delaying a bowel movement can contribute to constipation.
- Allow yourself plenty of time to sit on the toilet; a good time for this maybe after breakfast or lunch, when your bowels are most active.
- Make sure you sit on the toilet properly (see diagram). Ideally your knees should be slightly higher than your hips and you should lean forward onto your knees. A footstool will help you to achieve the correct position.
- Try to breathe to the bottom of your lungs with your mouth open to prevent straining and contracting your pelvic floor (diaphragmatic breathing).

![Correct position](image)

**Bowel Retraining**

Bowel Retraining is generally suitable for people who have recurring constipation or diarrhoea, or limited or reduced sensation in their rectum due to nerve damage. The aim is to improve the consistency of your stools, to establish a regular time for you to empty your bowels, and to find ways of stimulating your bowels to empty.

Start by getting to a toilet when you feel the urge then wait for a minute or so before actually sitting on the toilet to open your bowels.

Gradually increase the amount of time you wait before having a bowel movement. You should soon find it easier to hold on, even when you are not sitting on the toilet. It may also help to plan to empty your bowel as completely as possible at a time that suits you. This
may help avoid any accidents. For some people this may be first thing in the morning, while for others it may be after their evening meal.

Abdominal massage (rubbing your stomach) for a few minutes before you try to open your bowels or while you are opening your bowels can help stool to move through your gut ready to be pushed out so that you empty your bowel more completely. To perform an abdominal massage you can use the heel of your hand, a fist or even a tennis ball to massage gently but firmly up the right side of your tummy, across your tummy at the level of your belly button and down the left hand side of your tummy. It is a good idea to empty your bladder before you do this.

**Bowel Diary**

It can be very helpful to keep a diary of your bowel movements and the food and drink you consume, as it may highlight certain factors that are causing your bowel problems or making them worse. If you have an appointment to see your GP or health professional, it is advisable to keep a diary for a few weeks before your appointment as this can help with your diagnosis - see page 23 for details, or download a separate diary below:

Bladder & Bowel Community offer a blank bowel diary to help you get started with a handy reference to the bristol stool chart to help you track changes and aid diagnosis.

**Download your Free Bowel Diary:**

[www.bladderandbowel.org/downloads](http://www.bladderandbowel.org/downloads)

**Exercise**

It is important to try and exercise regularly, but don’t overdo it. You should aim for 30 minutes of moderate activity at least five times a week and it can help to vary the type of exercise that you do. Try different activities such as swimming, walking, aerobic activities, Pilates, and Yoga. Please seek advice from your doctor or physiotherapist if you have a medical condition or mobility difficulties.

Remember to drink more fluids if you’re exercising and try things that interest you to help keep you motivated.

Sphincter and pelvic muscle exercises are specific types of exercises that can help you improve your bowel control. You can read more about these exercises on p18 of this guide.
Sleep

The amount of sleep we get can affect our bowel habits. Much like the rest of our body, our digestive system needs time to rest. Going to bed and getting up at regular hours each day can help our digestive system work more effectively and improve the regularity of our bowel habits.

Avoid Stress

Living with a bowel condition such as IBS can cause anxiety, depression or even trigger other psychological conditions. Similarly, psychological conditions can cause bowel discomfort.

Stress is something that is quite difficult to avoid in today’s society. Problems can occur when we experience a lot of stress, and one of the first parts of the body to react to stress is our digestive system. It is important to address this stress if it’s negatively affecting your life. Speak to your GP, to find out what support is available in your area.

Smoking

Smoking is bad for every aspect of your health which includes your digestive health. It is responsible for many changes in the digestive system, contributing to common disorders such as heartburn and peptic ulcers.

According to Cancer Research UK, smoking causes 15 different types of cancer. The use of e-cigarettes may help you to quit smoking, and although they contain far fewer chemicals the long term effects are still unknown. Before making the switch, be sure to gain advice.

If you would like help to give up smoking please speak to your GP for support or visit the NHS website; their details are at the back of this book.
TREATMENT OPTIONS TO CONSIDER

Now that you’ve had the chance to read our information on the different ways in which you can manage IBS symptoms, we hope you have a clearer idea of the types of things to look out for, to help minimise discomfort.

If you have already tried the self help management tips like making adjustments to and dietary and lifestyle, without any improvement in your digestive health, your healthcare professional may now want to discuss other treatment options with you.

Medication

There are a number of medicines available to treat the many different types of bowel problems, and we have outlined the main ones by their generic name below:

- **Antimotility medicines** - Anti-motility or antidiarrheals are effective at treating diarrhoea, which is common in IBS. Some of these can be bought over the counter, the most common drug is Loperamide (brand name Imodium). It is worth remembering that taking an antimotility drug can increase pain and bloating symptoms in some people.

- **Antispasmodic medicines** - Antispasmodic medication can help to relieve abdominal pain and cramping, especially if your pain occurs straight after eating. Your GP will be able to prescribe these for you or you can purchase an over-the-counter product such as Buscopan. Please speak to a pharmacist before purchasing to make sure this medicine is suitable for you.

- **Glycerin (glycerol) suppositories** - suppositories are capsules inserted in the back passage. They are often used to remove poo from the back passage, and help relieve the symptoms of haemorrhoids (piles). They can also be used as a laxative to treat constipation as they work by mildly irritating the area which prompts a contraction and emptying of the bowel.

- **Probiotics and prebiotics** - There have been some studies, which show that probiotics and prebiotics may help to balance the ‘gut flora’, which in turn can help to keep IBS symptoms under control. In basic terms, probiotics are microscopic bacteria that are found naturally in the bowel. You can usually find these as live culture yoghurts, drinks or pills. It is best to take advice from your GP or Healthcare Practitioner before starting any treatment. ISAPP offer guidance on how to choose a probiotic for your needs: [Probiotic Checklist: ISAPP](#).
● **Antidepressants** - If antispasmodics are not proving to be effective at relieving the pain of IBS, then you may be prescribed a low dose antidepressant. These can work in two ways, firstly they can have a direct effect on the pain and secondly they can help to alleviate any stress and anxiety experienced which can exacerbate IBS symptoms.

● **Laxatives** - Some people with IBS can suffer from extreme bouts of constipation, followed by diarrhoea. To combat this you may be initially prescribed a bulking agent such a Fybogel to soften the stool and bulk up the contents making it easier to pass. These may help to regulate bowel movement. If a bulking agent doesn’t help then your GP may be able to advise on an alternate laxative to use.

**Acupuncture**

Acupuncture is an alternative therapy with ancient origins that dates back to nearly 2,000 years ago. In this health practice it is believed that illness and pain happen when the body’s qi or energy flow becomes blocked.

Acupuncture uses fine sterile needles and inserts them into specific points in the body to release the body's energy flow, thus restoring balance to the body. Studies have shown mixed results in Acupuncture IBS treatment, however some people have found it to be a natural alternative to using conventional medicines that can sometimes cause side effects. Acupuncture can also be used to treat depression, stress and anxiety, which can have an effect on IBS.

**Anal Sphincter Muscle Exercises**

If you’re experiencing bowel leakage or incontinence as a result of weak or damaged sphincter muscles, then regular exercising of these muscles can help strengthen them and help improve your bowel control.

You should check with your GP, health professional or continence advisor to see if these exercises will help you. They will also be able to guide you through the exercise routines and help you keep track of progress. You will need to exercise these muscles every day and it will take some time for them to regain their full strength.

If your health professional has recommended these exercises to you, then you can contact Bladder & Bowel Community for a Fact Sheet which explains how the sphincter muscles work and how to do the exercises.

**Download the Sphincter Exercise Fact Sheet:**

www.bladderandbowel.org

Provider of the Original Just Can’t Wait Card

Website: www.bladderandbowel.org | Email: help@bladderandbowel.org

Registered office address: Forward House, 17 High Street, Henley-in-Arden, B95 5AA. Company number: 10377236. Registered in the UK
Pelvic Floor Muscle Exercises

These exercises can be extremely beneficial for people with bowel or bladder leakage or incontinence, as weak pelvic floor muscles can contribute to loss of bowel control. As with sphincter muscle exercises, it is advisable to seek the advice and support of a trained health professional to check if these exercises will help you, and to develop a training programme for you to follow.

Pelvic floor muscle exercises should be done every day and it will take at least 3 months for them to regain their full strength.

If these exercises have been recommended as a treatment option for you, then you can download a Fact Sheet that will explain how you locate and exercise these muscles, specifically for Men and Women. Read more about Pelvic Floor Exercises on our website and download the right factsheet for you.

Increasing Fibre Intake

A key component of good digestive health is fibre. Most people struggle to get the daily recommended intake of 30g. Linwoods Flaxseed has a high fibre content, containing 5g of fibre per 20g serving (just two tablespoons), and has a balance of both soluble and insoluble fibre, each of which have health benefits. Studies show that milled flaxseed is effective as a natural laxative by gently relieving constipation and has also shown benefits to help with diarrhoea and symptoms of IBS.

High Fibre Foods include:

- Avocado
- Parsnip
- Peas
- Kidney Beans
- Wholemeal Pasta
- Butternut Squash
- Walnuts or Cashews
- Milled Flaxseed

Follow a balanced diet and introduce high fibre foods gradually to avoid causing further problems. If you can, speak to a dietician who can advise on specific dietary needs.

Fibre Contents Of Food Chart

This help sheet provides you with the fibre content of basic foods to help you make a healthier choice. A high fibre diet isn’t suitable for everyone so check with your GP before changing your diet.

Download your chart here.
SPEAKING TO A DOCTOR
or Healthcare Professional

If you visit a healthcare professional with suspected IBS, you may be asked a series of questions to help determine your symptoms and how these affect you.

Guidance from NICE states that patients should be assessed for IBS if they have experienced the following symptoms for a minimum of 6 months:

- Abdominal Pains
- Bloating and
- Change in Bowel Habit.

Your GP or health professional may ask you a few questions similar to these:

- How often do you go to the toilet?
- How often do you have an accident or leak?
- Do you have to run to the toilet to avoid an accident?
- When do you leak or have an accident?
- What medicines do you take?
- When did it start?
- Have you had a change in bowel habits recently?
- Is there any blood or mucus in your stool?
- Is it painful or uncomfortable when you go to the toilet?
- What do you normally eat and drink and at what time?

You may wish to note a few of these things down so that you can refer to them during your appointment. You can also take along a bowel diary or food diary in order to help identify patterns in your symptoms. Your GP will want to rule out other conditions, such as coeliac disease.

Having identified IBS as the likely condition, your doctor will probably start to diagnose IBS by looking for certain symptoms which take the form predominantly of either constipation, diarrhoea or a combination of the two.

They will also look for other symptoms like abdominal pains and issues relating to your bowel movements in terms of the frequency or consistency of the stool.
You may have other symptoms which suggest you may have another condition that could be more serious. These include rectal bleeding, fever, nausea or recurrent vomiting, diarrhoea that wakes you up or that is persistent or anaemia relating to low iron.

If you have these symptoms, or if the treatment initially subscribed doesn’t work and your IBS persists, the doctor will probably conduct further tests.

Your GP or health professional may perform an examination similar to these:

- **Barium Enema** - a paste solution is inserted into the back passage and an x-ray is taken. The barium helps to show up any problems.

- **Anorectal Physiology Tests** (for faecal incontinence) these tests measure how well the anal sphincter muscles are working. Pressure inside the back passage will also be measured.

- **Anal Ultrasound** (for faecal incontinence) - a probe is inserted into the anus which provides ultrasound pictures to check if there is any damage to the muscles.

- **Internal examination** - the doctor/continence advisor will check for any abnormalities by inserting a gloved finger into the back passage. In men this can also detect an enlarged prostate gland.

- **Colonoscopy** - a flexible fibre optic tube is passed through the back passage into the Colon to look at the lining of the bowel and check if it is healthy.

More information is available on our Bowel Advice Sheet: Approaching your GP (details at the back of this book).
BRISTOL STOOL CHART

Since it can be hard to state what is normal and what is not, some health professionals use a scale to classify the type of stool passed. This helps assess how long the stool has spent in the bowel.

Type 1 has spent the longest time in the bowel and type 7 the least time. A normal stool should be a type 3 or 4, and depending on the normal bowel habits of the individual, should be passed once every one to three days.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td>Separate hard lumps, like nuts (hard to pass)</td>
</tr>
<tr>
<td>Type 2</td>
<td>Sausage shaped but lumpy</td>
</tr>
<tr>
<td>Type 3</td>
<td>Like a sausage but with cracks on the surface</td>
</tr>
<tr>
<td>Type 4</td>
<td>Like a sausage or snake, smooth and soft</td>
</tr>
<tr>
<td>Type 5</td>
<td>Soft blobs with clear cut edges (passed easily)</td>
</tr>
<tr>
<td>Type 6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
</tr>
<tr>
<td>Type 7</td>
<td>Watery, no solid pieces, entirely liquid</td>
</tr>
</tbody>
</table>

For more information please visit our [website](http://www.bladderandbowel.org).
## BOWEL DIARY (with example)

<table>
<thead>
<tr>
<th>Bowel Diary</th>
<th>What did you eat and drink today?</th>
<th>Bowel urgency record</th>
<th>Record any pain or discomfort during a bowel movement</th>
<th>Comment (any accident or leaks etc)</th>
<th>Stool type (please use Bristol Stool Chart, p22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Day 1 (example) | 3 cups of coffee  
Chicken salad (lunch)  
Lasagne (dinner)  
2 cups of tea  
3 digestive biscuits | 10am = 2  
1.30pm = 1 | 10am = 1  
1.30pm = 3 | Didn’t make it to the toilet on time | Type 7 |
| Day 2 (example) | 2 cups of coffee  
1 cup of tea  
Cheese sandwich (lunch)  
Chicken pie (dinner)  
1 cup of tea  
2 digestive biscuits | 10 am = 2  
1.30 pm = 3 | 10am = 1  
1:30pm = 2 | - | Type 4 |
<p>| Day 3       | etc...                           |                      |                                                       |                                     |                                               |</p>
<table>
<thead>
<tr>
<th>Bowel Diary</th>
<th>What did you eat and drink today?</th>
<th>Bowel urgency record</th>
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</thead>
<tbody>
<tr>
<td>Week _</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 3</td>
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<td></td>
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</tr>
<tr>
<td>Day 4</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Try to keep a diary for a few weeks before your appointment, as this can help with diagnosis.
<table>
<thead>
<tr>
<th>Bowel Diary Notes / Comments</th>
<th>Lifestyle changes</th>
<th>Toilet habits/bowel retraining</th>
<th>Any comments ie. how did you feel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A: Constipation</td>
<td>A: Drank 6 glasses of water daily</td>
<td>A: Started sitting on the toilet at the same time daily</td>
<td>A: Sat on toilet at 10am every day, nothing happened, still constipated and still using laxatives</td>
</tr>
<tr>
<td>B: Diarrhoea</td>
<td>B: Cut out white bread, seeds and nuts</td>
<td>B: Practised sphincter exercises daily</td>
<td>B: Noticed I wasn’t rushing as much to the toilet and less accidents</td>
</tr>
</tbody>
</table>

| Week 1                     |                   |                               |                                 |
|                           |                   |                               |                                 |

| Week 2                     |                   |                               |                                 |
|                           |                   |                               |                                 |

| Week 3                     |                   |                               |                                 |
|                           |                   |                               |                                 |

Use this page to document your notes

Provider of the Original Just Can’t Wait Card

Website: www.bladderandbowel.org | Email: help@bladderandbowel.org

Registered office address: Forward House, 17 High Street, Henley-in-Arden, B95 5AA. Company number: 10377236. Registered in the UK
BLADDER & BOWEL COMMUNITY
Listening, Guiding and Supporting You

We provide information that allows you to make educated and informed choices, which will enable you to enjoy a greater quality of life. We work for better services, treatments and products on your behalf, provide user-friendly booklets and fact sheets and a periodic newsletter. It is not just a problem for the elderly and is not an inevitable part of ageing. There is help available.

We aim to:

- Help break down isolation
- Promote emotional well-being
- Encourage self-help

Join our Support Group, which offers support, encouragement and understanding from people experiencing similar issues. Search ‘Bladder and Bowel Community Support Group’ or join the support group on Facebook here: Join the Group.

Visit our website to browse information on how to manage your bladder or bowel control problems: www.bladderandbowel.org

Just Can’t Wait Toilet Card

Bladder and Bowel Community offers the original ‘Just Can’t Wait’ toilet card for you to use when you’re out and about, working, shopping or socialising. It may help you gain access to toilets.

It doesn’t guarantee you access to toilets but it states that you have a medical condition which requires the urgent use of a toilet - most places you visit will try and help you.

The Just Can’t Wait card is FREE to download to your smartphone, or available as a plastic card for a small charge to cover postage and packaging.

Download your Just Can’t Wait Card Today at bladderandbowel.org

Provider of the Original Just Can’t Wait Card
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LINWOODS HEALTHFOODS

As leaders in Health foods, Linwoods offers a diverse array of nutrient-rich seed and oat blends which can be found across UK, Irish, and European markets. Based in Armagh, Northern Ireland, and established in 1965, Linwoods is a third generation family owned business. Their commitment to inclusivity ensures all products are gluten-free and suitable for vegetarian and vegan diets.

Globally sourced, Linwoods ingredients are carefully selected from the best suppliers and growers to ensure the highest quality and standards and organically sourced materials where possible. Their seeds are then cold-milled and expertly blended, unlocking accessible, easy-to-use nutrition for health-conscious consumers worldwide. This unique Cold Milling process breaks down the seed for optimal digestion, preserving all the fibre and nutritional benefits within.

USEFUL WEBSITES & CONTACTS

NHS Eat Well
www.nhs.uk/live-well/eat-well

IBS Network
www.theibsnetwork.org

Disability Rights UK
www.disabilityrightsuk.org

NICE
https://www.nice.org.uk/

To explore the full range and find out more, visit linwoodshealthfoods.com

GET IN TOUCH

Write to us at: Bladder & Bowel Community, Forward House, 17 High Street, Henley-in-Arden B95, SAA, For more information on any of the above topics or services, or to contact us directly please email help@bladderandbowel.org. You can also find us on social media.

@bladderandbowel @bladderandbowel @bbcommunityuk

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