



GASTROENTEROLOGY
DEPARTMENT OF THE
CIUSSS de l'Estrie – CHUS

IRRITABLE BOWEL SYNDROME

Treatment and advice

WHAT IS IRRITABLE BOWEL SYNDROME?

Irritable bowel syndrome (IBS) is a gastro-intestinal disorder primarily characterized by abdominal pain associated with changes in the stools (increase or decrease in abdominal pain with changes in the shape, consistency, or quantity of bowel movements). Other common symptoms include bloating, diarrhea, and constipation.

Each person with IBS responds differently to stimuli (food or stress) and to normal intestinal functioning. Intestinal motility can cause pain and difficulty passing stools or conversely may cause an urgent need to have a bowel movement. Abdominal pain often decreases when the gas or stools have been expelled. It is not uncommon for some people to notice a stringy substance, known as mucus, in their stools.

IBS involves deregulated intestinal transit (movement of digested food) and gut flora (healthy bacteria in the intestine or microbiota). IBS can occur at any age and even disappear over time. Periods of anxiety, life changes, and digestive infections may be conducive to the onset of IBS. No medical exams can confirm or exclude an IBS diagnosis. When in doubt, it may be necessary to perform additional tests.

There are 3 types of IBS:

- diarrhea predominant
- constipation predominant
- mixed/alternating between constipation and diarrhea

MANAGING IRRITABLE BOWEL SYNDROME

The most important thing is to learn to recognize the factors that trigger or worsen the symptoms. In all cases, psychological or pharmacological support may be useful.

There are also painkillers, laxatives for constipation, and medications to manage diarrhea. Pelvic floor physiotherapy may be recommended if you have difficult or incomplete bowel movements.

Adopting a proper bowel movement technique is also essential to avoid stool retention or flatulence, which could cause abdominal pain and increase urgency. Probiotics may also be used as well as peppermint oil. These products are available over the counter. Speak to your pharmacist.

Diet is also another important factor in reducing symptoms:

- Limit dietary fat intake as it tends to worsen symptoms.
- Keep a log of all problematic foods and speak to a nutritionist when needed.
- Reduce the amount of gas that causes bloating (refer to document on bloating for further information): don't chew gum, drink soft drinks, or eat gas-producing foods (e.g., sugar). Monitor your bowel hygiene to prevent gas retention.
- Increase your dietary fibre intake. In addition to improving stool consistency, fibre improves evacuation and promotes a healthy, diversified gut flora, making you less prone to abdominal pain. Adding dietary fibre is a healthy, drug-free method to control many gastrointestinal symptoms.

WHAT ARE FODMAPs?

FODMAPs, short for **f**ermentable **o**ligosaccharides, **d**isaccharides, **m**onosaccharides, **a**nd **p**olyols, are undigested carbohydrates (sugars) that are fermented by bacteria in the gut. Many foods contain FODMAPs. Some people with IBS notice an increase in their symptoms when they consume foods that contain FODMAPs. Speak to a nutritionist before initiating this restrictive diet.

Learn more about food low in FODMAPs:

Canadian Digestive Health Foundation: cdhf.ca/en/understanding-the-fodmap-diet/

Monash University : monarshfodmap.com

INCREASING YOUR DIETARY FIBRE INTAKE

You might have to increase your fibre intake for both constipation and diarrhea. Dietary fibre helps to increase stool bulk, improve consistency, and promotes more regular bowel movements. Fruits, vegetables, nuts, seeds, legumes, pulses and whole-wheat products contain fibre.

If you are prone to constipation, add fibre daily to your meals and snacks:

- Choose breads high in dietary fibre.
- Opt for whole-wheat pasta.
- Eat legumes.
- Be selective when choosing cereal: avoid sweetened brands and opt for those high in fibre.
- Add wheat or oat bran to soups, salads, spaghetti, yogurt, muffins, pancakes, cereal, and casseroles.
- Sprinkle ground flax or chia seeds on your food.
- Add nuts, bran cereal, grated carrots, or raisins to sandwiches and salads.

Soluble fibre is found in:

- oat bran and oatmeal;
- peeled fruit: oranges, clementines, bananas, strawberries;
- peeled vegetables: carrots, potatoes, cucumbers.

If you cannot increase your fibre intake in your diet, a commercial, psyllium- or inulin-based fibre supplement may be considered (see section on fibre supplements). To prevent bloating and flatulence, start by adding 5 g of fibre at a time for 8 to 10 days.

If you are prone to diarrhea, add soluble fibre soaked in a small quantity of water. It will form a gel in the intestine around which food residues will agglutinate to form bulkier soft stools.

TAKING FIBRE SUPPLEMENTS (E.G., : METAMUCIL[®])

Dosage:

- Start with ½ to 1 teaspoon daily for 8 to 10 weeks.
- Dissolve the powder into a large glass of water or another cold beverage.
- Stir and drink immediately.
- To facilitate adaption to the supplement, gradually increase your dose as tolerated.
- Take the prescribed amount **once daily**, preferably in the morning, as tolerated.
- You may take up to 1 tablespoon 3 times daily.
- If you experience abdominal discomfort, return to the previous dose. It is not necessary to take the maximum dose. Take the dose that works best for you each day.

BOWEL EVACUATION TECHNIQUE

To evacuate properly, it is necessary to adopt the right position when sitting on the toilet:

- Feet raised on a footstool, knees above the hips (bent approximately 30° degrees);
- Legs spread apart, toes pointing inwards;
- Back leaning forward slightly in relaxed position.
- In a calm ambiance, take the time to relax and breathe. Release the perineum* (downward movement sensation) and anus (opening sensation).
- Breathe in through your nose, inflating your abdomen.
- Breathe out through your mouth, blowing air into your clenched fist, drawing your navel toward your spine. The abdominal wall should remain parallel to the spine.
- Repeat this controlled exhalation 4 to 6 times: it helps to evacuate more fully.

Incorrect position

Seated with knees bent 90° or greater



Strained bowel movement (pushing to evacuate)

Correct position

Squatting position with knees bent 30°



Relaxed bowel movement

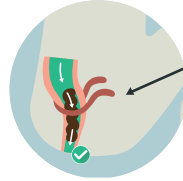
What occurs in your intestine in the above position



Rectum side view

Strained puborectal muscle

Stools trapped in the rectum

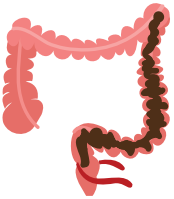


Rectum side view

Relaxed puborectal muscle

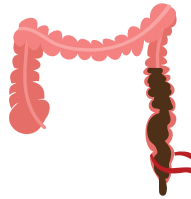
Stools easily evacuated

Intestine front view



Stools trapped in the left colon

Intestine front view



Stools easily evacuated

If practising this technique does not yield the desired results, the physician may recommend pelvic floor rehabilitation for effective bowel movements.

**Men: The perineum corresponds to the area between the base of the scrotum and the anus. Women: The perineum corresponds to the area between the posterior vaginal opening and the anus.*

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