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Irritable Bowel Syndrome

The irritable bowel syndrome, often called “spastic colon” or even “spastic colitis,” is a very common disorder of the gastrointestinal tract. Symptoms begin in younger individuals, and may persist indefinitely. Women are more commonly affected than men.

Irritable bowel syndrome (IBS) involves a loss or coordination of the normal muscular activity of the intestinal wall. The defect is believed to occur at the individual cellular level. As a result, there are no corresponding abnormalities of the overall intestinal structure or anatomy. Thus, the affected organs appear normal on x-ray, at endoscopy or upon inspection during surgery.

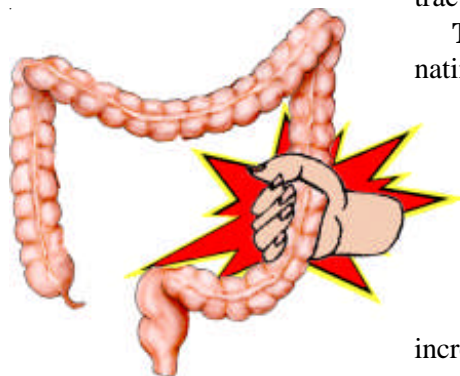
Normally, the digestive tract propels ingested food forward from the mouth to the lower intestines through a series of repetitive muscular contractions known as **peristalsis**.

In IBS, the muscular contractions are irregular, disorganized and uncoordinated. If contractions become too vigorous or occur too frequently, intestinal contents are forced along too rapidly, causing diarrhea.

Several segments of bowel may contract simultaneously, creating a zone of painful **spasm**. Instead of being propelled forward in an efficient manner, the fluid, waste and gas may become trapped between contracting segments. This stretches the intestinal walls and

causes additional pain. Conversely, this lack of coordination of the contractions may move the intestinal contents slowly, if at all, causing constipation.

The symptoms of IBS are abdominal bloating and cramping pain, typically low in location, accompanied by constipation or diarrhea, or both. Constipation often alternates with diarrhea. Pain may be more severe after meals, because eating stimulates peristalsis. Symptoms may also be accentuated during times of emotional stress. Specific foods — such



as raw fruits and vegetables, whole grains, dairy products and spicy foods — may precipitate attacks.

Although often severe, the abdominal discomfort if IBS is usually relieved, at least temporarily, following defecation.

Fever, chills, vomiting and rectal bleeding are not typical symptoms of IBS. If these symptoms are present, other

causes should be sought. As bothersome as the symptoms of IBS are, the disease does not progress to cancer, nor does it cause demonstrable injury to the gastrointestinal tract.

IBS may mimic several potentially serious disorders of the colon and intestines, including diverticulitis, ulcerative colitis, regional (Crohn's) enteritis, Giardiasis, infectious colitis or cancer. Appropriate testing may include the analysis of stool for infectious agents, x-rays, or endoscopic exams of the intestinal tract.

Treatment is directed towards eliminating offending foods from the diet, especially those which tend to promote intestinal gas formation. Increasing the daily fluid intake to 8-12 glasses per day, along with the addition of a fiber supplement and a stool softener, is often effective in increasing stool bulk and regulating stool water content so that both diarrhea and constipation are minimized.

Several medications are available which can be used either daily to prevent painful intestinal spasms and if they occur frequently, or as needed for the periodic treatment of occasional spasms.

Newer medications are helpful in treating constipation-predominant IBS by improving the coordination and effectiveness of intestinal motility.

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