

There are no tests available to diagnose irritable bowel syndrome (IBS). Your GP will do this based on your symptoms. However, you may have some tests to exclude other possible causes of your symptoms.

If you have diarrhoea predominant irritable bowel syndrome (IBS-D), your GP may arrange:



Tests on a stool (poo) sample to rule out an infection or inflammatory bowel disease (IBD) such as ulcerative colitis or Crohn's disease.



A blood test. This gives a picture of your general health and will exclude diarrhoea caused by coeliac disease (allergy to gluten) or abnormal thyroid or liver function.



Review of your medication as many drugs can cause diarrhoea, such as antacids (e.g. omeprazole), metformin (for diabetes), non-steroidal anti-inflammatories (e.g. ibuprofen, naproxen).

If your diarrhoea remains troublesome despite the treatment your GP recommends, you may be referred to a specialist clinic in a hospital.

You may have further tests to exclude other causes of diarrhoea:

SeHCAT study

This is a scan to test how well your gut is able to absorb bile acids. Poor absorption of bile acid can cause chronic diarrhoea, and diagnosing this will help your doctor to treat you effectively. You may have this if your stool is always watery and never solid.

Flexible sigmoidoscopy

A flexible, narrow tube with a light and tiny camera on one end, called a sigmoidoscope, is used to look inside your rectum and lower colon, also called the sigmoid colon and descending colon. This can detect irritated and swollen tissue, ulcers, or growths such as polyps.

Colonoscopy

Similar to a flexible sigmoidoscopy but the whole of your colon is examined with the camera. This can detect irritated and swollen tissue, ulcers, or growths such as polyps.

If you have constipation predominant irritable bowel syndrome (IBS-C) and your symptoms remain troublesome despite the treatment your GP recommends, you may be referred to a specialist clinic in a hospital. You may have further tests such as:



Transit study

You will be asked to swallow tablets called 'markers' on certain days. You then have an X-ray which measures how long it takes for food to pass through your large bowel (colon). This measures the severity of your constipation.



Proctogram

This X-ray examination produces a series of images which show how your bottom (rectum, anus and pelvic floor) work during the emptying of your bowel. The purpose of this test is to try and find out what may be causing difficulties in pushing out the stool and emptying your bowel.

Ano-rectal physiology (ARP)

This test is used to assess the muscle and nerve function in the anal canal and rectum for a variety of bowel disorders including constipation or faecal incontinence. Depending on your symptoms there may be several different tests, these include pressure studies (manometry) which measure the pressure in the anal canal; rectal sensitivity, which assesses sensations of the rectum; endo-anal ultrasound, which looks at the anatomy of the anal canal muscles and nerve (neurophysiological) testing, which tests whether the nerves supplying the anal canal and rectum are working correctly.

Written by Michelle Henderson,
Bowel Specialist Nurse, County Durham and Darlington NHS Trust

week3:



Tip: Ask your doctor or other health care professional to explain what the test is for and what it will involve.

Tip: It's ok to ask your doctor for test results.



Eight years ago, when I was in the sixth grade, I was diagnosed with Crohn's Disease. It took me a lot of time to accept that I had a disease that doctors don't really know anything about nor can they cure, but once I accepted my disease my goal was to never let it hold me back. Although I have missed a lot of social obligations from having Crohn's, I am never giving up on my dreams! [Read Sarah's story here.](#)

next week: What causes IBS?

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