TOWER BRIDGE HOSPITAL
LONDON

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open Mon–Sat, 9am–7pm (closed Sundays until September)
towerbridgehospital.co.uk

PATIENT INFORMATION · GASTROENTEROLOGY

Irritable bowel syndrome
a real condition with real treatments

IBS is a disorder of how the gut and brain communicate. Nothing shows on a scan or a camera test, which has led generations of patients to be told there is nothing wrong — when in fact there is a well-described condition with treatments that work.

These symptoms are not IBS and need investigating

- **bleeding from the back passage**, or black tarry stools
- **unintentional weight loss**
- a **persistent change in bowel habit over the age of 50**
- **waking at night** with pain or diarrhoea
- **anaemia**, a lump in the abdomen, or a family history of bowel cancer or IBD
- symptoms that began **after travel abroad**, or following antibiotics

IBS is a positive diagnosis based on a characteristic pattern, not a label applied when tests are normal. Any of the above needs excluding first, and a diagnosis of IBS should not be made without at least basic blood tests and coeliac screening.

What to exclude first

- **Coeliac disease** — a blood test, done while still eating gluten. It is found in a meaningful proportion of people labelled with IBS.
- **Inflammatory bowel disease** — a stool calprotectin test distinguishes inflammation from IBS well.
- **Full blood count, inflammatory markers and thyroid function.**
- **Bile acid diarrhoea**, particularly after gallbladder removal — treatable and frequently missed.
- **Lactose intolerance**, and in women **endometriosis** and **ovarian pathology**, both of which mimic IBS.

First-line management

- **Regular meals, not skipped or rushed.** Erratic eating destabilises gut motility more than most single foods.
- **Limit caffeine and alcohol**, and fizzy drinks.

- **Reduce fatty and highly processed food**, and restrict fresh fruit to about three portions a day.
- **Soluble fibre** such as oats and ispaghula for constipation-predominant IBS. **Avoid insoluble bran**, which typically makes IBS worse.
- **Peppermint oil capsules** and antispasmodics for cramping pain.
- **Regular exercise**, which has good evidence in IBS.
- Laxatives for constipation — avoid lactulose, which worsens bloating.

The low FODMAP diet needs a dietitian

It is effective — around 70% of people improve — but it is a three-phase clinical intervention, not a permanent list of banned foods. The restriction phase lasts four to six weeks, followed by systematic reintroduction to establish your personal tolerances, then a liberalised long-term diet. Staying on the restriction phase indefinitely, which is what happens when people attempt it from the internet, harms the gut microbiome and risks nutritional deficiency. Do it properly with support, or do something else.

When first-line is not enough

- **Low-dose tricyclic medication** — prescribed at a fraction of the antidepressant dose, acting on gut nerve sensitivity rather than on mood. It is one of the more effective treatments and is often declined because people assume it means their symptoms are considered psychological. It does not.
- **Gut-directed hypnotherapy and IBS-specific CBT** have strong evidence, comparable to dietary change.
- **Specific prescription treatments** for constipation-predominant or diarrhoea-predominant IBS.
- **Probiotics** may help some people; try a single product for at least four weeks before judging.

Realistic expectations

IBS fluctuates and typically runs a relapsing course over years, often flaring with stress, travel, illness or dietary change. The goal is good control rather than permanent cure, and most people achieve that with a combination of approaches. It does not turn into cancer, it does not damage the bowel, and it does not shorten life — which does not make it trivial, but is worth knowing.

> **Book an appointment if** you have not had coeliac disease and inflammation excluded, symptoms have changed, or standard measures are not controlling things. We offer blood and stool testing and gastroenterology review on site, and arrange dietitian input for FODMAP through our CQC-registered partners.

Testing and gastroenterology on site

Seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open Mon–Sat, 9am–7pm (closed Sundays until September)

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Gastroenterology** · **Blood tests** · **Endoscopy** · **All patient leaflets**

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This leaflet is based on current NHS, NICE CG61 and British Society of Gastroenterology guidance on irritable bowel syndrome. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.