NHS Lothian

Common symptoms of lower GI conditions

- Change in bowel habit, for example, frequency, urgency, faecal incontinence, tenesmus
- Abdominal pain, cramping, bloating, excessive wind
- Rectal bleeding
- Weight loss
- Mucus in stools/fatty stools

Symptoms may also include:

- Reduced appetite
- Nausea with or without vomiting
- Symptoms made worse with eating
- Persistent mouth ulcers
- Ongoing fatigue

Consider Ovarian Cancer

Ovarian Cancer can present with lower GI symptoms.

Please see RefHelp Ovarian Cancer page for more information on assessment, investigation and referral

Consider Colorectal Cancer

If history and examination are suggestive of Colorectal cancer then the patient should be referred along the USC pathway.

Please see RefHelp Colorectal Cancer page for more information on assessment, investigation and referral

Could it be self-limiting?

Consider duration of symptoms and history. If less than two weeks duration consider, for example: recent travel, changes in diet, alcohol, medications, infection causing gastroenteritis, menstrual symptoms, possibility of haemorrhoids and fissures.

Consider if stool test necessary to exclude infection. See also **INVESTIGATIONS**

Investigations

Based on history and appropriate clinical examination, consider which primary care lower GI investigations are needed to support the clinical assessment of your patient. There is more information on each of the disease specific pathways listed below, but the following information may be helpful for the overall assessment of lower GI symptoms.

Blood tests

FBC & Ferritin, (+/- Iron and transferrin), Cr&Es, LFTs, Ca, Albumin, TFTs, CRP, Coeliac screen (patients must **not** eliminate or reduce gluten from their diet)

Stool tests

Stool sample for C&S including parasitology - in NHS Lothian All diarrhoeal stools from patients ≥3 years old will automatically be tested for C Diff.
FCP if appropriate - see guidance on IBD page
(Please note that in National Guidance reference is made to using FIT in Primary Care - in NHS Lothian if this is indicated it will be arranged by secondary care in response to a USC referral via the Colorectal Cancer referral pathway

Conditions to Consider (if cancer is not being considered)

Could it be Inflammatory Bowel Disease?

Please see guidance on RefHelp Inflammatory Bowel Disease page for information on assessment, investigation and referral

Could it be Coeliac Disease?

Please see guidance on RefHelp Coeliac disease page for information on assessment, investigation and referral

Could it be Irritable Bowel Syndrome?

Please see guidance on RefHelp IBS page for information on assessment, investigation and diagnosis, and referral

Safety Netting

If symptoms **persist** or symptoms **change** – **reassess** (even if tests were negative) and consider referral

If symptoms suggest, consider:

- UGI cancer e.g. pancreatic or gastric cancer, or cancers of other systems
- If symptoms have become more non-specific consider CT for Suspected Cancer (No Clinically Obvious Primary) Pathway
- Conditions of other systems, e.g. gynaecological, liver, renal
- HIV screening: unexplained chronic diarrhoea is an HIV indicator condition and HIV testing should be considered.

Remember:

- Negative or normal stool tests and ongoing symptoms – could still be IBD or cancer
- False negative Coeliac screen – too little gluten in diet, IgA deficiency

Could it be another lower GI condition?

Other conditions may also cause similar symptoms to IBS but not respond to symptomatic, supportive treatment. Multiple lower GI conditions are possible at the same time. Consider: **Microscopic colitis** (if persistent loose watery diarrhoea), **Bile acid malabsorption** (common after cholecystectomy), **Diverticulitis**, **Small bowel bacterial overgrowth**, **Pancreatic insufficiency** (often causes weight loss, test for faecal elastase)