Positive Diagnostic Criteria for Irritable Bowel syndrome
Abdominal pain or discomfort which is
• Relieved by defaecation, or
• preceded by altered bowel frequency or stool form.
And at least two of the following:
• Altered stool passage (straining, urgency, incomplete evacuation)
• Abdominal bloating (more common in women than men), distension, tension or hardness
• Symptoms made worse by eating
• Lethargy, nausea, backache and bladder symptoms may support diagnosis

Initial Presentation
Abdominal pain, Bloating, Change in bowel habit >6 months and under 60 years

Initial Presentation
Abdominal pain, Bloating, Change in bowel habit >6 months

Investigations:
- Faecal Calprotectin (FCP) – PreventID Caldetect test
- NB: Stop NSAIDs 4 weeks prior to FCP testing
- Bloods: FBC, ESR, CRP, TTG (to exclude other diagnoses)

Probable IBS - Low probability of organic pathology. Give lifestyle and dietary advice sheet & recommend Physical activity. Consider:
- Dietetic referral
- Antispasmodic medication (mebeverine, peppermint oil)

No Red Flag

FCP negative <15ug/g

FCP positive >60ug/g

Moderate - high probability of organic pathology.

Referral to consultant/direct to test as appropriate – 2 week rule referral if cancer

FCP indeterminate 15-60 ug/g

Repeat test after 2 weeks. If negative manage as above for IBS. If still indeterminate or positive then refer to consultant

Referral to consultant/direct to test as appropriate

Symptoms requiring referral to secondary care. People with ABC symptoms if any of the following “Red Flag” symptoms are present:
- Unintentional & unexplained weight loss
- Rectal bleeding
- Family history of bowel/ovarian cancer

ASSESS & CLINICALLY EXAMINE people with ABC symptoms and refer in any of the following red flags
- Abdominal/rectal mass
- Anaemia
- Inflammatory markers for inflammatory bowel disease (FCP/ESR/CRP)

Referral to consultant/direct to test as appropriate

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