Suspected IBS diagnosis and referral guidance (18-50 years old)

Alarm features raising concern for possible **colorectal cancer (NICE: NG12)**

Refer adults for suspected colorectal cancer if:

· Adults aged≥40 with:
- o Weight loss AND
- o Abdominal pain AND
- o Positive FIT test (more than 10ug/g of stool)

· Aged≥50 with:
- o Unexplained rectal bleeding

· Aged≥60 with:
- o Iron deficiency anaemia OR
- o Change in their bowel habit

· Positive FIT test (more than 10ug/g of stool)

Consider referring adults for suspected colorectal cancer if:

· Aged <50 with rectal bleeding and any of the following unexplained symptoms or findings:
- o Abdominal pain
- o Weight loss
- o Iron deficiency anaemia
- o Change in bowel habit

· Adults of any age with an abdominal or rectal mass

YES
Colorectal 2ww suspected cancer referral pathway

Strongly consider FIT

Primary care practitioner takes history and performs assessment

Adult (18-50) patient presenting with symptoms consistent with IBS (consider Rome IV criteria)

Rome IV Criteria (2016)
Recurrent abdominal pain, on average at least 1 day/week in the last 3 months, associated with two or more of the following criteria:
•Related to defecation (may be increased or unchanged by defecation) •Associated with change in frequency of stool
•Associated with a change in form (appearance) of stool
Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.
Please also see NICE Guidance for IBS updated April 2017 CG61

NO

First line tests
•Ordercomms diarrhoea screen (FBC, CRP, LFT, U&E, TSH, Folate, Ferritin, B12, Calcium, Coeliac Screen)
(ensure on gluten containing diet for 6 weeks prior to coeliac blood test)
•Stool culture if diarrhoea
•CA125 if female with constipation/abdominal bloating

Positive
Further investigation and treatment as appropriate e.g. Coeliac referral pathway

Negative

Faecal Calprotectin (FC)

Pathway based on the York Faecal Calprotectin Pathway

FC <100
98% IBS certainty

FC >100 Repeat FC in 6 weeks

Stop NSAIDS for 6 weeks before testing FC

FC <100
98% IBS certainty

FC >100
33% IBD likelihood

FC 100-250
Refer to gastroenterology routinely 12% IBD likelihood

Advice & Guidance

FC >250
Refer to gastroenterology urgently >46% IBD likelihood (likely to be offered colonoscopy prior to clinic)

Check List

1. Alarm features	Yes/No
2. FIT Test	Yes/No
3. Ordercomms	Yes/No
4. Faecal Calprotectin 1	Yes/No
5. Faecal Calprotectin 2	Yes/No

YDH: Specialist telephone advice can be obtained by phoning Consultant Connect or by using Advice & Guidance

MPH: Use Advice & Guidance if you need further advice

Treat as IBS OR consider non-enteric disease e.g. Gynae or Urology

Advise patient to log onto www.patientwebinars.co.uk.
These webinars have been put together by our Somerset specialist community dietitians and cover a range of conditions including **First Line IBS Advice** and the **Low FODMAP Diet for IBS**. For patients that fail to improve following advice from the webinar they can download a self referral form to the dietetic gastro clinic directly from the website *(please ensure that they watched the webinar first before using the self referral form)*
Also advise patients to look at **IBS Network Charity** website:
https://www.theibsnetwork.org

Remains symptomatic

Symptoms managed locally

FC <50 & aged <50 years
Consider colpermin, loperamide, laxatives, mebeverine, buscopan for IBS (NICE guidance) before referral (>99% IBS certainty)

FC >50 & aged >50 years Refer routinely to gastroenterology (81% IBS likelihood)

Consider Bile Acid Malabsorption (present in 30% of those with IBS-D). Trial of treatment with Colestyramine 4g tds or Colesevelam 625 mg 1-3 bd. N.B. Take other drugs at least 1 hour before, or 4-6 hours after