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A *medical history* is made up of specific details about symptoms. This includes factors that make symptoms worse or better, severity of symptoms, and how long these symptoms have occurred. The medical history provides important information for possible diagnosis, allowing healthcare providers to focus their examination and choose the right tests for each person.

Disorders involving the function of the digestive system, such as *irritable bowel syndrome (IBS)*, *chronic constipation (CC)*, or *Cyclic Vomiting Syndrome (CVS)* are diagnosed by a careful discussion between the patient and healthcare provider, a physical examination, and with selected testing. Accurate diagnosis depends upon how accurately the individual describes his or her symptoms, and how skillfully the doctor interprets them.

The following are examples of symptoms often described due to gastrointestinal (GI) disease or dysfunction that can be confusing. When working with your healthcare provider, it is always good to describe all symptoms and the feelings that accompany them as carefully and completely as possible. This helps them to correctly understand and review your symptoms.

Gas

Gas has many sources and explanations. Everyone’s GI tract contains gas that sometimes escapes from the

Learn more about **upper gut symptoms** with IFFGD fact sheet No. 524: Confusing or Ambiguous Upper Gut Symptoms.

Learn more about **abdominal pain** with IFFGD Fact Sheet No. 274: Understanding and Managing Pain in IBS.

mouth or anus. The anus is the opening where the GI

tract ends, and bowel movements leave the body. Someone who feels “full of gas” may also describe feeling “bloating” or “distended.” Another person suffering from the release of gas from the anus may describe this as “farting,” “passing gas,” “breaking wind,” or “flatulence.” Fortunately, few of these gas indications are signs of serious disease. Even so, they can be embarrassing and uncomfortable. It is important that a healthcare provider knows exactly how the gas is occurring. This offers the best chance for a provider to explain and help manage it. Gas and fluid moving through the intestines sometimes causes a gurgling noise described by the word *borborygmi*.

Learn more about **borborygmi** with IFFGD fact sheet No. 234 A Noisy Tummy: What Does it Mean?

Constipation

Even doctors have difficulty defining *constipation*. Going to the bathroom to have a bowel movement less often may occur in some but not all patients who report being constipated. Some people with constipation may also report straining to pass a bowel movement, hard or lumpy bowel movements, a sense of not passing all of a bowel movement, and the need to use fingers to help to pass a bowel movement. Hard or lumpy bowel movements suggest that the movement of material through the gut may be slowed. Always describe bowel movement habits thoroughly with your healthcare provider. Such details can help your doctor choose the best treatment for you.

Learn more about **constipation**
www.AboutConstipation.org
www.youandconstipation.org

Diarrhea

Diarrhea has many causes and may occur occasionally or long-term. Diarrhea is present when the bowel movements are loose or watery. The frequent passage of hard bowel movements is not diarrhea. Diarrhea stools are often passed urgently. People may report “accidents” due to failure to find a toilet in time. Diarrhea that occurs suddenly and/or often should be discussed with a healthcare provider. Even short-term cases of diarrhea can cause dehydration.

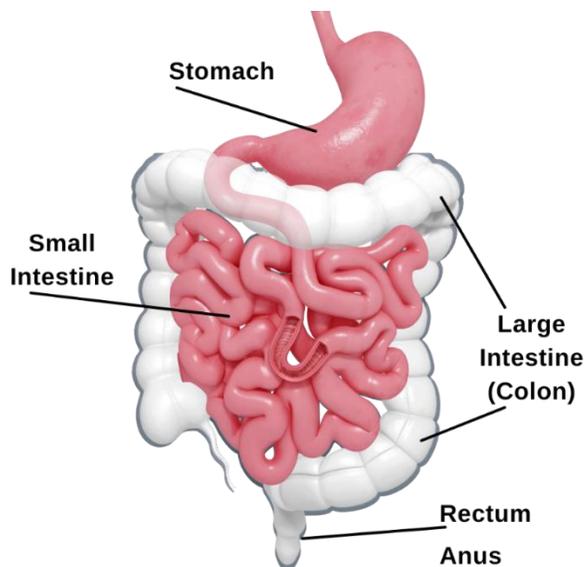
Rectal Bleeding

If you experience any signs of bleeding from your anus, it is important to talk about this with your healthcare provider. Be sure to accurately describe the blood seen in your bowel movements. This may help the provider decide where to look for the source.

Important things to mention are:

- large versus small amounts of blood
- bright red blood on the toilet paper only
- blood mixed in with the bowel movement
- blood associated with diarrhea
- blood associated with painful bowel movements

Blood on the toilet paper or coating normal colored stool suggests disease in the anus or just above the rectum. The rectum is the final section of the large intestine where bowel movements are stored before being emptied. Bloody diarrhea, especially if it occurs with pus, points to an acute infection in the colon such



as ulcerative colitis. The colon or large intestine is the last part of the digestive system where water and nutrients are absorbed back into the body before the bowel movement is pushed out of the anus. In general, the darker the blood, the higher in the GI tract the issue will likely be. Black stools usually point to bleeding from the stomach or duodenum (first part of the small intestine).

Do not delay informing your healthcare provider immediately if there is pus or blood in your bowel movements. A rapid and/or dramatic change in the shape or diameter of stool are important to discuss as well.

Urgency

As mentioned above, urgency can accompany diarrhea. Some people with chronic diarrhea begin to fear sudden bowel movements. As a result, urgency can cause them to reduce social and professional functioning. It is important to discuss with your healthcare provider if your disease is impacting you in this way.

Incontinence and Soiling

Accidental bowel leakage (incontinence, or “accidents”) is understandably distressing to many. This can be especially hard to discuss. They are more likely to occur with loose bowel movements. This occurs especially if the muscle surrounding the anal opening is weak or damaged. It is important that your doctor understands the full details. This will allow them to track down the cause and recommend the right treatment. Important things to mention are:

- Is the bowel movement loose and watery?
- How often does it occur?
- Is there any warning?
- Have you sustained any pelvic injury, such as in childbirth?
- How much stool is lost?
- Do you experience staining of the underwear/pad (soiling) or full loss of control?

Learn more about **constipation**
www.AboutIncontinence.org

Straining

Straining during a bowel movement usually involves using the abdominal muscles and diaphragm to push down and expel the bowel movement. The diaphragm is a muscle used in breathing located below the lungs. Straining often occurs while holding your breath. Even if the bowel movement is soft, straining may still occur. This may happen due to lack of full control of the muscles which control bowel movements. It is possible to retrain these muscles. Explaining this symptom fully to your healthcare provider can begin a conversation about the tests available and possible treatments.

Anal Pain

Pain in anal area or anus is common. An accurate description is vital to help quickly identify the cause.

Anal fissures are a small tear, often like a “paper cut” in the anal canal. The exposed nerves are very sensitive, and the passage of a bowel movement will cause significant pain and often rectal bleeding. Fissures sometimes accompany the hard bowel movements and straining found with constipation. They typically improve when the constipation is treated.

Hemorrhoids are swollen veins in your lower rectum. If they are outside the anal opening, they can cause severe pain.

Rectal abscess is a hole filled with pus in the anus. It causes extreme rectal pain, passage of pus, and sometimes fever. A rectal abscess rarely goes away on its own. These should be discussed with your provider as soon as symptoms begin to develop.

Proctalgia fugax is sudden, severe pain in the area around the anus. The pain is unpredictable and can begin without warning. It occurs unexpectedly, like a “charley horse,” is very painful, but fortunately lasts only a few minutes. In a few individuals this anal pain can be chronic and difficult to manage.

Learn more about **Proctalgia fugax** with
IFFGD fact sheet No. 160: Proctalgia Fugax - and Other
Pains

Conclusion

Gut symptoms may be embarrassing to discuss but paying attention to and sharing these details with your healthcare provider is important to arrive at a correct and timely diagnosis.

About IFFGD

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