



How is Short Bowel Syndrome (SBS) Diagnosed? 293

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Short bowel syndrome (SBS), also referred to as short gut, is broadly described as a condition in which nutrients are not properly absorbed because a large part of the small bowel is missing. This is most often due to defects existing at birth (congenital), or surgical removal of part of the small bowel. There may not be enough functioning bowel or surface area left in the remaining bowel to absorb needed water and nutrients from food. Sometimes, loss of normal function may occur even when the bowel length is intact. Typically, a loss of half or more of the small bowel will result in SBS.

To learn more about Short Bowel Syndrome (SBS), see IFFGD Fact Sheet No. 290 *What is Short Bowel Syndrome (SBS)?*

The severity of short bowel syndrome in an individual depends on several factors, including:

- length of the remaining bowel,
- site of the resection,
- presence of the muscle that separates the small intestine and the large intestine (ileocecal valve),
- presence of the colon,
- health of the remaining bowel, and
- ability of the remaining bowel to compensate (adapt).

Symptoms of SBS

Symptoms of SBS result when fluids and nutrients are not properly absorbed. These will vary from person to person. Symptoms often include:

- diarrhea
- fatigue
- pale greasy stools (steatorrhea)
- swelling of lower extremities (edema)
- foul smelling stools
- weight loss
- dehydration
- electrolyte losses

- malnutrition

Vitamin and mineral losses can lead to some symptoms. Depending on which vitamin or mineral is deficient, symptom examples include:

- visual disturbances
- excessive dryness of the eyes
- prickling or tingling feeling on the skin
- muscle spasms
- loss of coordination
- loss of bone mass
- easy bruising and/or prolonged bleeding
- lack of energy (lethargy)
- weakness
- difficulty breathing on exertion

Diagnosing Short Bowel Syndrome (SBS)

SBS can lead to malabsorption of nutrients in the body as well as difficulties maintaining hydration. Because the symptoms of SBS can vary from person to person, the diagnosis of this syndrome can also vary. It is important to discuss all symptoms being experienced with your healthcare provider. Any change from before surgery should be mentioned – even if not specifically mentioned in this fact sheet.

The diagnostic workup of SBS includes:

- A thorough physical exam including a review of the patient’s overall health status; and especially weight and hydration.
- Determining the functional status of the remaining small bowel and whether it is working with the colon.
- Blood tests to assess for nutrient deficiencies.

Working With a Healthcare Team

Managing SBS requires the patient and often family members working together with a team of healthcare

professionals. Members of the healthcare team may include primary care physicians (for example, family doctor, pediatrician, or gastroenterologist), surgeons, nutritional specialists, nursing specialists, and pharmacists. Often, the primary care physician will take the lead in managing and coordinating the patient's care. If an intestinal transplant becomes necessary, other specialists may be brought in including social workers, psychologists, and financial counselors to help deal with the complexities of organ transplants.

The most important member of the healthcare team is the person with short bowel syndrome. Family members or parents of children with SBS play essential roles as caregivers. Patients and caregivers need to have a thorough understanding of the condition and how it may best be managed based on individual needs. This will include recurring contact with healthcare providers, and use of outside resources, all aimed at helping navigate the complexities of managing SBS long term.

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