

# NES

AN IFFGD  
EDUCATION  
PROGRAM

BECAUSE DIGESTIVE HEALTH MATTERS

Nancy and Bill Norton Patient Education Series | October 11, 2020 | University of Michigan



**Diet, Nutrition and  
Digestive Health**  
finding the balance in  
Food for Life



## Nancy and Bill Norton Patient Education Series

*The mission and purpose of the creation of the Nancy and Bill Norton Patient Education Series (NES) is to provide useful information about gastrointestinal (GI) disorders to help the many people who suffer from these conditions.* By engaging patients in an educational program, we will promote a greater understanding of the daily experience of their chronic GI illnesses and provide real-world insight to better reach their treatment and wellness goals.

For individuals suffering with chronic illnesses, including chronic GI conditions, self-management interventions play an important role in reducing health care utilization and improving long-term health outcomes for patients. These interventions may include patient education, support for decision-making, self-monitoring of symptoms, adhering to treatment regimens, psychological and social support, and maintaining difficult lifestyle changes. The Norton Education Series is an educational program which includes topics relating to all aspects of GI conditions. This includes information from medical professionals as well as topics on the daily experiences and self-management techniques that can be utilized to improve their day-to-day living. *The Nancy and Bill Norton Patient Education Series will provide patients with an educational program that equips them with tools and resources to better help them navigate life.* With events planned for each year, this series is an ongoing program that continues to inform, assist, and support people affected by GI disorders.

For each meeting, IFFGD will work with an IFFGD Advisory Board member at a major medical center to create a program which highlights the strengths of that GI department. The IFFGD Advisory Board member will serve as the Course Director and will moderate the program. The Course Director will provide junior faculty and fellows to serve as presenters in the program. Each meeting will be at least a half-day and will include a multitude of activities, such as lectures, Q&A panels, patient stories, lifestyle presentations, hands on workshops and networking opportunities. IFFGD will live-stream the event for online viewers and record it for placement on a website specially designed for the Norton Education Series. The Course Director will work with IFFGD's Event Project Manager to create the educational program agenda.

*The International Foundation for Gastrointestinal Disorders gratefully acknowledges the following companies for their generous support of the Nancy and Bill Norton Patient Education Series:*



# Agenda

**Date: October 11, 2020**

**Time: 10:00 AM - 2:00 PM EST**

**Location: Streamed live from the Food for Life Kitchen**

### **Gut Matters 101: From top to bottom, Shanti Eswaran, MD**

An overview of the parts and functions of the digestive system. Learn about the location and function of the esophagus, stomach, small intestine (small bowel), pancreas, liver, gallbladder, colon, and rectum, and the common disorders associated with each.

### **Gut Matters 102: How the gut works in relation to food, nutrition basics, Amanda Lynett, RDN**

An overview of the importance of nutrition to the human body and the impact on gastrointestinal disorders. Learn about the nutritional components and value of food and the advantages to making knowledgeable food choices.

### **Kitchen Demonstration, Emily Haller, MS, RDN with Chef Sheree Thibault**

Join Chef Thibault and registered dietitian, Emily Haller, as they demonstrate three gut friendly recipes. See pages 4-6 for recipes.

### **Sugar: Friend or Foe?, Emily Haller, MS, RDN**

An overview of the different sugars and their impact on the human body. Learn about the different types of sugar, how much we should consume, how the body processes them, and how they could impact gastrointestinal (GI) symptoms.

### **Burning Questions on Upper Gastrointestinal (GI) Symptoms, Joan Chen, MD MS**

An overview of symptoms associated with upper gastrointestinal (GI) disorders. Learn about different GI disorders impacting the GI system, their symptoms including alarm symptoms, and dietary and lifestyle changes that can help.

### **Living your BEST IBS Life: Practical Tools to Beat the Battle with your Bowels, Justin Brandler, MD**

An overview of tools and information to help empower irritable bowel syndrome (IBS) patients. Learn ways to partner with your healthcare provider and make the most of your GI visits. In addition, receive information on treatment options including diet, medication, supplements, and more.

### **Constipation: Symptoms, evaluation, causes, and treatment, Kimberly Harer, MD ScM**

An overview of constipation from onset to treatment. Learn about constipation including who is most likely to experience it, why, talking to your healthcare provider and options for treatment and lifestyle changes.

### **My Patient Story, Erin Slater RDN**

An illness experience story from IFFGD advocate and registered dietitian, Erin Slater. Learn about Erin's journey from symptom onset, to diagnosis, and finally treatment. See her full story on pages 12-13.



# Low FODMAP Gingered Carrot Soup

## Ingredients

- 1 tablespoon olive oil
- 1 small celery root, diced, 1 generous cup
- 1 pound carrots, peeled and chopped, 3 generous cups
- 2 teaspoons peeled and chopped ginger root
- 2 tablespoons white rice
- 6 cups low sodium vegetable stock or chicken broth
- 1 teaspoon orange zest
- 1/4 cup orange juice
- 1/4 cup coconut milk
- 1/8 teaspoon cayenne pepper or as desired
- salt, as desired

## Nutrition Information

Serving Size: 1 cup  
Serves: 8  
Calories: 83.00  
Total Fat (g): 4.00  
Saturated Fat (g): 2.00  
Sodium (mg): 116.00  
Total Carbohydrates (g): 12.00  
Dietary Fiber (g): 3.00  
Protein (g): 2.00

## Preparation

In a large saucepan warm olive oil over medium heat. Add celery root and saute, stirring often so it does not brown, for about 5 minutes. Add carrots and continue to cook an additional 5 minutes. Add rice and ginger root and continue to cook a few more minutes. Pour in stock and bring to a boil. Reduce heat to a simmer, partially cover and cook until carrots are tender, about 20 - 30 minutes.

Remove from heat and add orange zest, orange juice and coconut milk. Puree in blender in batches until smooth. Be careful when blending that hot liquids do not splash and burn you.

Season with cayenne pepper and salt to taste. Reheat gently if needed and ladle into bowls. Serve garnished with a sprinkle of your favorite herb such as cilantro, parsley or chives.



## Tips:

- Swirl a little plain yogurt or sour cream on top as an optional garnish
- Garnish with your herb of choice such as cilantro, parsley or chives
- Unable to find Celery Root? Use a medium russet potato instead

# Quinoa Tabbouleh Salad

## Ingredients

- 1 cup quinoa, rinsed well
- a pinch of salt, or as desired
- 1 medium lemon, juiced
- 1/3 cup olive oil, infused with garlic
- 1 large cucumber, preferably English, diced
- 1 pint cherry tomatoes, cut into quarters
- 2 medium carrots, grated
- 1 cup parsley, preferably Italian parsley
- 1/2 cup mint, chopped
- 3 bunches scallions, thinly sliced green tops only

## Nutrition Information

Serving Size: 3/4 cup  
Serves: 6  
Calories: 243.00  
Total Fat (g): 14.00  
Saturated Fat (g): 2.00  
Sodium (mg): 25.00  
Total Carbohydrates (g): 25.00  
Dietary Fiber (g): 4.00  
Protein (g): 6.00

## Preparation

Bring quinoa and 2 cups of water to boil in a medium saucepan over high heat. Reduce heat to a simmer, cover and cook until most of water is absorbed, about 8 to 10 minutes. Turn off heat and let quinoa rest, covered, for 15 minutes. Fluff with fork. Allow quinoa to cool to room temperature.

In a small bowl, whisk lemon juice and garlic infused olive oil. Season dressing as desired with salt and pepper.

Combine cucumber, tomatoes, carrots, herbs and scallions in a large bowl, add cooled quinoa and dressing to bowl and stir until combined. Season as desired with salt and pepper. Chill in refrigerator.





## A tall, elegant glass filled with a vibrant orange smoothie. A clear plastic straw is inserted into the drink. The smoothie is garnished with a fresh slice of orange and a small sprig of green mint. In the background, a halved papaya with its characteristic orange flesh and black seeds is visible, resting on a light-colored wooden surface. The overall scene is bright and fresh, suggesting a healthy and delicious beverage.

- 1/3 cup aloe vera juice
- 1 peeled kiwi fruit
- ½ cup papaya
- ½ cup kefir, plain or vanilla
- ½ cup ice

Blend ingredients until smooth;  
drink once per day.

This provides: 120 calories for 16 oz (using low-fat plain kefir and no added maple syrup).

- Change things up and use pineapple, mango, or peaches instead of papaya
- Almond milk may be used in place of kefir if desired.
- Cut up whole papaya and freeze extra to keep it from going bad. Allow to thaw prior to blending for best results.
- If desired, can add 1-2 tsp pure maple syrup

- 1 banana
- 1 c. frozen strawberries
- 1 c. frozen blackberries, plus  
more for garnish (optional)
- 1 c. frozen raspberries
- 1 1/4 c. almond milk
- 1/2 c. greek yogurt



This delicious smoothie is  
vegan, gluten free and made  
of low-FODMAP ingredients.



½ ripe banana  
 ¼ cup frozen pineapple  
 1 cup, loosely packed, spinach  
 1 peeled lemon wedge (1/4 of a lemon)  
 1/2 tablespoon natural peanut butter  
 1/8 teaspoon (or a few dashes) of ground  
 ginger  
 3-4 ice cubes

- 2 bananas
- 2 clementines
- 6 frozen cherries
- 8 frozen raspberries
- 1 cup almond milk, unsweetened,  
can add more or less based on  
your consistency preference
- 2 scoops Vega protein, chocolate



To help your smoothies blend easier and prolong the life of your blender, you should remember to place liquids on the bottom, followed by sweeteners and/or protein powders. Any leafy greens should be placed in next; followed by soft ingredients such as yogurt or nut butters. The last two ingredients to go into the blender are fresh fruits, whole nuts/seeds and then finally anything frozen such as ice or frozen fruit.



### Liquids on the bottom



# Meet the faculty



**Shanti Eswaran, MD;**  
**Course Director**  
Associate Professor  
Internal Medicine

**Presenting: *Gut Matters 101: From top to bottom***

A native of California, Dr. Shanti Eswaran completed both her medical degree and internal medicine residency at the University of Michigan. She went on to pursue her fellowship in gastroenterology at Columbia University Medical Center. She served on the faculty at Northwestern University in Chicago and was thrilled to return to Ann Arbor as faculty in 2009. She has a research interest in the role of diet and food in functional bowel diseases such as irritable bowel syndrome. Dr. Eswaran’s research interests are complemented by her clinical interests in celiac disease and functional GI diseases. She has been named a Rome Foundation Fellow, serves on several national society committees, and has several grants supporting her research. She has written numerous publications pertaining to the role of diet and GI symptoms, and is excited to be a part of this conference.



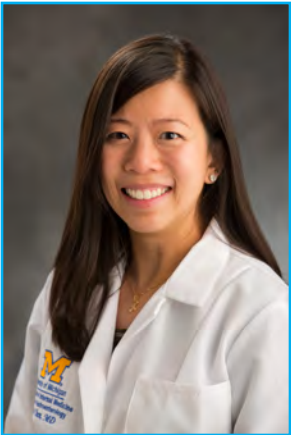
**Justin Brandler, MD**  
Gastroenterology  
Fellow

**Presenting: *Living your BEST IBS Life: Practical Tools to Beat the Battle with your Bowels***

Justin Brandler, MD is a gastroenterology fellow at the University of Michigan. Originally from the Pacific Northwest, he attended medical school at the University of Washington in Seattle. He trained at the Mayo Clinic in Rochester, Minnesota for both internal medicine residency and a research fellowship. He is also a husband and father to two boys, 3-year-old, Isaac, and 4-month-old, Joseph.

His clinical and research interests surround GI diseases associated with neurogastroenterology and motility issues. Many of these diseases are commonly referred to as “functional” GI diseases, and more recently are termed “disorders of brain gut interaction.” His passion for this field comes from both personal and professional experiences of witnessing the impact these conditions can have on a patient’s quality of life. While at times this can be disheartening for both patients and providers, he enjoys working with his patients to achieve their health goals through research-based, creative, and practical management solutions.

Dr. Brandler is also very passionate about education, and was selected for the “Outstanding Resident Teacher Award.” Using a blend of science and humor, he enjoyed integrating evidence-based educational principles to present stimulating content and promote long term retention and application.



**Joan Chen, MD MS**  
Assistant Professor  
Internal Medicine

**Presenting: *Burning Questions on Upper Gastrointestinal (GI) Symptoms***

Dr. Joan Chen, MD MS is an assistant professor of Internal Medicine in the Division of Gastroenterology and Hepatology at Michigan Medicine. After her general gastrointestinal (GI) fellowship at Northwestern University, she completed an additional year of advanced esophageal fellowship at Northwestern. She completed a master’s degree in clinical investigation.

Dr. Chen has been at Michigan Medicine for seven years, where she is one of the esophageal specialists. Her clinical and research interests include gastroesophageal reflux disease (GERD), specifically the population that are refractory to standard therapy, esophageal motility disorders, and other swallowing disorders including eosinophilic esophagitis (EoE). She is the director of the esophageal motility lab.



**Emily Haller, MS,**  
**RDN**  
Michigan Medicine  
Gastroenterology  
Clinic - Taubman GI  
Clinic  
University of Michigan  
Ann Arbor, MI

**Presenting: *Sugar: Friend or Foe? Kitchen Demonstration***

Emily Haller, MS, RDN is a Registered Dietitian Nutritionist and works with the Division of Gastroenterology at Michigan Medicine where she provides individualized nutrition counseling and medical nutrition therapy to patients with a variety of gastrointestinal (GI) disorders including Irritable Bowel Syndrome (IBS), Inflammatory Bowel Disease (IBD), Eosinophilic Esophagitis (EoE), Small Intestinal Bacterial Overgrowth (SIBO), Gastroparesis, and Celiac Disease.

In addition to digestive health, she specializes in plant-based nutrition/diets. Emily helps individuals modify their diet and lifestyle to reduce GI symptoms, achieve a nutritionally balanced diet to support well-being, and meet various health goals.





**Kimberly Harer, MD  
ScM**  
Clinical Lecturer  
University of Michigan  
Ann Arbor, MI

**Presenting: *Constipation: Symptoms, evaluation, causes, and treatment***

Kimberly Harer, MD ScM earned her medical degree from the Sanford School of Medicine at The University of South Dakota and then completed her internal medicine residency at Mayo Clinic in Rochester, Minnesota. She subsequently completed a clinical and research Gastroenterology Fellowship at Johns Hopkins in Baltimore, Maryland with simultaneous enrollment in the Graduate Training Program in Clinical Investigation at the Johns Hopkins Bloomberg School of Public Health.

She currently specializes in neurogastroenterology and motility at the University of Michigan, where she enjoys her work in both clinical medicine and translational research. Dr. Harer has been awarded the Johns Hopkins School of Public Health GTPCI Clinical Research Award, the American College of Gastroenterology Junior Faculty Development Award, and a NIH T32 training grant.



**Amanda Lynett, RDN**  
Michigan Medicine  
Gastroenterology Clinic  
- Taubman GI Clinic  
University of Michigan  
Ann Arbor, MI

**Presenting: *Gut Matters 102: How the gut works in relation to food, nutrition basics***

Amanda Lynett is an outpatient dietitian with the Department of Gastroenterology & Hepatology at Michigan Medicine focusing on gastrointestinal (GI) health using a “food as medicine” approach. She is co-director for an annual GI nutrition training program for Registered Dietitians called FOOD: The Main Course to Digestive Health.

Amanda obtained her Bachelor of Science in Nutritional Sciences and Dietetics from Michigan State University and completed her dietetic internship at Delta State University. She is currently completing her Master of Science in Nutrition and Dietetics through Central Michigan University.

She previously worked inpatient at Michigan Medicine providing medical nutrition therapy to medicine gastrointestinal, general surgery, liver transplant and urology patients. Prior to that, she worked at DMC Harper Hospital providing medical nutrition therapy for the cardiac intensive care unit (ICU), cardiac step-down unit, and cardiac rehab.

Amanda is an active member of the Academy of Nutrition and Dietetics and has held a board position on the Southeastern Michigan Dietetics Association. Personally, Amanda enjoys long distance running, baking, and creating new GI friendly recipes.



**Chef Sheree Thibault**  
Health Educator  
MHealthy  
University of Michigan  
Ann Arbor, MI

**Presenting: *Kitchen Demonstration***

Raised in a large Italian family, the love of scratch cooking with whole ingredients was instilled at an early age. Seventeen years of living and eating in California and studying culinary arts at Schoolcraft College have brought Chef Sheree Thibault to where she is today.

In 2003, she started Dining@Home – A Personal Chef Service and joined the American Personal and Private Chef Association creating a path for her clients to enjoy delicious, healthy food to support specific medical issues. Chef Thibault joined the MHealthy Culinary Team as a Health Educator in 2012.

She has been a volunteer chef educator for Gleaner’s Cooking Matters Program. She is also a Master Gardener who believes a plant based diet is the key to optimum health.



**Erin Slater RDN LDN**  
Registered Dietitian, FANS  
Oak Hill Hospital

**Presenting: *My Patient Story***

Erin grew up in Voorhees, NJ and graduated from Eastern Regional High School. She spent all four years writing for the school’s Literary magazine, completed a book of poems, a novel, and wrote several short stories. She also volunteered at Thomas Jefferson University Hospital, in Philadelphia, PA during all four years of High School, which inspired her to pursue a career in healthcare.

She attended Northeastern University in Boston, Mass for two years, working towards a degree in Pharmacology. However, she ultimately completed her education at Penn State University in University Park, PA and graduated with her B.S. in Nutritional Science in 2009. Erin currently works as a Registered Dietitian in an acute care hospital near Tampa, FL.

She has been volunteering with the IFFGD for over 10 years, advocating for patients and assisting with educational events. She is currently on IFFGD’s Patient Advisory Counsel and likes collaborating with other patients with FGIDs.

Erin enjoys playing with her three cats, spending time with her family, and swimming in her neighborhood pool.

Read her patient story on pages 12-13.



# Patient Experience with Erin Slater

My story is not unique and I hope by telling it, I can help others who are currently in the thick of their disease. I was born with two things: anxiety and a tummy ache. Some would say one causes the other. People even use the phrase “which came first, the chicken or the egg” but the end, it doesn’t matter.

A really bad stomach ache is one of those things you never forget. My “really bad stomach ache” started July 4th weekend, 2004 and seemingly lasted until the Summer of 2009. All the parts in between are a blur. That blur included multiple Primary Care Physicians, half a dozen tests, a handful of ER visits, four Gastroenterologists, and most of my late teens and early 20s.

My choice to go into the Healthcare field was not by chance. I had spent all four years in High School volunteering at a large University Hospital. After I got sick with my unrelenting belly pain, I was determined to get better. To me, that meant getting myself better because doctor after doctor appointment proved to be futile.

*Everyday I knew that as soon as I ate, it would flare like fire.*

I ultimately choose Dietetics because I was afraid to eat. Everyday I woke up with a subtle ache in my abdomen, like I had done too many sit-ups. Everyday I knew that as soon as I ate, it would flare like fire. A burning, sour pain. In my final two years of college, I had very little interaction with friends outside of class. Not because I didn’t want to go to Starbucks or Dunkin to get a coffee, but because I could barely cope with the pain.

The day that I graduated from college with my Bachelor of Science, was one of my worst days. I was depressed, in pain, and quickly realizing that I would never be able pursue my career. I was a malnourished 22-year-old, who would never be able to become a Dietitian.

The next part of my life would begin with my mom’s tireless effort to find that fourth GI doctor. As it turns out, that fourth doctor would be in Chapel Hill, North Carolina, 7 hours away from home. And although I fully expected the trip to be fruitless, it was not. I found a completely different type of doctor. One that actually had some experience with patients like me. The research, the drug trials, all of it had been done. It just hadn’t reached my previous practitioners.

From there everything changed. I had hope. Hope that was matched with science and a team of individuals that listened to my story. But that was just the beginning. The most important thing I can pass on to patients who are in the middle of their own journey, is that you need to be part of that team.

*Today, as a Dietitian for almost ten years, I think about what I went through and I’m happy that I can share my experiences with IFFGD and patients reading this today.*



I started on medication, whose primary purpose was to control the release of serotonin, norepinephrine, and dopamine, neurochemicals found in the brain and gut. These were neurochemicals that I had been missing all of my life. Words like antidepressant, atypical antipsychotic, and cognitive behavioral therapy can knock you off your feet. They can send an automatic ‘shut down’ signal to your brain and prevent you from collaborating with your healthcare team. They’re loaded words, to be sure.

But, as my friends will tell you, I was willing to dye my hair purple and lose a leg if that meant my pain would cease. After three months of medication and CBT, I was starting to feel like ‘me’ again.

It wasn’t easy, it wasn’t fast, and it took a lot of work. The best part: I could eat my favorite foods again. Food had been my daily obsession when I was sick, but it did not end up being my panacea.





## About the International Foundation for Gastrointestinal Disorders (IFFGD)

IFFGD is a Public Charity designated under the U.S. IRS code 501(c)(3). We are a registered nonprofit education and research organization. Our mission is to inform, assist, and support people affected by gastrointestinal (GI) disorders. IFFGD was founded in 1991 by one person struggling with the challenges imposed by a chronic GI disorder. Many others, from all walks of life, have joined with us. We work with patients, families, physicians, nurses, practitioners, investigators, regulators, employers, and others to broaden understanding about GI disorders, support or encourage research, and improve digestive health in the adults and children.

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Visit one of our websites

- [iffgd.org](http://iffgd.org)
- [aboutConstipation.org](http://aboutConstipation.org)
- [aboutIBS.org](http://aboutIBS.org)
- [aboutGERD.org](http://aboutGERD.org)
- [aboutGastroparesis.org](http://aboutGastroparesis.org)
- [aboutgiMotility.org](http://aboutgiMotility.org)
- [aboutIncontinence.org](http://aboutIncontinence.org)
- [aboutKidsGI.org](http://aboutKidsGI.org)
- [losninosygi.com](http://losninosygi.com)

Connect with us on social media

- Facebook (@IFFGD)
- Twitter (@IFFGD)
- LinkedIn (International Foundation for Gastrointestinal Disorders)
- Instagram (@digestivehealthmatters)
- YouTube (IFFGD)

Contact us at

3015 Dunes West Boulevard; Suite 512  
Mt Pleasant, SC 29466  
Phone: 414-964-1799



## About the Michigan Bowel Control Program (MBCP)

Michigan Bowel Control Program (MBCP) is a multidisciplinary program that specializes in the diagnosis and treatment of defecation disorders and other disorders of the posterior pelvic floor, including bowel incontinence, constipation, recto-vaginal fistulas, pelvic organ prolapse (enterocele, cystocele, urethrocele, rectocele, rectal prolapse, uterine prolapse, bladder prolapse), and neurogenic bowel disorders. The MBCP team includes experts in the fields of gastroenterology, urogynecology, physical medicine and rehabilitation, colorectal surgery, physical therapy, nutrition & psychology.



Michigan Bowel Control Program (MBCP) offers coordinated appointments and care supported by an expert nursing team. They offer a unique, dynamic and holistic approach to patient care, striving to improve patients' symptoms and quality of life.

MBCP provides specialized, state of the art:

- Diagnostic testing
- Nutrition counseling
- Behavioral counseling
- Coordinated medical and surgical management
- Individualized pelvic floor rehabilitation programs and protocols

The Michigan Bowel Control Program is conveniently located in the University of Michigan North Ingalls Building.

300 North Ingalls St.

Ann Arbor, MI 48109-5417

Fax: 734-936-9849

To make an appointment with the Michigan Bowel Control Program, call 734 615-7380 or toll free 877-462-6935.



