

# COMPLETE IBS GUIDE: WHAT YOUR GI WANTS TO SAY

**Patient Guide:** Bring this checklist to your GI visit to get specific, evidence-based answers and a real plan for your IBS — not another "try to relax" suggestion. These questions help you identify tests, treatments, and practical steps tailored to how your gut actually behaves.

- Could my symptoms be caused by something other than IBS (and how will you rule that out)?**
- What diagnostic tests should we do before labeling this IBS?**
  - Basic blood work: celiac screen, CBC (anemia), and inflammation checks (CRP/ESR) when indicated
  - Stool testing if I have diarrhea, blood, or recent travel (infection, C. difficile as needed)
  - Age- or risk-based evaluation (colonoscopy) to rule out IBD or other structural causes
  - Discuss SIBO breath testing only when clinically appropriate and understand its limitations
- How can we figure out my dominant IBS pattern and real triggers?**
  - Ask for guidance on a 2–3 week symptom log (stool form, timing, bloating, pain, sleep, meals)
  - Which specific symptoms or patterns should I track that will change treatment choices?
  - Will you review the log with me and translate it into a targeted plan?
- Is a low FODMAP diet right for me — and how should it be done safely?**
  - Clarify that low FODMAP is a short-term diagnostic trial (elimination 2–6 weeks), then reintroduction and personalization
  - Ask for referral to a dietitian experienced in IBS to avoid unnecessary long-term restriction

- Discuss how to liberalize the diet so you don't end up on an overly limited eating plan

 **Which medications are appropriate for my IBS subtype and what should I expect?**

- For IBS-D: options include loperamide for urgent control, bile-acid binders, or prescription therapies — ask about benefit vs side effects
- For IBS-C: discuss fiber types (psyllium), osmotic laxatives, and prescription secretagogues (linaclotide/plecanatide); ask about onset and monitoring
- For pain or sensitivity: ask about low-dose neuromodulators (tricyclics, certain SNRIs) and expected timeline and side effects
- Ask whether short-term vs continuous use is recommended and how we'll measure benefit

 **Should I try probiotics and, if so, which strain, dose, and trial length?**

- Ask which specific strain has evidence for IBS symptoms (avoid vague recommendations like "just take a probiotic")
- Agree on a trial period (commonly 6–12 weeks) and objective signs that mean stop or continue
- Discuss product quality, cost, and the possibility of worsening gas or bloating

 **Would gut–brain therapies help me (CBT, gut-directed hypnotherapy, biofeedback)?**

- Ask for evidence and local or telehealth programs — these therapies change how the brain processes gut signals and have good trial data
- Discuss how therapy fits with diet and medications, and whether it should be combined with other treatments
- Check insurance coverage or affordable program options if recommended

 **When should we consider testing or treating for SIBO, and what are the limits?**

- Ask when a breath test is appropriate versus when symptoms better match IBS without SIBO testing
- Understand that breath tests can have false positives/negatives and that treatment (antibiotics) has pros and cons
- Discuss alternative strategies (dietary tweaks, motility measures) if testing is inconclusive

 **What lifestyle steps have the best evidence and how should I prioritize them?**

- Sleep: aim for consistent, sufficient sleep — poor sleep often makes IBS worse
- Exercise: regular moderate activity helps motility and overall symptoms

- Meal patterns: try smaller, regular meals and avoid large high-fat meals if those trigger you

 **What are red flags that mean this is not just IBS and I should get evaluated faster?**

- Unintentional weight loss, blood in stool, persistent fever, progressive anemia, or symptoms that wake you at night
- New, severe or rapidly worsening symptoms despite treatment
- Strong family history of IBD or early colon cancer — ask whether earlier colonoscopy is needed

 **Can we set a follow-up plan with measurable goals and a flare strategy?**

- Agree on a timeline to reassess (for example 6–12 weeks) and specific symptom goals to judge success
- Ask for a written or electronic 'playbook' for flare management (diet reset, meds to use, when to call)
- Clarify who to contact with questions between visits and what warrants an urgent appointment