

POST-INFECTIOUS IBS: REWIRED GUT CITY

Patient Guide: Use this checklist to prepare for a visit about symptoms that started after a stomach infection — think of your gut as a city whose wiring, plumbing, and police force may have been changed by that infection. These questions help you get clear answers, tests, and an action plan.

- Could my current symptoms be post-infectious IBS given the stomach bug I had? How confident are you in that diagnosis?**
 - Unintentional weight loss, severe or ongoing bleeding, or black/tarry stools
 - High fevers, recurrent hospitalizations, or signs of systemic infection
 - New, severe anemia or abnormal labs that weren't present before
 - A strong family history of inflammatory bowel disease or colon cancer
- What 'red flag' signs would make you order urgent tests or procedures?**
 - Basic blood work (CBC, thyroid) and celiac antibody testing when appropriate
 - Stool tests if infection is still a concern (stool pathogen panel or targeted tests) or stool calprotectin to screen for active gut inflammation
 - Consider colonoscopy if you have alarm features or are in the recommended age group for screening
 - If diarrhea is dominant, ask about testing or a therapeutic trial for bile acid diarrhea
- Which tests should we do now to rule out other causes before calling it post-infectious IBS?**
 - Ask how low-grade immune activation or damaged small nerve fibers can cause ongoing sensitivity and altered movement
 - Request clarification on what tests (like fecal calprotectin) might detect inflammation and what a 'normal' result means in this context
- Could lingering low-grade inflammation, nerve changes, or altered motility explain my pain and urgency?**
 - Ask how low-grade immune activation or damaged small nerve fibers can cause ongoing sensitivity and altered movement
 - Request clarification on what tests (like fecal calprotectin) might detect inflammation and what a 'normal' result means in this context

- Discuss whether specialized motility testing is needed based on your symptom pattern

 **Should we try a structured low-FODMAP diet trial, and how should it be done safely?**

- Ask to be referred to a GI-trained dietitian for a guided 2–6 week elimination phase
- Discuss a planned reintroduction phase to identify specific triggers — the goal is short-term testing, not lifelong restriction
- Talk about alternatives if fiber or strict restriction has made your symptoms worse in the past

 **Are there medications that target my pattern (motility, bile acids, or hypersensitivity)?**

- Ask about anti-diarrheals (loperamide) or antispasmodics for cramps and urgency
- Discuss bile acid binders (e.g., cholestyramine/colesevelam) if bile acid diarrhea is suspected
- Ask whether a short course of a non-absorbed antibiotic (e.g., rifaximin) might help for IBS-D or suspected bacterial overgrowth
- Discuss low-dose neuromodulators (certain antidepressants) for visceral pain and nerve hypersensitivity, including benefits and side effects

 **Could probiotics help me, and which strains or products have evidence?**

- Ask whether any probiotic has strong evidence for post-infectious IBS and whether a trial is reasonable for you
- Request specific strain recommendations and product quality guidance (some strains have data; not all products are the same)
- Discuss realistic goals for a probiotic trial (symptom reduction, not a cure)

 **Would gut-directed therapies (hypnotherapy, CBT) or pelvic floor therapy be helpful?**

- Ask whether gut-directed hypnotherapy or cognitive behavioral therapy could lower your pain sensitivity and reduce symptom flares
- If you have constipation or difficulty emptying, ask about pelvic floor physical therapy and assessment
- Discuss access, typical course length, and what outcomes to expect

 **How should I track symptoms so we can spot reproducible patterns?**

- Track for 2–3 weeks: broad meal categories (carbs, dairy, fat), meal timing, stool form (Bristol scale), pain/bloating severity, and context (sleep, antibiotics, menstruation)

- Aim for repeatable patterns (not perfection) and bring a simple summary to your visit
- Ask whether a short medication or diet trial should be paired with tracking for clearer feedback

 **When should I be referred to a specialist (motility clinic, dietitian, pelvic floor therapist) or re-evaluated?**

- If symptoms persist and limit daily life after initial tests and basic treatments (often after 2–3 months of targeted care)
- If you have complex mixed symptoms (alternating diarrhea/constipation, severe urgency, or suspected bile acid or motility disorder)
- If you want a structured low-FODMAP program, specialized motility testing, or advanced management options