



## Difficult to Interpret Intestinal Complaints

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A medical history provides essential information for the diagnosis of intestinal complaints. Doctors must interpret the symptoms described by their patients if they are to focus their examination and choose the right tests. Disorders of gastrointestinal function such as the *irritable bowel syndrome* or *functional constipation*, *diarrhea*, or *bloating* are characterized by no structural abnormality. In these cases, diagnosis depends entirely upon the history, and diagnostic tests, if needed at all, are done to rule out inflammations, tumors and other anatomic gut disease. Accurate diagnosis depends upon how accurately the individual describes his or her symptoms, and how skillfully the doctor interprets them.

The following are some examples of complaints due to intestinal disease or dysfunction that convey imprecise meanings. A similar discussion of upper gut symptoms appears in IFFGD fact sheet No. 524 *Confusing or Ambiguous Upper Gut Symptoms*. Not included is “abdominal pain,” which will require an article of its own. If the doctor is to correctly interpret your complaints, you should describe them and their accompanying sensations as carefully and completely as possible.

### Gas

Gas is subject to several interpretations. Every gastrointestinal tract contains gas that occasionally escapes via the mouth or anus. Someone who *belches* or *burps* feels “full of gas.” Another suffering the release of gas from the other end may use the term euphemistically; too embarrassed to describe gas escaping from the anus, and too discrete to use the everyday or slang term. (The English picturesquely use “passing wind” to express the idea.) Still another person may feel *bloated* or *distended* and say they are “full of gas.” Bloating, with visible distension of the abdomen that worsens during the day is especially common in women. This symptom may not be due to excess gas, but rather to disordered movement of gas through the intestines. Gas and fluid moving through the intestines sometimes emits a gurgling noise described by the word *borborygmi*.

Fortunately, few of these gas manifestations are themselves signs of serious disease. Nevertheless, they can be annoying and worrying, so it is important that the doctor know exactly how the gas manifests itself if he or she is to explain and help manage it.

### Constipation

Even doctors have difficulty defining *constipation*. Infrequent defecation is not enough. One may infrequently pass normal or even loose stools and not have constipation.

However, if the stools are also hard and difficult to pass, then the transit of material through the gut is likely slowed, and constipation is present. Reference to the *Bristol Stool Form Scale* (Table 1) may help the reader understand the relation of stool form to transit time. Such details are important if inappropriate treatment is to be avoided.

Table 1 Bristol Stool Form Scale

<b>Type 1</b>		Separate hard lumps like nuts (difficult to pass)
<b>Type 2</b>		Sausage shaped but lumpy
<b>Type 3</b>		Like a sausage but with cracks on surface
<b>Type 4</b>		Like a sausage or snake, smooth and soft
<b>Type 5</b>		Soft blobs with clear-cut edges (passed easily)
<b>Type 6</b>		Fluffy pieces with ragged edges, a mushy stool
<b>Type 7</b>		Watery, no solid pieces (entirely liquid)

### Diarrhea

Similarly, the frequent passage of hard stools is not diarrhea. This symptom is said to be present when the stools are loose and watery. Such stools are often passed urgently and a patient may report “accidents” due to failure to find a toilet in time. One should not be bashful about reporting the nature of the stool. A grey or yellowish-white discharge may be pus that indicates acute inflammation in the colon, although small amounts of a similar material may simply be mucus. The realization that the stool includes pus or blood (see below), or that the shape or diameter of the stool has rapidly and dramatically changed are of vital importance for diagnosis and treatment.

### Rectal Bleeding

This important sign seldom originates in the rectum at all. In fact, an accurate description of the nature of blood passing from the rectum may help the doctor decide where first to look for the source. Blood on the toilet paper or coating

normal colored stool suggests disease in the anus or immediately above. Bloody diarrhea, especially if accompanied by pus, points to colitis such as an acute bacterial colon infection or ulcerative colitis. In general the darker the blood, the higher in the gastrointestinal tract is the offending lesion likely to be. Black stools usually signify bleeding from the stomach or duodenum (upper small bowel).

### Urgency

As mentioned above, urgency can accompany diarrhea. Some patients with chronic diarrhea come to fear an impromptu defecation so urgency can impair social and professional functioning. The doctor must distinguish urgency from *tenesmus*, which is a painful urge to defecate and indicates acute inflammation of the anus and rectum.

### Incontinence and Staining

One of life's most embarrassing and humiliating moments is the accidental passage of stool. Such personal calamities are common and usually occur during a diarrhea attack. In this case they are of little importance medically and are unlikely to recur. However, the repeated loss of stool forcing a person to wear pads when away from home is a sign of anal damage or of interference with the nervous control of the anorectum. Here again, it is essential that your doctor understand the details, if he or she is to track down the cause. Is the stool loose and watery? How often do such "accidents" occur? Is there any warning? Have you sustained any pelvic injury, say at childbirth? Do you have any nervous system diseases?

Incontinence means repeated and unpreventable loss of stool before a toilet can be reached. Sometimes, people are worried about a staining of the underwear, but that is not incontinence. Many factors contribute to such staining, including loose stool, excessive passage of gas, inebriation, hurried defecation, inadequate wiping and so on. Staining is less important than incontinence, and not an indication for investigation.

### Straining

Urgency's alter ego is straining at defecation usually in the attempt to expel hard, constipated stools. This involves using the abdominal muscles and diaphragm to push down, often while the subject holds his or her breath. It is a measure of the degree of constipation, and an effort to avoid if possible. King George II died of a stroke during such a maneuver. A person with irritable bowel syndrome may have both urgency and straining at different times in accordance with the unpredictable bowel habit that is typical of the disorder.

### Anal Pain

Pain in the anus is common, and another of those gut complaints that few relish to discuss, even with their doctors. Nevertheless, accurate description is vital if the cause is to be promptly identified. *Anal fissure* is very common and sometimes excruciatingly painful. This is a small tear, often like a longitudinal "paper cut" in the anal canal. The exposed nerves are very sensitive and the passage of stool excites them causing pain. Fissures sometimes accompany the hard stools and straining found with constipation and improve when the latter is treated. Occasionally a surgical procedure

is required. Sometimes an anal fissure results from Crohn's disease. The key to diagnosis is sharp anal pain with defecation sometimes accompanied by a small amount of blood on the toilet paper. Rectal *abscess* or *fistula-in-ano* are more serious disorders featured by more continuous rectal pain, passage of pus, and sometimes fever.

In contrast to and far more common than the above anal disorders, is *proctalgia fugax*. This was discussed previously (IFFGD Fact Sheet No. 109) and is entirely benign. Due to spasm of the muscles of the pelvic floor proctalgia fugax has no disease implications. It occurs unexpectedly, like a "charley horse," is very painful, but mercifully lasts only a few minutes. Rarely, anal pain can be chronic and difficult to manage.

### Conclusion

Gut symptoms may be embarrassing. However, the details surrounding them are often very important in arriving at a correct and timely diagnosis. Each of the symptoms described requires interpretation by a qualified physician. Therefore, we must leave our shyness outside our doctors' offices and tell them exactly what our symptoms are like. Misleading descriptions or uninformed interpretations can delay recognition of the underlying disease and its appropriate treatment.

### Suggested Reading

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