

Bowel disease awareness

Know the signals and the symptoms to irritable bowel syndrome – a common disorder that affects 30% of adults



After completing his training in Nottingham, Cambridge, London and Sri Lanka, Mr Romi Navaratnam MSc, MS, FRCS (Lon), FRCS (Gen) was appointed consultant

colorectal and laparoscopic surgeon at the North Middlesex University Hospital as well as honorary senior lecturer at the Royal Free Medical School in London in 2002.

He is one of the founding consultants of the gastrointestinal (GI) units at The Wellington Hospital, London and The Hospital of St John & St Elizabeth, London. Both are recognised as national and international centres of excellence.

In safe hands

Mr Navaratnam's specialist interests include the investigation, management and treatment of frequently occurring gastrointestinal problems, including irritable bowel syndrome (IBS), common anal conditions, including rectal bleeding, haemorrhoids (piles), fissures, fistulae and pruritus ani (itching of the anus).

He has a major interest in colonoscopy, endoscopy and undertakes laparoscopic (minimally invasive, keyhole) surgery for conditions of the gall bladder, appendix, groin

‘IRRITABLE BOWEL SYNDROME CAN BE TRIGGERED BY FACTORS SUCH AS STRESS’

and abdominal herniae as well as colorectal cancer, with positive outcomes.

IBS – the facts

This very common gastrointestinal disorder affects up to 30% of the adult population. Classical symptoms are of cramping abdominal pain, abdominal bloating, alteration in bowel habit, either diarrhoea or severe constipation, mucus discharge, incomplete evacuation of faeces and gastroesophageal reflux disease (GORD). The persistence of these symptoms, or the passage of blood through the rectum, should initiate a referral to your GP. IBS is assumed to be associated with abhorrent signals between the brain and the gut. It can also be triggered by a severe infective episode of gastroenteritis, or it can even be stress related.

Managing the condition

Investigation after concise history taking and examination can often be managed on an outpatient basis, following basic blood tests (thyroid function test, coeliac screen) and stool tests. In the presence of persisting symptoms

such as constant diarrhoea or rectal bleeding, colonoscopy may be required, especially when over the age of 35, to exclude an alternative causes for the symptoms.

Management often involves certain dietary modifications, for example, the low FODMAPS diet has gained increasing acceptance recently for improving symptom control. Refractory IBS can often be managed with good symptomatic outcomes through avoidance of precipitating factors, various relaxation techniques and bowel retraining techniques.

FOR MORE INFORMATION

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