Diagnostic Tests
The primary purpose of diagnostic testing is to rule out other causes of abdominal pain and altered fecal elimination.

- Stool may be examined for occult blood, ova and parasites, and culture. A stool smear for WBCs may also be done; an elevated WBC count may indicate an inflammatory or infectious process.
- Complete blood count (CBC) with differential and erythrocyte sedimentation rate (ESR) are evaluated. Anemia may indicate blood loss and a possible tumor, polyps, or other organic problem. An elevated WBC may indicate bacterial infection, and an elevated ESR is seen with many inflammatory processes.
- Sigmoidoscopy or colonoscopy may be ordered to visually examine bowel mucosa, measure intraluminal pressures, and biopsy suspicious lesions. In IBS, the bowel appears normal, with increased mucus, marked spasm, and possible hyperemia (increased redness), but no suspicious lesions. Intraluminal pressures are often increased. The procedure itself may stimulate manifestations of the syndrome. Nursing care related to these procedures is found in Boxes 24-1 and 24-5.
- Small bowel series (upper GI series with small bowel follow-through) and barium enema may be ordered. For the small bowel series, an oral barium preparation is administered, and the small intestine is examined under fluoroscopy. With IBS, the entire GI tract may show increased motility. Below outlines nursing care of the client undergoing a small bowel series. Nursing care of the client having a barium enema is described on p. 000.

Medications
Although not curative, medications may be prescribed to manage the symptoms of IBS. Bulk-forming laxatives (such as bran, methylcellulose, or psyllium) may help reduce bowel spasm and normalize the number and form of bowel movements. An anticholinergic drug such as dicyclomine (Antispas, Bentyl, others) or hyoscymamine (Anaspaz, others) may be ordered to inhibit bowel motility by interfering with parasympathetic stimulation of the gastrointestinal tract. It relieves postprandial abdominal pain when given 30 to 60 minutes before meals. In clients with diarrhea, loperamide (Imodium) or diphenoxylate (Lomotil) may be used prophylactically to prevent diarrhea in selected situations.

New drugs that affect GI motility by altering serotonin receptors in the GI tract are being researched. The initial approved drug, alosetron, was later withdrawn from the market due to severe complications associated with its use.

Antidepressant drugs, including tricyclics and selective serotonin reuptake inhibitors (SSRIs), may help relieve abdominal pain associated with IBS. While the anticholinergic side effects of the tricyclics (such as desipramine [Norpramin] and imipramine [Tofranil]) may help decrease diarrhea, they have more adverse effects than SSRIs such as sertraline (Zoloft) and fluoxetine (Prozac).

Dietary Management
Many clients with IBS benefit from additional dietary fiber. Adding bran to meals provides added bulk and water content to the stool, reducing the incidence of both loose diarrheal stools and hard, constipated stools. Other dietary changes are specific to individual triggers for IBS symptoms. Some clients may benefit from limiting lactose, fructose, or sorbitol intake (see Table 24–1). When excess gas and flatulence is a problem, reducing the intake of gas-forming foods, such as beans, cabbage, apple and grape juices, nuts, and raisins, may be helpful. Caffeinated drinks, such as coffee, tea, and soft drinks, act as gastrointestinal stimulants; limiting intake of these fluids may also prove beneficial.

Complimentary Therapies
Herbal preparations may provide some benefit for clients with IBS. Herbs with an antispasmodic effect, such as anise, chamomile, peppermint, and sage, may be used to reduce the manifestations of IBS. Refer the client to a certified herbologist or naturopathic physician for treatment.

Nursing Implications for Diagnostic Tests

### Small Bowel Series

#### Client Preparation
- Ensure the presence of a signed informed consent for the procedure.
- A low-residue diet may be ordered for 48 hours preceding the examination, and a tap-water enema or cathartic may be given the evening before.
- Instruct to withhold all food for 8 hours and water for 4 hours before the examination.
- Withhold medications affecting bowel motility for 24 hours prior to examination if possible (unless prescribed as part of the preparation procedure).

#### Client and Family Teaching
- Although the test is not uncomfortable, it requires several hours to complete. Bring reading material, paperwork, or crafts along to occupy time.
- For a small bowel exam, the barium may be administered orally, or instilled through a weighted tube inserted into the small bowel, or endoscopically.
- Increase intake of fluids for at least 24 hours after the procedure to facilitate evacuation of the barium. A laxative or cathartic may be prescribed.
- Stool will be chalky white for up to 72 hours after the exam. Normal stool color will return on complete evacuation of barium.