



## Digestive and Liver Center of Florida, P.A.

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### FELLOWSHIP TRAINING: YALE UNIVERSITY SCHOOL OF MEDICINE VIRGINIA COMMONWEALTH UNIVERSITY

**Welcome to our Summer newsletter!** In this issue we will continue to discuss Irritable Bowel Syndrome and discuss its diagnosis and treatment. We have reviewed the signs and symptoms, and pathophysiology of IBS in the previous issue. In the Patient Corner, we will go over diet recommendations for Patients with IBS and tips in dealing with factors that aggravate the disease. Our next Patient Appreciation Day is on Tuesday, 12/14/10 and our next meeting date for the Hepatitis' Support Group will be on Monday, 11/29/10. Our Hepatitis Support Group meets every other month, on the last Monday of the month at 5:30pm in our office. Any comments and suggestions can be e-mailed to [sseela@dlcfl.com](mailto:sseela@dlcfl.com).



#### Our Locations:

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#### In This Issue:

Patient Corner: Diet and  
Tips for Patients with IBS

Diagnosis of Irritable  
Bowel Syndrome

Different Types of  
Irritable Bowel Syndrome

Patient Appreciation Day

Hepatitis Support Group

#### DIAGNOSIS OF IRRITABLE BOWEL SYNDROME -

There are no characteristically abnormal tests that can be used to diagnose IBS. Efforts have been made to standardize the diagnosis of IBS using symptoms based criteria

##### Manning Criteria: Symptom Complex suggestive of IBS

- Relief of pain with bowel movements
- Looser and more frequent stools with onset of pain
- Passage of mucus
- Sense of Incomplete emptying

##### Rome III Criteria

The Rome III criteria states that in order to be diagnosed with IBS, a patient should have suffered abdominal pain or discomfort for 12 weeks or more (not necessarily consecutive weeks) in the previous 12 months. The pain or discomfort should have two out of the three following features:

- Relief with defecation
- Onset associated with a change in the frequency of stool
- Onset associated with a change in the form of the stool

##### Supportive symptoms that are not part of the Rome III criteria include:

- Abnormal stool frequency ( $\leq 3$  bowel movements per week or  $> 3$  bowel movements per day)
- Abnormal stool form (lumpy/hard or loose/watery)
- Defecation straining, urgency, or a feeling of incomplete bowel movement, passing mucus and bloating.

#### DIFFERENT TYPES OF IRRITABLE BOWEL SYNDROME

- 1. IBS with constipation:** Hard or lumpy stools more than 25% of the time, and loose (mushy) or watery stools less than 25% of the time.
- 2. IBS with diarrhea:** Loose (mushy) or watery stools more than 25% of the time and hard and lumpy stools less than 25% of time.
- 3. Mixed or Alternating IBS:** Hard or lumpy stools more than 25% of the time, and loose (mushy) or watery stools more than 25% of the time.
- 4. Unsubtyped IBS:** (insufficient abnormality of stool consistency to meet the above subtypes).

#### TREATMENT OF IRRITABLE BOWEL SYNDROME

##### How is IBS Treated:

The focus of treatment should be on relief of symptoms and addressing patient concerns. The treatment of IBS is a difficult and unsatisfying topic because so few drugs have been studied or have been shown to be effective in treating IBS. Moreover, the drugs that have been shown to be useful have not been substantially effective.

- Therapeutic relationship most important component of the treatment.
- Dietary education: Avoid triggering foods. (Lactose, food allergies, gluten sensitivity, carbohydrate malabsorption, and fiber.)
- Medications: Limited options available. Supportive treatment based on symptoms of constipation, diarrhea or abdominal pain.
- Reassurance
- Avoiding social situations
- Mapping out bathrooms
- Changing Job or career

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[www.facebook.com/dlcfl](http://www.facebook.com/dlcfl) and [www.dlcfl.com](http://www.dlcfl.com)

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**Our next Patient Appreciation Day is:**  
Tuesday, 12/14/10  
Time: 8:30am-10:30am  
Breakfast will be served!

**Our next Hepatitis Support Meeting is:**  
Monday, 11/29/10  
Time: 5:30pm

Please R.S.V.P. with our office at 407-384-7388

**Florastor®** helps maintain the balance of microorganisms in your intestines and is safe to take with other medicines. Unique mechanisms of action differentiate Florastor from bacterial probiotics. Florastor can be conveniently taken at the same time as antibiotics because *Saccharomyces boulardii* lyo is made of live freeze dried yeast cells. These cells are put into capsules and sealed. Each capsule of Florastor® has 250 mg of *S. boulardii* in it. In addition, Florastor releases a protease that interferes with *Clostridium Difficile* (C. Diff) toxins A and B binding to their receptors on the brush border, as well as down regulating the inflammatory response. **Please discuss with your doctor for it's use and indications.**



## UPCOMING ISSUE:

H Pylori Infection  
H Pylori's Symptoms and Treatment

## PATIENT CORNER

### Managing Symptoms of IBS:

Symptoms can be aggravated by large meals, bloating from gas in the colon, medications or eating/drinking certain products such as wheat, rye, barley, chocolate, milk, caffeinated drinks or alcohol and stress.



Stress, which may be more difficult to manage, can also be a trigger. Methods to manage stress:

- Use relaxation therapies, such as meditation.
- Seek private counseling or support groups.
- Get regular exercise, such as walking or yoga.
- Change a stressful situation in your life.
- Get adequate sleep.



### DIET:

Several foods are only partially digested in the small intestines.

When they reach the colon (large intestine), further digestion takes place, which may cause gas and cramps.

Eliminating these foods temporarily is reasonable if gas or bloating is bothersome. The most common gas-producing foods are legumes (such as beans) and cruciferous vegetables (such as cabbage, Brussels sprouts, cauliflower, and broccoli).

In addition, some people have trouble with onions, celery, carrots, raisins, bananas, apricots, prunes, sprouts, and wheat.

Please contact your primary care physician or gastroenterologist for more information and treatment.

## Compassionate, Caring and Sophisticated Medical Care

- Advanced diagnostic and therapeutic endoscopy
- Colorectal cancer screening
- Irritable Bowel Syndrome
- Inflammatory Bowel Disorders
- Gastro Esophageal Reflux Disease (GERD)
- Esophageal Motility Disorders
- **Hepatitis B**
- Manometric and pH studies
- Capsule endoscopy
- Gastrointestinal Cancers
- Pancreaticobiliary Disorders
- Endoscopic Ultrasound
- Liver diseases/Pre & Post transplant evaluation
- **Hepatitis C**