

Irritable Bowel Syndrome

A plain-English guide for you and your family

WHAT IS HAPPENING

Your gut is a long muscular tube that squeezes food along in waves, like toothpaste through a tube. Normally, stretch sensors in the gut wall send gentle 'all clear' signals up to the brain through the vagus nerve (the main wire connecting gut to brain), and the brain sends back calm instructions through the enteric nervous system (the gut's own nerve network, sometimes called the second brain). This two-way conversation keeps squeezing smooth, pain signals quiet, and poop regular. In IBS, that conversation goes wrong. The vagus nerve and enteric nervous system fire too loudly, so normal stretching feels like pain. The gut muscles squeeze too hard or too weakly, so poop comes too fast (diarrhea), too slow (constipation), or flip-flops between both. The gut lining may also have more mast cells (immune watchdogs) than normal, releasing histamine and serotonin (a gut messenger that controls movement and sensation) when they should stay quiet, turning up the pain volume even more. Stress, certain foods, and changes in gut bacteria (the trillions of tiny bugs that live in your intestines and help digest food) can all crank the sensitivity higher. You get belly pain that comes and goes, often easing after a bowel movement, plus a noticeable change in how often or how your poop looks — maybe loose and urgent, maybe hard and stuck, maybe switching back and forth. Crucially, there are no red flags: no blood in the stool, no weight you did not try to lose, no waking up at night to poop, no fever, and no anemia. IBS is not dangerous and does not turn into cancer or inflammatory bowel disease, but it is real, uncomfortable, and needs symptom management — fiber, gut-calming meds, and sometimes counseling to turn down the brain's alarm dial.

What you might feel

- Belly pain that comes and goes, often tied to when you poop
- Bloating or feeling full of gas
- Diarrhea (loose, watery stools)
- Constipation (hard, lumpy stools or trouble going)
- Mixed bowel habits (some days diarrhea, some days constipation)
- Mucus (clear or white slime) in the stool

- Feeling like you didn't empty all the way after a bowel movement
- Symptoms get worse with stress or certain foods

Call the doctor right away if...

- Blood in the stool or black, tarry stools
- Losing weight without trying
- Fever or night sweats
- Severe pain that wakes you up at night or doesn't improve after a bowel movement
- New symptoms starting after age 50

What the care team will do

- Assess pain location, severity on 0-to-10 scale, and relation to meals and bowel movements every shift
- Document stool frequency, consistency using Bristol Stool Chart, and presence of mucus daily
- Screen for red flag symptoms including rectal bleeding, unintended weight loss, fever, and night symptoms at every visit
- Teach Low FODMAP diet basics including which foods to avoid during elimination phase and importance of keeping food diary
- Review stress triggers and teach diaphragmatic breathing or progressive muscle relaxation techniques
- Time antispasmodic medications like dicyclomine 20 minutes before meals to prevent postprandial cramping
- Monitor hydration status and electrolytes in diarrhea-predominant patients especially if taking loperamide
- Educate that irritable bowel syndrome is chronic but does not cause cancer or shorten life expectancy

Medicines you may be given — and why

Dicyclomine (Bentyl)

Blocks acetylcholine (a messenger that tells gut muscles to squeeze) so the intestines stop cramping and tightening so hard.

Hyoscyamine (Levsin, Anaspaz)

Blocks acetylcholine (the gut's squeeze messenger) so the intestines relax and stop cramping.

Peppermint oil (enteric-coated capsules)

Menthol in peppermint oil blocks calcium from entering gut muscle cells, so the muscle cannot contract as hard and cramps ease.

Loperamide (Imodium)

Activates opioid receptors in the gut wall to slow down how fast the intestines push food through, giving the colon more time to absorb water so stool firms up.

Rifaximin (Xifaxan)

Kills or slows bacteria in the small intestine that may overgrow and cause bloating, gas, and diarrhea in IBS.

Eluxadoline (Viberzi)

Activates receptors that slow gut movement and block pain signals, while also blocking receptors that speed up the gut, so diarrhea and cramping both ease.

Linacotide (Linzess)

Turns on receptors in the gut lining that pull water into the intestines and also block pain signals, so stool softens and cramping eases.

Plecanatide (Trulance)

Activates receptors in the gut lining to pull water into the intestines, softening stool and speeding up bowel movements.

Lubiprostone (Amitiza)

Opens chloride channels in the gut lining to let chloride and water flow into the intestines, softening stool so it is easier to pass.

Tricyclic antidepressants (e.g., amitriptyline, nortriptyline, desipramine)

Blocks the reuptake of serotonin and norepinephrine (brain messengers that regulate pain and gut movement), which quiets pain signals traveling from the gut to the brain and slows down gut motility.

Selective serotonin reuptake inhibitors (SSRIs; e.g., citalopram, escitalopram, paroxetine)

Blocks the pump that recycles serotonin (a brain messenger that affects mood, pain, and gut movement) back into nerve cells, so more serotonin stays active, which can ease pain sensitivity and help regulate bowel movements.

Where this information comes from

- American College of Gastroenterology (ACG) IBS Guideline 2021
- Rome IV Diagnostic Criteria
- American Gastroenterological Association (AGA)
- Cochrane Reviews

Last reviewed: 2026-07-07