Gastroenterology: your quick guide

We ask expert nurses what students need to know about caring for patients with digestive conditions and the red flags to look for.

By Jennifer Trueland
health journalist

Gastroenterology is a diverse specialty covering a large variety of conditions and affecting patients of all ages and backgrounds. It requires input from a huge range of healthcare professionals, and often close collaboration between specialties, and it provides important opportunities for learning both core and specialist nursing skills.

We ask expert nurses five key questions, covering topics from red flags to lifestyle advice, to help explore this important clinical area.

What is gastroenterology?
Students are often surprised when they learn about its breadth, says University of Cumbria lecturer in the Institute of Health Eden Rose, a former clinical nurse specialist in gastroenterology.
‘They often assume it is just about the bowel, but gastroenterology is about the care of the digestive system,’ she says. ‘It involves a multitude of conditions and diseases, and incorporates cancer screening and endoscopy, the pancreas and liver.
‘When students start to understand the scope of gastroenterology, they are surprised it incorporates so many organs and involves such a wide variety of healthcare professionals.’

Gastroenterology is essentially split into two parts, says Bristol Royal Infirmary lead inflammatory bowel disease (IBD) nurse and advanced clinical practitioner Aileen Fraser.
‘One is luminal (the gastrointestinal tract) which includes IBD, and the other is solid organ (the liver) – or hepatology – which is part of gastroenterology in many hospitals.’

Gastroenterology is often seen as the mouth-to-anus specialty, says Ms Fraser, but the mouth actually comes under oral health. ‘Pure gastroenterology means looking at diseases of the gastrointestinal (GI) tract that are organic, so don’t necessarily have a surgical “fix”,’ she says. Patients with gallstones, for example, would be transferred to the surgical team.

What are the most common gastroenterological complaints?
Common gastroenterological conditions include:
» Functional bowel disorders, such as constipation, diarrhoea, bloating and irritable bowel syndrome (IBS).
» IBD, such as Crohn’s and ulcerative colitis.
» Coeliac disease.
» Liver problems, such as hepatitis C.
» Reflux.
» Gastric ulcers.
» Indigestion.
» Anaemia.

‘Reflux disease is common and can lead to Barrett’s oesophagus, which is a pre-cancerous condition,’ says Ms Rose. ‘Lifestyle plays a factor, but it’s also important to be aware of how much of an effect reflux can have on the oesophagus. People often don’t present to their GP until they have quite nasty symptoms.’

Ms Fraser warns against being dismissive about gastroenterology conditions. ‘With IBS, for example, I hate that a lot of people say it’s “just” IBS. It’s not “just” anything. IBS symptoms can be really distressing and we have to support people.’

Fatigue, unexplained weight loss and other flags
Bowel screening is an important part of gastroenterology. If a patient’s symptoms are due to colorectal cancer, they will be treated by the colorectal team. If not, they will be looked after by staff in gastroenterology.

Fatigue is another red flag, says Ms Fraser, in terms of judging whether someone has an underlying serious illness, but this is difficult to judge. ‘The problem is that a lot of us feel tired all the time,’ she says.

University of Cumbria lecturer Eden Rose, a former clinical nurse specialist in gastroenterology, says the biggest red flags prompting further investigation are:
» Unintentional weight loss
» Feeling too full soon after eating a meal
» Vomiting after eating
» Unexplained rectal bleeding
» Difficulty swallowing
» Abdominal pain

What are the common red flag gastrointestinal symptoms?
Asking questions is key. ‘I ask people how their appetite is, and if their weight is stable. If someone is eating normally and losing weight, that’s a big red flag for me.’

Regularly opening bowels overnight is another symptom to look out for, she adds.

**Communication and how to talk to patients about bowel movements**

Communicating with patients about GI symptoms and not being embarrassed to ask questions is vital, says Ms Fraser. This includes ascertaining what is normal for the patient, when asking about how often someone moves their bowels, for example. ‘Everyone’s normal is not the same,’ she says. ‘Normal can be anything from three times a day to three times a week.’

Tools to help identify where bowel movements are problematic include the Bristol Stool Chart. This provides an objective guide to what you should expect, which can lead to shared understanding. ‘One person’s loose stool is another’s diarrhoea,’ says Ms Fraser. ‘Looking at something visual can help patients and ourselves assess and see how things are going.’

**Which healthcare professionals are involved in gastroenterology?**

Gastroenterology is a multi-agency, multidisciplinary profession. A vast number of professionals are involved in caring for patients, including clinical nurse specialists who take on complex roles, such as endoscopy.

Most gastroenterology services come under the division of medicine in healthcare organisations, but these will link in with many other services, including surgical teams, general practice, emergency departments and community services.

‘There’s myriad people involved,’ says Ms Fraser. ‘In a district general hospital, for example, you may have a consultant gastroenterologist and a hepatologist, or sometimes the gastroenterologist will look after the liver too.

‘You also have lots of different kinds of nurses who work alongside the gastroenterologist, including IBD nurses, like my own team, and nutrition nurses. Then there’s hepatology nurses who look at liver complaints, such as cirrhosis or hepatitis C, which is a big area at the moment. You might also have alcohol nurses who work on the liver side.’

The wider multidisciplinary team includes gastro dietitians, GI radiologists, colorectal surgeons, non-medical endoscopists, and pharmacy. These professionals also work with paediatricians and psychologists, and the team may include physiotherapists and occupational therapists.

‘Any multidisciplinary clinician can be involved, depending on what the condition is,’ says Ms Fraser. ‘There is a lot of care in the community, and if it’s something that’s acute, you’ve got the journey all the way from the emergency department through to endoscopy and the ward – so we can involve almost anybody.’

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**What lifestyle advice should nurses give patients with common gastrointestinal complaints?**

Promoting health and well-being is an important aspect of being a nurse. Lifestyle advice to prevent and manage GI problems includes:

» **Eat regularly and healthily** ‘You have to think about what you are putting in your body,’ says Bristol Royal Infirmary lead inflammatory bowel disease nurse and advanced clinical practitioner Aileen Fraser. ‘Most people need to eat regularly, eat healthily, and avoid processed foods. You need to think about all these things’

» **Maintain a healthy weight** ‘With conditions such as reflux disease, losing weight can really help,’ says University of Cumbria lecturer and former clinical nurse specialist in gastroenterology Eden Rose

» **Reduce intake of stimulants**, such as alcohol and coffee. ‘These can cause bowels to be more active,’ says Ms Rose

» **Make exercise a habit** ‘Having a baseline fitness is important for us all. For those with long-term conditions it is especially important to exercise and rebuild stamina and fitness after a flare up of disease,’ says Ms Fraser

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**Further information**

British Society of Gastroenterology  bsg.org.uk

IBD UK  ibduk.org

Crohn’s and Colitis UK  crohnsandcolitis.org.uk

British Liver Trust  britishlivertrust.org.uk

The Hepatitis C Trust  hepctrust.org.uk