Clinical problems related to GI involvement in SSc

- Incontinence
- Abdominal pain/Distension
- Gastro-oesophageal
- Diarrhoea
- Weight loss/Nutritional Issues
- Constipation
Establish diagnosis
- Loss of bowel control
- Soiling
- Urgency
- Flatus

Initial management

Determine stool consistency

Formed

Loose

Generic advice*

Monitor ← Better

No improvement

Referral for specialised management

Specialist investigations:
Anorectal physiology, imaging tests as appropriate

Patient Education
- Consider professional counselling
- Set realistic goals
- Biofeedback
- Bowel retraining

Nutrition Support
- Specialist dietetics review
- Low fibre diet
- Lifestyle issues
- Anal plugs
- Odour control
- Pads
- Rectal irrigation

Medical therapies
- Loperamide
- Opioid drugs

Nutrition Support

Surgical procedures
- Neuromodulation
- Sphincter augmentation
Management of Abdominal pain/Distension

- Establish diagnosis and identify predominant symptom(s)
- Initial management
  - Exclude obstruction
  - Clinical assessment
  - CXR/AXR

- Treat any contributory cause
  - GORD
  - Drugs
  - Diabetes

- Consider SSc-related causes
  - Gastroparesis (Early satiety, Nausea and vomiting)
  - Small bowel bacterial overgrowth (Halitosis, Borborygmi, Episodic loose stools)

- Referral for specialised management
  - Specialist investigations: Hydrogen Breath test, Gastric emptying test, Imaging

- Monitor
  - Better
  - Transient or No improvement

- Referral for specialised management

- Patient Education
  - Consider professional counselling
  - Set realistic goals

- Nutrition Support
  - Dietitian review
  - Avoid fat
  - Enteral support

- Medical therapies
  - Prokinetic agents
  - Surgical decompression
  - Venting gastrostomy
Management of GORD

Establish diagnosis by symptoms

Volume reflux
- Regurgitation, nausea, vomiting

Heartburn

Dysphagia

Initial management

Address lifestyle factors
- Proton pump inhibitor

-Ba swallow or OGD

Normal

Better

Monitor

Improved

Referral for specialised management

Transient or No improvement

Specialist investigations:
Oesophageal physiology tests

Consider video fluoroscopy or oesophageal physiology test

-Barrett’s surveillance

-Treat moniliasis

-Patient education

-Avoid surgery

-Monitor and manage co-existing lung disease and aspiration
Management of diarrhoea

Establish diagnosis
• Frequent loose stools

Initial management

Exclude overflow
• PR, AXR

Avoid Loperamide before cause identified

Address other causes
• Stool microscopy
• CDT
• TTG Ab

Assess dehydration, nutrition state (MUST)

Referral for specialised management

Specialist investigations:
Hydrogen breath test
OGD
Tests for malabsorption (SeHCAT, Faecal elastase)

Patient Education + Nutrition Support + Medical therapies

• Probiotics
• Pancreatic enzyme supplementation
• Cholestyramine

• Dietitian review
• Fibre intake

• Loperamide
• Opiod drugs

Avoid Loperamide before cause identified
Management of weight loss/nutrition

Identify contributory causes
• Active systemic disease
• Other causes – malignancy, depression
• MUST assessment*

Initial management

*Score 0 – Low Risk
- Routine clinical care
- Repeat screening
  - 3 month or as clinically indicated

*Score 1 – Medium Risk
- Dietitian review
- Document dietary intake
- Advice on food choices
- Monitor and repeat screening

*Score 2 or more – High Risk

Caloric supplements via dietitian

No improvement with progressive weight loss

Referral for specialised management

Patient Education + Nutrition Support + Medical therapies

Set realistic goals to improve and increase overall nutritional intake
• Dietitian and Nutritional Support review
• Consider enteral/parenteral feeding
• Pancreatic enzyme supplements
Management of constipation

Establish diagnosis
- Infrequent urge
- Difficulty in emptying

Consider other causes
Drugs
Metabolic e.g. Coeliac disease, thyroid disease
Red flags

Assess for rectal prolapse

Initial management

Normal urge but difficulty in emptying
- Fibre

Infrequent urge and difficulty in emptying
- No fibre
- Suppository or osmotic laxative

Normal urge and emptying
- Stimulant laxative

Referral for specialised management

Specialist investigations:
Transit studies
Colonoscopy

Patient Education
- Biofeedback
- Toilet training

Nutrition Support
- Dietitian review
- Low residue diet

Medical therapies
- Prucolapride
- Surgery