

# **Clinical problems related to GI involvement in SSc**

- Incontinence
- Abdominal pain/Distension
- Gastro-oesophageal
- Diarrhoea
- Weight loss/Nutritional Issues
- Constipation

# Management of incontinence

Establish diagnosis  
 • Loss of bowel control  
 • Soiling  
 • Urgency  
 • Flatus

Initial management

Determine stool consistency

↓  
 Formed

↓  
 Loose

Generic advice\*

Generic advice\*  
 Loperamide

↓  
 Monitor ← Better

↓  
 No improvement

Referral for specialised management

Specialist investigations:  
 Anorectal physiology, imaging tests as appropriate

**Patient Education**

**Nutrition Support**

**Medical therapies**

- Consider professional counselling
- Set realistic goals

- Biofeedback
- Bowel retraining

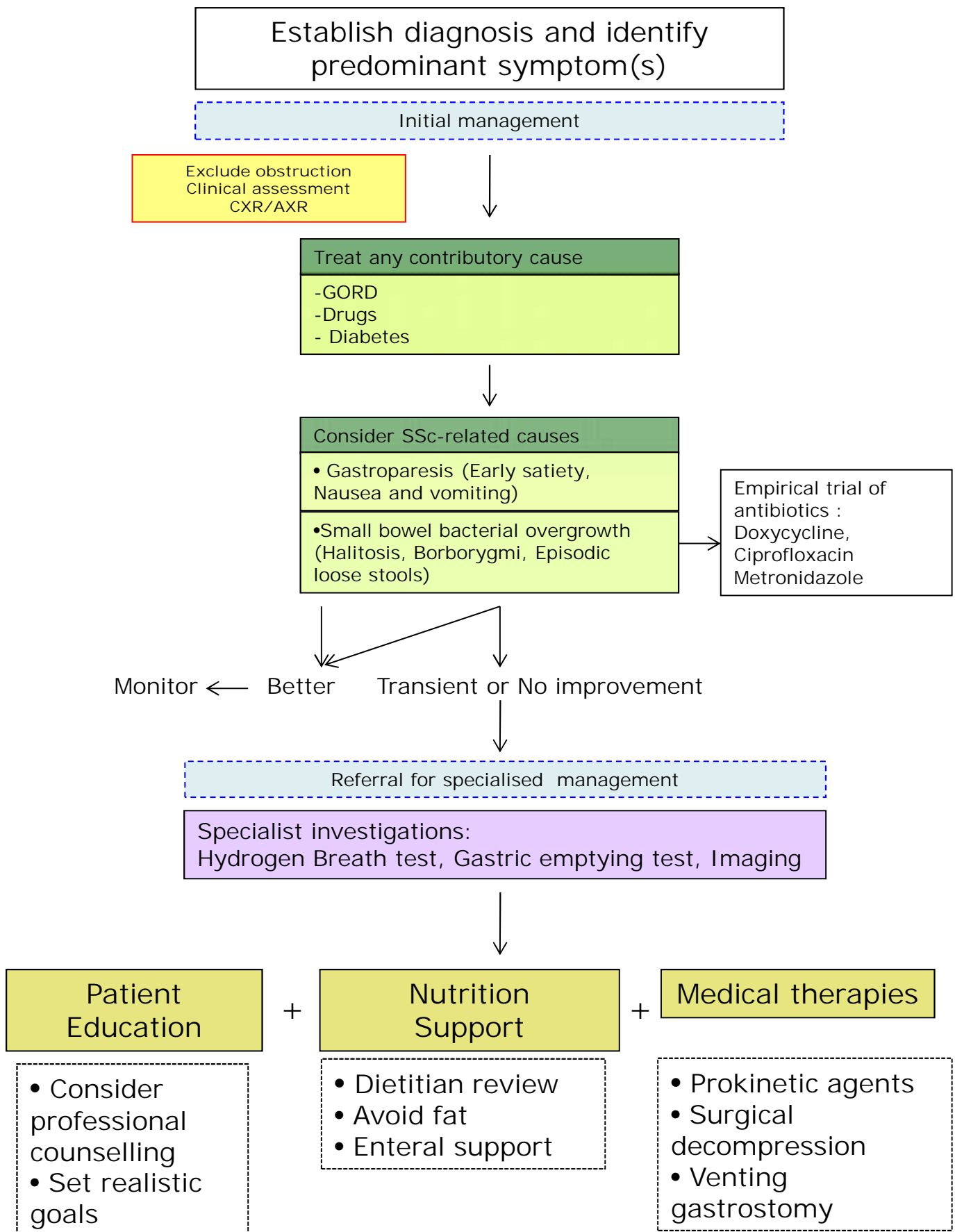
- Specialist dietetics review
- Low fibre diet
- Lifestyle issues

- Anal plugs
- Odour control
- Pads
- Rectal irrigation

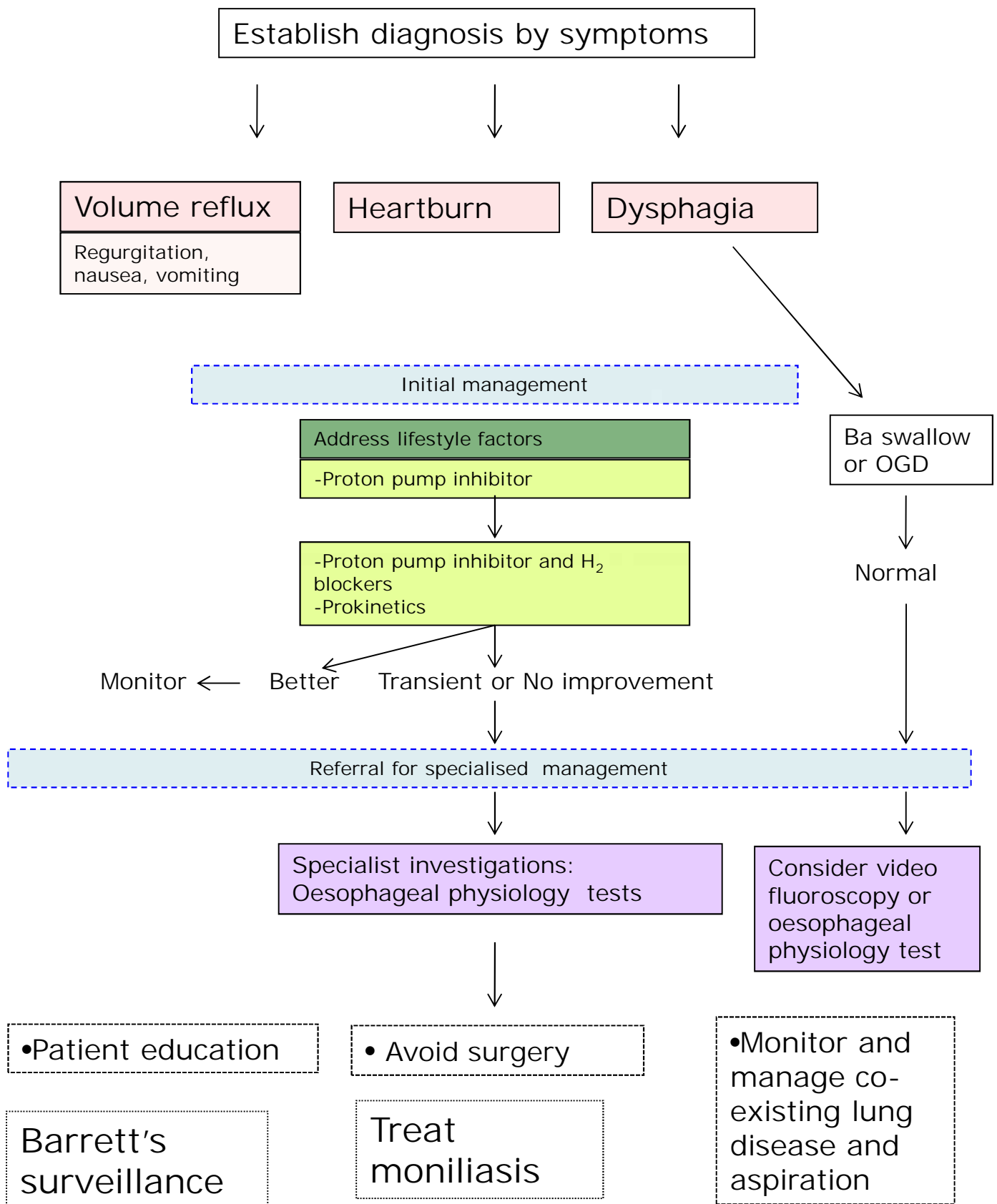
- Loperamide
- Opioid drugs

- Surgical procedures
- Neuromodulation
- Sphincter augmentation

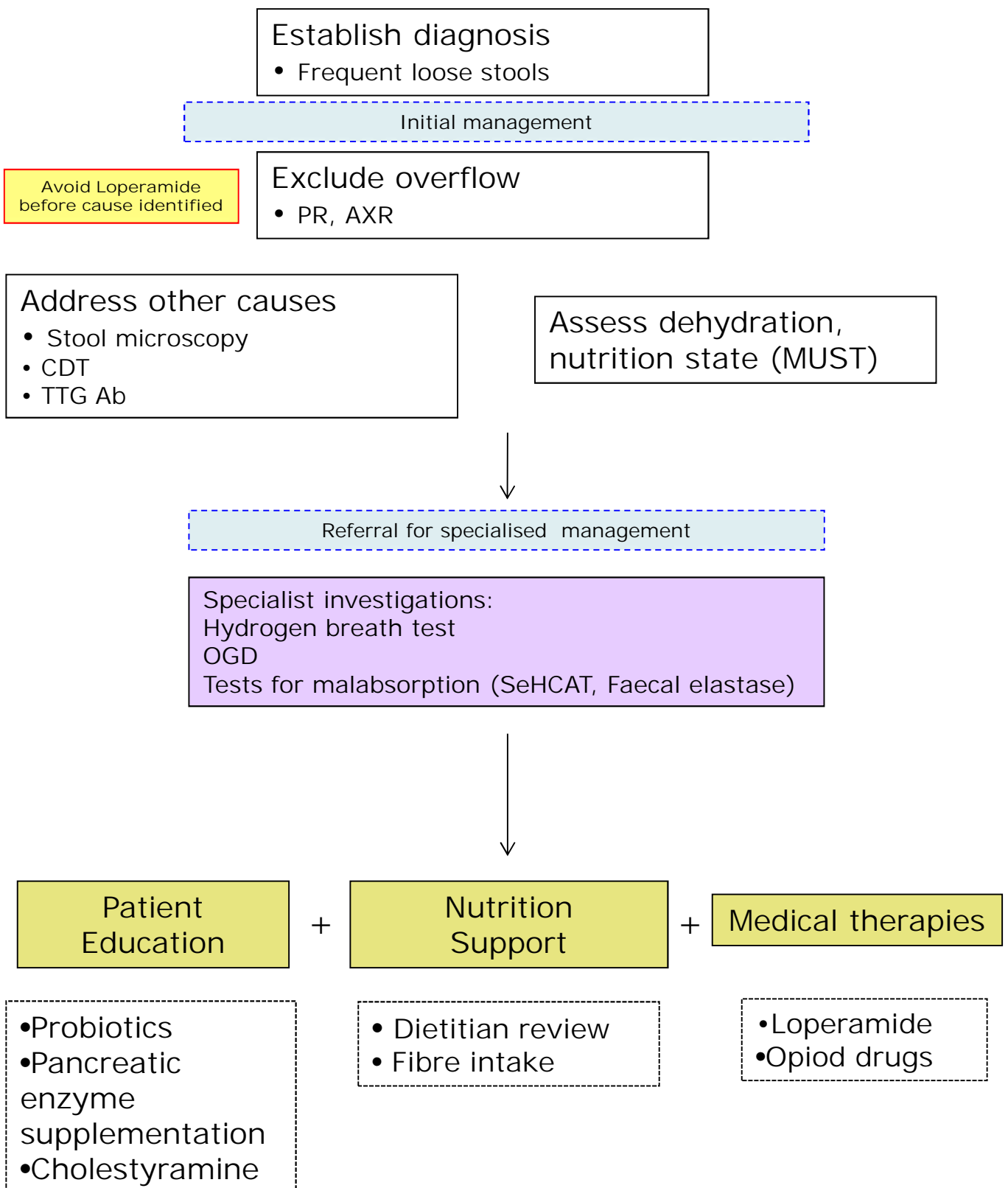
# Management of Abdominal pain/Distension



# Management of GORD



# Management of diarrhoea



# 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**

Set realistic goals to improve and increase overall nutritional intake

**Nutrition Support**

- Dietitian and Nutritional Support review

**Medical therapies**

- Consider enteral/parenteral feeding
- Pancreatic enzyme supplements

# Management of constipation

Establish diagnosis

- Infrequent urge
- Difficulty in emptying

Consider other causes

- Drugs
- Metabolic eg 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

Nutrition Support

Medical therapies

- Biofeedback
- Toilet training

- Dietitian review
- Low residue diet

- Prucolapride
- Surgery