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*
- Monitor
- Loperamide

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
- 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)

Empirical trial of antibiotics: Doxycycline, Ciprofloxacin, Metronidazole

Monitor ← Better Transient or No improvement

Referral for specialised management

Specialist investigations:
Hydrogen Breath test, Gastric emptying test, Imaging

Patient Education
- Consider professional counselling
- Set realistic goals

Nutrition Support
- Dietitian review
- Avoid fat
- Enteral support

Medical therapies
- Prokinetic agents
- Surgical decompression
- Venting gastrostomy

Better Monitor

Transplant or No improvement
Management of GORD

Establish diagnosis by symptoms

Volume reflux
  Regurgitation, nausea, vomiting

Heartburn

Dysphagia

Initial management

Address lifestyle factors
  - Proton pump inhibitor

- Proton pump inhibitor and H₂ blockers
  - Prokinetics

Monitor

Better

Transient or No improvement

Referral for specialised management

Specialist investigations:
  Oesophageal physiology tests

Consider video fluoroscopy or oesophageal physiology test

• Patient education
• Avoid surgery
• Monitor and manage co-existing lung disease and aspiration

Barrett’s surveillance

Treat moniliasis
Management of diarrhoea

Establish diagnosis
- Frequent loose stools

Initial management

Avoid Loperamide before cause identified

Exclude overflow
- PR, AXR

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
- Probiotics
- Pancreatic enzyme supplementation
- Cholestyramine

Nutrition Support
- Dietitian review
- Fibre intake

Medical therapies
- Loperamide
- Opiod drugs
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 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