How far do we need to investigate?

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A stepwise approach to investigating abdominal bloating emphasizes medical history and physical examination to distinguish organic from functional causes, with minimal routine testing in most patients.

KEY POINTS

- The speaker stated that initial workup for all bloating patients should include CBC, CRP, thyroid function, glycaemia, and coeliac antibodies, with additional testing such as imaging or endoscopy reserved for patients over 50 with alarm signs, recent symptom change, or severe symptoms on a case-by-case basis.
- High-resolution anorectal manometry was identified as the most important functional test, particularly when constipation or defaecation problems are present, as biofeedback therapy can help when dyssynergic defaecation and bloating coexist.
- The speaker stated that microbiota testing should not be performed because it cannot guide treatment or probiotic selection and patients waste money, and that SIBO breath testing is not recommended for DGBI patients due to poor sensitivity and specificity.
- The speaker reported performing no investigations in 90 to 95 percent of bloating patients, relying instead on clinical judgment to make a positive functional diagnosis rather than exhaustive organic disease exclusion.
- In the discussion, the speaker expressed concern that faecal elastase is problematic in the algorithm due to false positives and stated that French pancreatologists recommend not ordering it without CT scan evidence of pancreatic abnormality.
- The speaker's approach to patients asking about SIBO is to explain it as one pathophysiological aspect among many, not requiring antibiotic treatment, and to emphasize that antibiotics can aggravate symptoms.

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