

# Bile-Acid Diarrhea Conversation Guide

Use this page to prepare a clinician conversation about chronic watery diarrhea, urgency, and whether bile-acid diarrhea belongs in the evaluation. It is not a self-diagnosis worksheet.

## 1. Stop Signs First

Seek prompt medical guidance if diarrhea comes with:

- blood, black stool, pus, fever, or severe worsening pain
- repeated vomiting or inability to keep fluids down
- dehydration signs such as very dark urine, very low urine, dizziness, dry mouth, or extreme thirst
- nighttime diarrhea, unexplained weight loss, or a major new bowel-pattern change

## 2. Pattern Snapshot

Bring notes on:

- stool frequency per day:
- whether stools are loose or truly watery:
- urgency timing from meals:
- whether richer or fattier meals make the pattern louder:
- nighttime diarrhea: yes / no
- fever, blood, black stool, severe pain, weight loss, or dehydration symptoms:
- what changed after low-FODMAP cleanup or other IBS-D steps:
- gallbladder history, ileal disease, ileal surgery, or other bowel history:
- current medications and supplements:

## 3. Questions Worth Asking

- Does my pattern look like routine IBS-D, bile-acid diarrhea, or something else that still needs evaluation?
- Given my chronic watery diarrhea, should bile-acid diarrhea be considered?
- Which testing routes are actually available here: SeHCAT, serum C4, fecal bile-acid testing, or another approach?
- Do I need broader chronic-diarrhea testing before focusing on bile acids?
- If treatment is discussed, what would count as benefit, side effect, or reason to stop?

## 4. What Not to Conclude Alone

- One rich meal does not prove bile-acid diarrhea.
- One treatment response does not replace clinical interpretation.
- Persistent watery diarrhea is a reason to widen the conversation, not to keep shrinking the diet by default.