

IBS-C Clinical Options Discussion Guide

Use this guide to prepare a clinician conversation about IBS-C, constipation, fiber, PEG or magnesium, prescription IBS-C options, pelvic-floor clues, and warning signs. It is not a diagnosis or treatment plan.

1. Stop Signs First

Seek prompt medical guidance if constipation comes with:

- severe, constant, worsening, or clearly different abdominal pain
- vomiting, fever, faintness, confusion, or severe weakness
- blood in stool, black stool, rectal bleeding, or unexplained anemia
- unexplained weight loss or a major bowel-habit change
- abdominal swelling or progressive distension
- inability to pass gas or stool
- new constipation after age 50, recent surgery, pregnancy, cancer history, or another higher-risk situation

2. Constipation Pattern Snapshot

Bring notes on:

- bowel movements per week:
- Bristol stool form:
- straining: none / mild / frequent / severe
- incomplete evacuation: yes / no
- blockage sensation: yes / no
- manual maneuvers needed: yes / no
- bloating, pressure, or pain pattern:
- vomiting, fever, blood, black stool, weight loss, or severe pain:
- ability to pass gas:
- current medicines and supplements:
- fiber type, dose, and fluid intake:
- prior response to PEG, magnesium, stimulant laxatives, stool softeners, or prescription IBS-C options:

3. Which Conversation Fits?

| Pattern | Ask about |
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| Irregular meals, skipped breakfast, rushed mornings | Routine, breakfast, movement, and bathroom timing |
| Hard or dry stool after increasing fiber | Fluid intake, soluble fiber, and slower dose changes |
| Fiber makes bloating louder | Fiber type, dose, fermentation speed, and whether another route fits |
| Low frequency or hard stool dominates | PEG, magnesium, or other osmotic-laxative discussion |
| IBS-C remains active after simpler measures | Linacotide, plecanatide, lubiprostone, tenapanor, or other prescription route |
| Evacuation feels blocked or incomplete | Pelvic-floor or defecation-disorder evaluation |

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| Severe pain, vomiting, swelling, or inability to pass gas/stool | Obstruction-like symptom evaluation |
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4. Appointment Prompts

- Is this mainly stool hardness, slow transit, evacuation difficulty, pain, or bloating?
- Which fiber type should I use or avoid, and how slowly should I change it?
- Does PEG fit my pattern, and what should count as success?
- Is magnesium safe for me given my kidneys, medicines, and health history?
- Are stimulant laxatives appropriate for rescue or only under a specific plan?
- Do I fit an IBS-C prescription option such as linaclotide, plecanatide, lubiprostone, tenapanor, or tegaserod?
- Do my symptoms suggest pelvic-floor testing or therapy?
- Do any symptoms require urgent evaluation before constipation treatment?

5. Before the Visit

Do not start multiple new fiber, laxative, supplement, or diet experiments at once. Bring the pattern, current medication list, and red-flag answers above so the next step can be matched to the symptom picture.