

IBS Testing Conversation Map

Use this page to prepare for a clinician conversation. It is not a self-diagnosis tool and it is not a list of tests everyone with IBS symptoms needs.

1. Start With Safety

Bring urgent or prompt-review symptoms to a clinician before doing another diet experiment:

- blood in stool or black stools
- unexplained weight loss
- iron-deficiency anemia or abnormal blood work
- fever, persistent vomiting, or severe pain
- nighttime diarrhea or symptoms waking you from sleep
- a major new bowel-pattern change
- family history of colorectal cancer, celiac disease, or inflammatory bowel disease

2. Match the Question to the Test Conversation

If the question is	Ask about	Why it may fit
Could this be celiac disease?	Celiac blood testing while still eating gluten	Gluten removal before testing can make results harder to interpret.
Could this be inflammation rather than IBS?	Stool markers such as fecal calprotectin	These can help sort inflammatory bowel disease from IBS-like symptoms.
Could this be SIBO or methane-related constipation?	Breath testing in the right clinical context	Breath testing needs symptom, risk-factor, and result interpretation context.
Could this be colorectal disease, IBD, or another colon problem?	Colonoscopy or referral if indicated	Red flags, abnormal results, age/risk, and family history can change the next step.
If red flags are not present, what helps symptoms?	IBS treatment plan	Testing is only one part of care; symptom management still matters.

3. Bring a Cleaner Pattern

Before the appointment, write down:

- main symptom and when it started
- stool pattern across a normal week
- weight change, bleeding, fever, nighttime symptoms, or anemia history
- family history of celiac disease, inflammatory bowel disease, or colorectal cancer
- gluten intake before any celiac testing
- antibiotics, abdominal surgery, diabetes, motility problems, or other SIBO context
- what you already tried and what changed

4. Ask Better Questions

- "Do my symptoms or results suggest celiac testing before I change gluten?"
- "Is fecal calprotectin useful here, or is my pattern not an inflammation question?"
- "Would a breath test change management in my case?"

- "Do any red flags, family history, or abnormal results make colonoscopy or referral appropriate?"
- "If testing does not point to another condition, what is the next IBS treatment step?"

Bottom Line

The safest testing plan is not the longest list. It is the shortest clear path that matches your symptom pattern, risk factors, and clinician's judgment.