

Autumn/Winter 2021

**gUTS
UK!**



It's time the UK got to grips with guts!

Our community is brave, bold and honest.

Guts UK tried a brand-new awareness campaign this year. We provided our community with temporary tattoos. We asked them to bravely share their #GUTSelfie and the story of their digestive disease with their friends, family and followers. Rachel, pictured, shared this beautiful photo alongside her experience of gastroparesis (a condition in which the stomach is paralysed). Rachel personified our values at Guts UK, which are being brave, bold and honest. Turn to page 17 for more.

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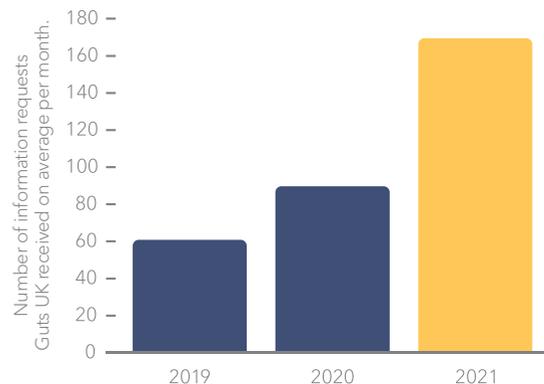
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We're here to help

Guts UK are proud to be answering more calls, emails and letters than ever before. Thanks to your help spreading the word about our work both online and offline, we're able to help those who need us most.

How can I help further spread the word?

Next time you go to see your GP, gastroenterologist, dietitian, nurse or whoever it may be - tell them about Guts UK! Show them the long list of information we provide (on the back of this magazine). You never know who their next patient may be.



Don't be a stranger!

We **love** to hear from you; it's the best part of our job.



2021 is our 50th birthday

We have so much to celebrate

In 1971, our founders came together and decided they wanted to end the pain and suffering that you and I recognise all too well. A lot has changed since then. Guts UK's research has contributed ground-breaking discoveries and has transformed aspects of patient care.

We're learning that starving damaged livers of glucose may be a step towards preventing liver cancer. Guts UK are also exploring whether transplanting stem cells could help those with paralysed stomachs or a non-functioning oesophagus, saving people from being tube-fed for life. And these are just 2 of 29 projects we're funding right now!

We're delighted to be reaching and helping more people in our 50th year than ever before. Compared to 2020, those calling us for information has increased by 90% in 2021 so far. Information is power! By offering our advice and information, we can guide people to an earlier diagnosis.

50 GUTS UK! years

But there is still a long way to go

We're proud of what we've achieved at Guts UK, but 50 years on in 2021, we haven't yet achieved our founders' goals. The UK still hasn't got to grips with guts.

People are still suffering and people are still dying. All because of a lack of knowledge about our guts. Guts UK exists to change that.

You can help us reach more people who need us, but don't know we exist yet. You can fund research leading to earlier diagnoses, kinder treatments and ultimately, a cure.



Guts UK's

Diverticular Disease Research

Dr David Humes was awarded £39,985 from Guts UK and Bowel & Cancer Research for his work into diverticular disease/diverticulitis. Dr Humes has now published his first paper from this research, so we caught up with him.



What is diverticular disease?

'Diverticulosis' is when pouches are formed along the bowel wall. Most of the time, these pouches are completely harmless. Sometimes, they can cause symptoms for people, which is referred to as 'diverticular disease'. This affects 1 in 3 to 1 in 2 people in the UK in their lifetime.

When these pouches become infected or inflamed, they are referred to as 'diverticulitis'.

If it is not too severe, it can be treated at home with antibiotics. Sometimes, when the infection is acute, it can cause further complications such as collection of pus (abscess), an obstruction (blockage of the bowel), or burst pouches leading to perforation (a tear) of the bowel. These complications often require emergency hospital surgery to treat them, which in turn can create more severe complications and can be life-threatening.

How is diverticulitis managed?

The management of perforated diverticular disease has changed in the past 10 years, with the introduction of less invasive methods, such as key-hole surgery (laparoscopy) or treatment with antibiotics.

However, there is not enough data to clarify how effective these methods are. An important aim of Dr Humes' investigation was to evaluate the survival rate following diagnosis of perforated diverticular disease and treatment using these less invasive methods. The team have just published the result of this first part of their investigations.

What did Dr Humes' research show?

Dr Humes and colleagues examined data from hospitals and GP surgeries in England from 2000 and 2013. They identified 2347 patients who were diagnosed with perforated diverticular disease. Of these, 880 were managed without surgery. These patients were further investigated.

The researchers reported that in patients younger than 65 years, less invasive management of perforated diverticulitis is a safe treatment and there is a low risk of people dying following these complications. Unfortunately, this was not true for older patients. 12% of those aged 75 years or older died while they were treated at hospitals.

These results suggest that those of advanced age also had other conditions in most cases. Therefore, they may have been considered unfit for surgery and had to be treated with the less invasive option, as this was the only available option.

Another important observation was that most of the people who responded well to the treatment were not re-admitted to hospital.

These results provide much-needed information to both surgeons and patients. Knowledge is power. With this new knowledge, surgeons and patients can decide the best treatment, together.

Guts UK's research has the capacity to change and save lives. Your donations make it possible. Help the UK get to grips with guts by donating £3 a month today.



Suzanne's story

Gallstones & Diverticulitis

Talk us through the symptoms you experienced:

"Like many people, I've had on and off 'gut symptoms' for much of my life. There's never been a specific food to trigger my symptoms, but I have had times where I've had constipation, diarrhoea and bowel spasms. I just put it down to IBS, though I wasn't medically diagnosed.

Last August I had an episode of excruciating pain in the middle of my chest. The best way I can describe it is as though a hot poker was pushed into my chest. It went on for a few days and only kept worsening. I was being sick and had a temperature, so I went to A&E. They treated it as a heart attack and I was let go the next day.

What happened afterwards?

I was doing fine until October, when I felt the same pain again. But at the same time, I felt like something else was going on. I was having what I can only describe as 'bowel spasms' and diarrhoea. When I started being sick and the pain worsened, I took myself to A&E again.

The hospital put me on painkillers and did an ultrasound the next day. This is where they discovered that I had gallstones and 'sludge' in my gallbladder, which explained the excruciating pain that I felt in my chest. But I knew something else was happening this time too.

What did you tell the team whose care you were under?

I told the hospital that I feel like there's something else happening and that I had an additional pain that I couldn't tie-in with the gallstones and sludge. The next day, they did a CT scan and found diverticulitis.



At the time of my scan, there was a pouch that was close to 'bursting', which could've lead to a perforation (tear) in my bowel. I was advised that if this happened, it could cause peritonitis and sepsis. This may have meant I needed surgery in which I'd have had a temporary (sometimes permanent) 'bag' or stoma.

Thankfully, my diverticulitis was able to be treated in hospital with IV antibiotics rather than surgery and I spent 8 days recovering in hospital until the infection was under control.

How did you feel after you left A&E?

Until I was in the hospital bed, I had never heard of diverticulitis. The first thing I did was try to find a reliable information source online for diverticulosis and diverticulitis.

On the internet I read a variety of information that told me I can't eat nuts, seeds or foods with skins, which did worry me because I'm vegan and nuts and seeds are a source of protein for me. At this point, I'd even lost weight because I was frightened of eating something wrong. But then I found Guts UK's website...

Finding Guts UK was like finding a golden ticket. I read their information on diverticulosis, diverticular disease and diverticulitis in full and I was delighted to read that the latest research and evidence shows that I don't have to avoid the foods I love, like nuts and seeds.

After reading their information, I set up a monthly gift to Guts UK, to ensure they could continue helping people just like me."

Guts UK can only continue helping and reaching people like Suzanne with your support. Please support Guts UK today. Together, we will get to grips with guts!

The Mediterranean Diet and Gut Health

What is the Mediterranean diet?

The Mediterranean diet is inspired by the eating habits of people living in Spain, Italy and Greece. Whilst people living in these countries have a similar level of total fat consumption to people living in the UK and USA, they have a lower level of cardiovascular disease. This prompted investigation into the possible health benefits of the Mediterranean diet.



The typical Western diet vs the typical Mediterranean diet?

It might help to compare this to the typical Western diet, which consists of a high intake of saturated fats, sugar and 'processed' or pre-packaged foods. The Western diet is typically low in fibre.

The Mediterranean diet is made up of mostly plant foods, and also includes oily fish, nuts, seeds and olive oil, which are rich in healthy fats. This diet is typically lower in sugar and contains less meat - especially red meat. The Mediterranean diet is high in fibre.

Gut health benefits of the Mediterranean diet

There is good evidence to support adopting the Mediterranean diet, to help ensure general good health. There are some additional advantages relating to gut health specifically:

- **Bowel cancer:** Bowel cancer is the second leading cause of cancer death (after lung cancer). It shows very striking differences in incidence around the world and these differences are thought to be largely due to diet - particularly the "Western" diet favoured by developed countries. The Mediterranean diet is higher in fibre, and we know there is an 11% decrease in the risk of developing bowel cancer for an extra 10g of fibre per day in the diet.
- **The Gut Microbiota:** As the Mediterranean diet is higher in fibre than typical Western diets. In the UK, a typical diet provides just 19g of fibre per day (compared with the advice to aim for 30g per day). Fibre benefits the gut microbiome by increasing the amounts of beneficial species living in our gut (such as lactobacillus and bifidobacterial). Put simply, fibre 'feeds' the microorganisms living in your gut.

General health benefits of the Mediterranean diet

Evidence has shown that every additional 7g of fibre in the daily diet reduces the risk of common chronic diseases. An additional 7g of fibre in the daily diet reduces the risk of:

- Bowel cancer by 8%**
- Cardiovascular disease by 9%**
- Heart attacks by 9%**
- Strokes by 7%**
- Incidence of type two diabetes by 6%**

How can I follow the Mediterranean diet?

The Mediterranean diet can be followed using food groups, which allows it to be modified to reflect varying cultures and traditions. If you're looking at following the Mediterranean diet, aim for the below quantities of the following food groups:

- **Vegetables*:** 4 or more portions per day (a portion is 80g). (e.g., broccoli, bok choy, peas, turnip, tomato, courgette, aubergine, asparagus).
- **Fruit*:** 3 or more portions per day (a portion is 80g). (e.g., strawberries, kiwi, plum, grapes, fig, guava, apple, orange).
- **Legumes:** 1 portion of approximately 50g for women and 70g for men per week. (e.g., chickpeas, lentils, peas, beans).
- **Nuts and seeds:** 1 or more portions of 28g per week. (e.g., sunflower seeds, peanuts, poppy seeds, sesame seeds, walnuts, pumpkin seeds, cashew nuts).
- **Wholegrains:** 1 or more servings per day. (e.g., wholemeal bread, wholemeal pasta, wholemeal oats, brown rice).
- **Fish:** 4 or more servings of 100g per week. (At least one or more should be oily fish e.g., salmon, mackerel, pilchards, sardines or trout).
- **Fats and oils:** more unsaturated fats, such as olive oil (40g per day) than saturated fats. Saturated fats are found in butter and the white fat surrounding animal meat, lard.
- **Alcohol:** 1/2 to 1 unit a day for women and 1 to 2 units a day for men. (This is different to the current UK advice for alcohol intake, with a reduced level for women.)
- **Red and processed meat:** Fewer than 2 servings a week for women, fewer than 3 a week for men. (This equates to about 120g per day for men and 90g per day for women, but in the UK, the NHS advise a lower maximum of 70g per day for both men and women).

**This should contain a wide variety of different products as possible and ALL different types count - including fresh, frozen and tinned in natural juice or water. Soup is another option, but check the salt content is within healthy guidelines.*



You can read Guts UK's 'Mediterranean Diet' information on our website www.gutscharity.org.uk or contact us for your free of charge copy.



We can only continue producing expert patient information with your support. Guts UK is also proud to fund research into nutrition and our guts. Please support Guts UK today. Together, we can help scientists turn curiosity into life-changing discovery.

Guts UK is proud to be funding two PSPs!

Guts UK is incredibly excited to announce that we are beginning two Priority Setting Partnerships (PSPs). One will be for Irritable Bowel Syndrome (IBS) and one for pancreatitis.

What is a PSP?

The James Lind Alliance (JLA) helps set up PSPs for a wide range of diseases. The purpose of a PSP is to identify and prioritise the unanswered questions for certain medical conditions, or areas of health.

The process of a PSP brings together patients, carers, doctors, nurses, scientists, researchers, dietitians and other healthcare professionals, all with an equal voice. Together, they will decide the top ten research priorities for the condition in question.

Why did Guts UK choose to fund a PSP for both pancreatitis and IBS?

Our guts have been underfunded, undervalued and misunderstood for decades. PSPs have never been completed for either pancreatitis or IBS. It's time we change that. Guts UK are proud to initiate this huge step forward in two underrepresented areas of health.

IBS

What is IBS?

IBS is a disorder in the gut-brain interaction. In IBS, it is thought that the gut and the brain 'over-communicate', causing symptoms like abdominal pain, bloating, diarrhoea, constipation or a mixture of both.

How many people are affected?

Figures vary widely, but it is thought that IBS affects between 4.1-8.8% of the population.

How does IBS affect people's lives?

People with IBS often report feeling misunderstood and unsupported. Those with IBS are twice as likely to take sick leave from work. People report a reduction in their confidence, enjoyment of life and some are housebound because of their symptoms.

How does IBS impact the NHS and the economy?

Costs to the NHS for IBS are estimated to be between £45.6 to £200 million per annum. Costs are thought to further increase due to the inconsistent effectiveness of treatments, and patients returning to their GP with unresolved symptoms.

Who is running the PSP?

Guts UK charity will be leading the PSP, with co-funding from our friends at the British Society of Gastroenterology (BSG).

A lot of people dismiss IBS as 'just an upset tummy'. I felt like a lost cause – compared to all the 'severe' conditions like bowel cancer or Crohn's disease. IBS never felt like enough to warrant the specialist's attention, but has hugely affected my life. I was sent on my way and expected to live with it.

Lina



RESEARCH

RESEARCH

... But what are PSPs, and why are they so brilliant?

Pancreatitis

What is pancreatitis?

Acute pancreatitis is a sudden inflammation of the pancreas gland. Chronic pancreatitis is long-standing inflammation of the pancreas (life-long).

How many people are affected?

30,000 people are affected by acute pancreatitis each year. There is little data on the amount of people living with chronic pancreatitis in the UK, but there are 12,000 hospital admissions per year for those living with chronic pancreatitis.

How does pancreatitis affect people's lives?

Sadly, acute pancreatitis can be fatal. Of those who will become seriously unwell with severe acute pancreatitis requiring ICU care, 1 in 4 will die. Others may spend weeks to years recovering from their attack, depending on the severity and the time spent in hospital. Some people may have to learn to walk or speak again and some may also develop chronic pancreatitis. Chronic pancreatitis for most is life changing. Many people live in pain and experience further complications such as developing type 3c diabetes. Those with chronic pancreatitis may struggle with losing too much weight. Many drugs are needed to treat this condition, such as multiple enzyme tablets with each meal. As with any chronic condition, sufferers may suffer psychological symptoms such as depression and relationship problems.

How does pancreatitis impact the NHS and the economy?

The estimated cost of acute pancreatitis in the UK is £200 million per year. For chronic pancreatitis, there is an estimate of direct and indirect costs of £285.3 million per year, equating to £79,000 per person per year.

Who is running the PSP?

Guts UK charity will be leading the PSP, with co-funding from our friends at the BSG and the Pancreatic Society of Great Britain and Ireland (PSGBI).

I was 8 years old when I had my first pancreatitis attack. This began my 12 year journey of managing an undiagnosed condition. I had an unheard voice for 12 years... Pancreatitis changes your life and who you are; it takes away precious time and moments that should be spent with the people you love.

Elise



Why are PSPs so brilliant?

Both IBS and pancreatitis have been misunderstood and underfunded for decades. Guts UK believes a PSP is the best way forward to ignite true and lasting change. We hope these PSPs will ignite a change in attitudes and increased funding for research into pancreatitis and IBS.

Patients, carers, families, doctors, consultants, nurses, dietitians and more will come together with one common goal; discover the gaps in research and work out the top 10 research priorities for their condition.

Every single person who wants to have their say in the UK will get their chance to do so.

You too can be involved! Contact Helen if you would like to take part in the PSP and we can ensure your voice is heard along the journey: hwest@gutscharity.org.uk • 0207 486 0341

Guts UK's research has the capacity to change lives. Your donations make it possible. Help the UK get to grips with guts by donating to Guts UK today. Thank you.



This year, Guts UK had two determined supporters taking on two daunting fundraising challenges for us. Pam took on a skydive after experiencing a hiatus hernia and Sue took on a tandem parachute jump for Guts UK's work into oesophageal cancer. Not only did we get some fantastic pictures of Sue and Pam in the sky, but they both fundraised for a cause close to their hearts. Thank you!



How you're getting to grips with guts during Guts UK's 50th year!

Our gut army are coming out in full force for our 50th birthday. We are so grateful to all our fundraisers and see them as extended members of our small but mighty team. Together, we will end the pain and suffering for the millions affected by digestive diseases.

“We wanted to show our support to Kim by fundraising for the charity closest to her heart, Guts UK.”



Lee alongside Steve, Mark, Paul and Fairson took on the Three Peaks Challenge for Guts UK. Lee's wife Kim struggles with digestive issues, which have impacted her life enormously. This incredible team took on the Three Peaks for her and managed to raise over £2,600. Your support means the world to thousands of others, just like Kim!

If our community has inspired you, contact us today about your fundraising idea: 0207 486 0341 info@gutscharity.org.uk

“It broke our hearts to see mum suffer as she did and to see the lack of knowledge and research into this illness, which is why I am so passionate to change this for the future.”

Jennifer walked from St Bees to Robin Hoods Bay, a whopping 199 miles in just two weeks in memory of her mum, who sadly died due to pancreatitis. Not only did Jennifer complete this incredible challenge, but she also raised over £1,000 for Guts UK. A true inspiration.



Colin wanted to take on a challenge for Guts UK after becoming fascinated by the gut microbiome. He set himself the task of going on 20 walks over 20 weekends, a great way to get out of the house during lockdown! Exploring picturesque villages like Malham and Settle, all whilst fundraising for life-saving research.



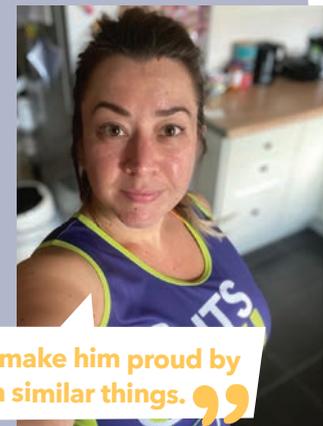
Ben was one of our Vitality Big Half Marathon runners this year. To encourage his family and friends' support, he promised to run in a poo costume if he hit his £500 target. He did not expect to receive a £500 donation just minutes later!

“I knew it would motivate people to donate to see me run in a poo costume, but I was shocked when I saw one of my friends donate £500!”



Hannah and Sam's dad was diagnosed with a rare liver cancer. They were inspired by Guts UK's research into liver cancer and wanted to help other families in a similar situation. They ran every day throughout July. Despite obstacles from work and NHS track and trace, Hannah managed 46 miles and Sam 30! Thank you for your dedication.

“There is no cure for our dad, but we hope to make him proud by supporting other families going through similar things.”



Brian's story

Pancreatitis

This story covers one family's journey with pancreatitis and more recently, bowel cancer. This story is told by Brian's daughter, Kirsteen:

Our family knew nothing about pancreatitis until we were in the middle of our dad, husband and grandad, Brian's first attack in Spring of 2019. We never really got to understand the brutality of pancreatitis until he experienced his second attack in June of 2019. He sadly died just nine days later. The seriousness of the illness left us all reeling. Months later we were still trying to work out what happened.

Dad's health was pretty good. He even prided himself on what he described as his 'cast iron constitution'. So when he woke with severe pains, our first thought was 'heart attack'. Dad spent a week in hospital whilst they attempted to stabilise him and pancreatitis was diagnosed.

There was a lot of the hospital talking at dad about alcohol. Dad did drink with family and friends, but wasn't a daily drinker and he'd never had a problematic relationship with alcohol. But dad was poorly, and although he didn't admit it, we could tell he was upset and feeling judged by his lifestyle choices.

Dad was discharged and it looked as though things were stable, but dad was finding the adjustment tough. He lost significant amounts of weight. Dad's personality that would fill every room he walked into had faded.

Then, dad was admitted to hospital for a second time. This time, he experienced multiple organ failure. Dad was too unwell to survive an operation, or even to safely transfer to another hospital. Less than a week later, dad was in intensive care.

It became clear that dad wasn't going to respond to treatment. On the day of our dad's death, we reminisced. We played music. We laughed and we cried. Dad died just before 9pm that night with mum by his side, just as it should be after 53 years of marriage.

How can an organ that barely anyone knows about kill our tough, resilient, amazing husband, dad and grandad?

We wanted to take action. We ran a New Year's Eve 10k in Brian's memory for Guts UK. Our aim was to raise as much money as feasibly possible, to ensure families can access better treatments and support should they face the challenges of pancreatic illness. We raised over £2,000.

Months on, we received the news that my brother, Paul, has bowel cancer. Yet again, our family found ourselves reaching out for Guts UK's information, which we're incredibly grateful for. Paul has had some complications among the way, including a near rupturing bowel that needed to be removed.

We were so grateful for Guts UK's information to help us understand the battle Paul is facing. Our family and friends, Paul included, are taking on a coastal walk of 26 miles in support of Guts UK's work once again. We have already raised just shy of £3,000!



Brian



Kirsteen left



Georgia and Paul

Thanks to the support of families like Brian, Kirsteen and Paul's, we can continue making important changes in this misunderstood area of health. If the family have inspired you to get to grips with guts, contact Guts UK today.

Guts UK's

London Marathon 2021 team!

We're delighted to introduce you to our 6 London Marathon runners, our largest team yet:



Ethan's mum Mary passed away just 3 months after being diagnosed with stomach cancer. Ethan took on the 3 peaks last year for Guts UK, raising over £2,000. He didn't stop there, and joins Team Guts UK for the 2021 London Marathon.

"I have made it my mission to make my mum proud! I hope to follow in her footsteps and keep her love for adventure alive."

Angela loves running and has always wanted to run the London Marathon. Angela has made it her mission to raise as much as possible by hosting lots of mini events, from cocktail nights with friends to an orienteering event!



"When my name was pulled out of a giant toilet by Team Guts UK, I was excited to say the least. I hope to raise as much money as possible for this fabulous small charity."



Chris lost his best friend Munashe in April 2021 to stomach cancer.

"Munashe's death came just 5 months after diagnosis. I was one of many fortunate enough to share some great memories with him throughout his life. I applied to run the London Marathon whilst Munashe was still here with us, in the hope that he'd be able to attend. Nonetheless, I know he'll be there in spirit. This run is dedicated to him."

Sophie's sister-in-law Rebecca suffers from pancreatitis and Sophie herself has had gallstones. The family have experienced first-hand the importance of our work.

"Research into all things guts related is massively underfunded. Together, we can make a massive difference to the effort to fund research, support people and also publicise that not all illnesses are visible."



Stella is a cancer scientist and with the full support of her son Christos, she's taking on the 26-mile route for Guts UK.

"Since my PhD I have researched various parts of the gastrointestinal tract. I decided to start fundraising for Guts UK to raise awareness of this extraordinary 9-meter-long organ and its associated diseases."

Steven is running in memory of his colleague Gianna. Gianna was diagnosed with stomach cancer and lost her life just 2 weeks later. Here are some words from her family:

"Gianna was an awe inspiring woman who loved her family fiercely. She led by example and saw the value in treating people with respect and kindness. We're so in awe of Steven running the London Marathon in our mum's honour. We hope any money raised can prevent other families from going through the loss we have experienced this year."

Gianna's family.



YOUR STORIES

FANTASTIC FUNDRAISERS

Guts UK's Achalasia & Gastroparesis research

Dr Conor McCann

Guts UK proudly funded Dr Conor McCann's three-year research fellowship at University College London. We awarded Dr McCann £210,000. As his research recently came to an end, we caught up with him to discover the latest developments.



What is achalasia and gastroparesis?

Achalasia is a condition in which the wave-like movement in the oesophagus that pushes food into your stomach is affected. Food can become stuck and people may regurgitate, choke, cough and more.

Gastroparesis translates to 'stomach paralysis'. The walls of the stomach don't contract properly. Food stays in the stomach for longer, leading to feeling full, vomiting, nausea, pain and more. In both achalasia and gastroparesis, people may require hospitalisation due to malnutrition or severe weight loss.

What did you know before you began your research?

"At present, there are no cures for achalasia or gastroparesis and treatment options are limited. It isn't clear what causes either of these conditions, but we did know that damage to nerve cells in the oesophagus and stomach might be involved in gastroparesis and achalasia. These cells are the very nerve cells that are responsible for stimulating the muscles to contract and relax, encouraging the normal movement of food and drink through the digestive system."

Could you explain what you did during your research?

"Guts UK's funding allowed us to investigate into whether it was possible to replace these damaged nerve cells by using a surgical technique to transplant new 'donor' stem cells into the relevant part of the gut. The hope is that we may be able to restore appropriate muscle function in the oesophagus or stomach."

Was there any similar research happening before you began your project?

"Yes. A good amount of stem cell research has been applied to the gut. There was a particular focus on the lower gastrointestinal tract (e.g. the bowels), but little focus on the upper gastrointestinal tract, like the stomach and oesophagus."

Why did you choose gastroparesis and achalasia?

"Because other people weren't focussing on these diseases. We wanted to apply what had been seen elsewhere to these underserved groups of patients. I hope this gives those with achalasia and gastroparesis some hope. There are researchers like myself working hard to someday develop an effective treatment for these conditions, or a cure."

What are the possible next steps for the research?

"This project has provided some promising initial findings that stem cell-based treatments could be a future treatment for conditions like achalasia and gastroparesis. I'm incredibly grateful to Guts UK for their funding and support. The fellowship I was awarded by Guts UK not only gave me a platform to begin this important research, but it allowed me to really drive it forward. From this, I was able to apply for more grants to help us develop the lab further and acquire skilled personnel. Guts UK really helped to lift this research off the ground."

Dr McCann's final research report is yet to be reviewed and published. Upon publishing, Guts UK will give further update on the findings of his work.

When you donate to Guts UK, you can turn Dr Conor McCann's determination into life-changing discovery. With your support, we will take one step closer to finding an effective treatment for achalasia and gastroparesis. Support Guts UK today and help the UK get to grips with guts.



Connections are key

There's a crippling taboo that surrounds conversations about our guts. This can prevent people from opening up about their symptoms or their digestive disease. But we have to start talking about our guts, because when we do, connections happen:



Alia & Grace's story

Grace and Alia both have a condition affecting their oesophagus called achalasia. Both of their parents are keen supporters of Guts UK's work. Grace and Alia's parents actually met through Guts UK, too.

The girls recently met for the first time, where this photo was taken. They look so happy! Alia and Grace were even overheard discussing their condition!

The symptoms of achalasia can be difficult to live with. Especially when Grace and Alia are at an age where they're starting school. Their friends don't always understand why they can struggle to swallow, regurgitate food, or choke and cough. It can be hard for the parents of children with achalasia too, to fully educate the teachers and dinner staff at the school.

This photo will be forever precious to us. Beaming, happy faces like these are why we do what we do. Grace and Alia can now support one another, as can their parents. Connections and support from people who understand means everything.



Jessica's story

Jessica's journey began on her honeymoon:

"My husband and I had just got married so we travelled abroad for our honeymoon. On the second day, we both fell ill with gastroenteritis. Wayne recovered after a few days, but I was kept in hospital for ten days and I have never really felt right since.

I went back and forth to various specialists for years, trying to get to the bottom of things. Any food that I was eating, I would vomit back up and I was really bloated. I knew something was wrong, as I had hunger pains but I felt so full. I began feeling pretty weak, and alone too.

One day I had to call an ambulance. They took one look at me and took me straight to hospital. They said I looked malnourished. In hospital, I was finally diagnosed with gastroparesis. It was such a relief to know the cause of my suffering and 3-stone weight loss.

I have to be very careful with what I eat and when I eat. It can feel very lonely, as so much of our social life seems to revolve around eating or drinking. As much as I want to enjoy these experiences with friends and family, it often isn't worth the anxiety of worrying my food will come back up.

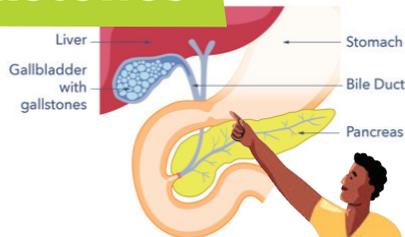
I'm sharing my story, as I hope it helps people feel less alone in their own struggles. The team at Guts UK have listened to me and supported me. They've helped me feel more at peace. Digestive conditions should be talked about. We shouldn't feel embarrassed, after all, we're all in the same boat!"

With your support, Guts UK can continue supporting our community and making life-changing connections. Join us today by signing up to a monthly gift of £3.

The gallbladder and gallstones

The Digestive System

Your digestive system is complex. It exists to turn the food and liquid we consume into the building blocks we need to function effectively. We require a whole 10 organs (solid and hollow) to do this. The gallbladder is part of this process.



What is the gallbladder?

The gallbladder is a storage organ for a substance called bile, a liquid that helps us to digest and absorb fats from the food that we eat. It is shaped like a little pear and sits just under the liver. Bile is made in the liver and collects in the gallbladder. When empty the gallbladder is flat, but it extends when full. When we eat (and occasionally at other times), the gallbladder squeezes out the bile into the top of the small bowel (duodenum).

What are gallstones?

1 in 10 to 15 in 100 people have gallstones. Gallstones start as tiny crystals, which develop due to a change in the proportion of substances in liquid bile.

Is there anything I can do to lessen the likelihood of developing gallstones?

The risk of developing gallstones is higher in women than men and increases with increasing body size. Women with an unhealthy body weight have a higher risk. The risk is also higher with increasing waist measurement (abdominal fat), even amongst people who have a healthy weight.

Rapid weight loss of greater than 1.5kg per week also increases the risk of gallstones. Slower weight loss may reduce the risk, but might not eliminate it entirely. The risk of gallstones increases with age and there is also a genetic risk.

Do I need my gallbladder?

No, it is a storage organ. If your gallbladder is removed, the ducts leading from the liver to the small bowel are still in place and the bile simply dribbles down the ducts to the small bowel instead.

If I do have to have my gallbladder removed, what should I discuss with my doctor or surgeon?

Gallbladder surgery is generally considered safe and effective; however, you should always ask your surgeon about surgery benefits and risk of complications. Remember that any risks should be weighed up against the risks of not having surgery too.

13 in 100 people may develop diarrhoea after having gallbladder surgery and this development may be delayed by up to 3 months. Importantly, if diarrhoea is present after gallbladder removal, then people should be investigated for a condition called bile acid diarrhoea (BAD, also known as bile acid malabsorption). It is worthwhile asking your surgeon about it before gallbladder removal.

There are additional and rarer complications such as pancreatitis, infection, causing damage to the ducts (biliary sphincter disorders), and stones can get stuck in the ducts during surgery. Any new symptoms should be discussed with your doctor.

Research into our digestive system has been underfunded, undervalued and misunderstood for decades. You can turn a scientists' determination into life-changing discovery by supporting Guts UK today.

Guts UK's

#GUTSelfie Campaign

On the 27th June 2021, Guts UK launched our unique awareness campaign, The #GUTSelfie Campaign. We reached out to people on Instagram who are affected by a range of digestive diseases. We gave our 'gut army' temporary tattoos, a hold-up sign and asked them to share their digestive disease story.

Why Guts UK created #GUTSelfie:

Talk about your guts: We wanted to spark conversation about our guts to abolish the crippling taboo that surrounds our guts.

Connections mean everything: We wanted to encourage people to speak to someone if they're struggling with digestive symptoms. No one should suffer alone or in silence.

Not all illnesses are visible: Sadly, our community are often confronted on why they're using a disabled toilet or parking space. We wanted to highlight that not all illnesses are visible. Disabilities can be invisible.

The results were amazing:

Our brave, bold and honest community took this challenge under their wing and turned the day into a huge success.

Over 60 people bravely shared digestive disease journeys with their followers, which added up to almost quarter of a million people! We were inundated with messages from people who said the campaign helped them come to terms with their condition, helped them open up about their symptoms and wanted to be involved in any future awareness campaigns.

Thank you!

Thank you to all those who took part in #GUTSelfie and to those who supported from the side-lines. With the noise you make, we can join forces to bring about important change to this misunderstood area of health. With your help, we just took one step closer to getting to grips with guts.

If you're interested in being involved in future awareness campaigns like #GUTSelfie, contact Guts UK today!

Together, we reached hundreds of thousands of people who may have been suffering in silence and alone. Together, we empowered people to seek help.



Kate's Story

Kate had been telling people about Guts UK for months and sharing our work on social media. Then one day, she contacted us to tell us she would be leaving a charitable gift in her Will to Guts UK.

Tell us a little about why you support Guts UK's work:

I suffer from several complex, life altering digestive diseases like Crohn's disease, gastroparesis, chronic pancreatitis and intestinal dysmotility. I have been taken through a variety of treatments, from diet and lifestyle changes, to supportive medical devices like feeding tubes and a gastric pacemaker. I recently had a gastrectomy (part or full removal of the stomach), as all other avenues had been exhausted. Some of my diagnoses took years to obtain. It took me years to be taken seriously in some circumstances. I have the unique experience of dealing with healthcare systems in multiple countries and sadly, digestive disorders are so frustratingly underserved everywhere. Currently, none of the five digestive conditions I suffer from have a cure. They can be treated in various ways, and supportive care provided, but they are currently chronic and lifelong and to me, in 2021, this is unacceptable. I have experienced such a lack of knowledge in the medical profession surrounding some of the disorders I suffer from. There needs to be not only better care for those with digestive diseases, but that care needs to start from the ground up. This means properly educating healthcare professionals, developing ways for better screening and diagnostic processes. Most importantly, better treatments that hopefully one day will lead to a cure.

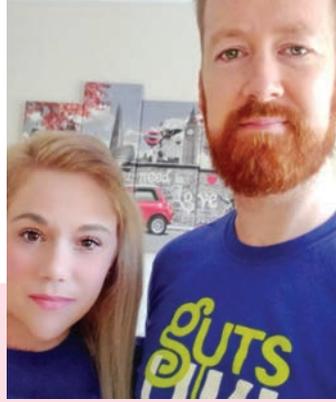
What urged you and your husband to write a Will?

My husband James and I are strong believers of the importance of having your affairs in order, regardless of your current situation. We decided to update everything, as I was about to go in for a major surgery. Though it would be unlikely for something to happen, it never hurts to be prepared.

Why did you want to support Guts UK with a gift in your Will?

Guts UK is literally the only organisation that realises all these complex issues. They share my frustrations and want to tackle them. To me, Guts UK is an organisation that not only supports an extremely underserved area of the medical community, but does so in such a personal way. The lovely team at Guts UK have quite literally won my heart from the day I found out they existed. They are not a faceless organisation. They are active every single day in the lives of the community they touch. Their community are at the heart of everything they do. They are so different and it truly is incredible! That said, deciding to put Guts UK into my husband and my Will was a no brainer. If something were to happen to us, I cannot think of a more deserving organisation or cause to give back to. This amazing group of people quite literally give us hope for the future that doesn't exist anywhere else. You cannot take anything with you when your time is up here on earth, so when making a Will, you decide what kind of legacy you'd like to leave behind. You know what you support and believe in. These conditions I have are a part of both mine and my husband's everyday lives, so why not support the important work being done to help so many people?

Kate's future gift ensures that Guts UK can continue to bring about important change in this misunderstood area of health. When you support Guts UK with a gift in your Will, you help us get to grips with guts and save lives, for generations to come.



Why you're

getting to grips with guts

Fifty years ago, our founders got together and decided they wanted to do something to end the pain and suffering that you and I know all too well. A lot has changed since then. We've transformed aspects of patient care and made ground-breaking research discoveries. But the truth is, the UK still has not got to grips with guts. We know it's a big ambition, but with people like yourself supporting us, we cannot and will not fail. Here is a small selection of notes left alongside your donations:



"I have been a sufferer of digestive diseases since I was 12 years old. I have always felt a stigma towards talking about these conditions, but Guts UK have inspired me to share my story and advocate for change. I love everything Guts UK charity does and stands for. For my 19th birthday, I created 19 pieces of art and auctioned them. Here is £180, 100% of the funds I received auctioning them I wish to donate to yourselves at Guts UK."



"I was diagnosed with anal cancer just before lockdown. I have had my treatment and have been told the tumour has completely gone. I feel so, so lucky. I had not heard of you, but now I understand just how important your research is."

"The information I have just read on Guts UK's website was very useful. I now feel I have the full picture, which unfortunately I did not get from my doctor. Thank you so much."



"Someone I knew who died fairly recently was a big supporter of Guts UK charity."

"Having recently been diagnosed, I have searched a number of websites for information (which I have often found contradict one another, causing a lot of confusion). But I found Guts UK's information to be the most beneficial, particularly in dispelling the myths."

"I wanted to share some of a recent inheritance with causes I support."



"5 years ago, my husband who was in perfect health became suddenly ill with severe pain and violent vomiting. I drove him to hospital where he was diagnosed with severe acute pancreatitis. 3 days later, we turned off the life support. When I heard Guts UK's BBC Radio 4 appeal, I knew I had to donate in my husband's memory."

THE CHARITY FOR THE DIGESTIVE SYSTEM

REQUEST YOUR FREE EXPERT PATIENT INFORMATION LEAFLET TODAY

- Achalasia
- Acute Pancreatitis
- Adhesions
- Anal Fistulas
- Ascites
- Barrett's Oesophagus
- Bile Acid Malabsorption
- Biliary Sphincter Disorders (Sphincter of Oddi Dysfunction)
- Bowel Cancer
- Chronic Intestinal Pseudo-Obstruction
- Chronic Pancreatitis
- Coeliac Disease
- Constipation
- Crohn's Disease
- Diarrhoea
- Diverticular Disease
- Dumping Syndrome
- Eosinophilic Diseases
- Faecal Incontinence
- Gallstones
- Gastroparesis
- Gut Microbiome (Poo Testing)
- Healthy Eating & The Digestive System
- Heartburn & Reflux
- Helicobacter Pylori
- Indigestion
- Irritable Bowel Syndrome (IBS)
- Liver Cancer
- Mediterranean Diet & Gut Health
- Microscopic Colitis
- Non-Ulcer Dyspepsia
- Oesophageal Cancer
- Opioid Induced Constipation
- Pancreatic Exocrine Insufficiency (Pancreatic Enzyme Replacement Therapy)
- Pelvic Radiation Disease
- Perianal Disease
- Polyps in the Bowel
- Rumination Syndrome
- The Role of Gut Bacteria in Health & Disease
- Ulcerative Colitis
- Wind, Burping, Flatulence & Bloating

Much more information on conditions, health and lifestyle tips can all be found at gutscharity.org.uk

You can request your free of charge hardcopy in the post by emailing info@gutscharity.org.uk or calling 0207 486 0341.

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