

It's time the UK got to grips with guts

Autumn/Winter 2023

GUTS UK!



Meet the people making it possible

Getting to grips with guts wouldn't be possible without the movers, makers and the shakers; our fundraisers. Meet just some of the people who are, in our eyes, the most inspirational people on the planet.

Thank you for funding life-saving research, putting information in the hands of those who need it most and raising awareness of gut health, empowering people to seek help sooner.

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Did you know? Each of us should be eating at least 30g of fibre per day, but on average, we eat just 19g!

An additional 7g of fibre in the daily diet reduces the risk of bowel cancer by 8%, type 2 diabetes by 6% and more.

A great way to increase your fibre intake is to switch from white bread to brown bread, or wholemeal, and the same for pasta and rice. You can also add fruit, nuts and seeds to breakfast cereal or yoghurt. You can add beans, pulses and lentils into sauces like chilli, curry or bolognese. Though do increase your fibre intake gradually to avoid symptoms like bloating and wind. Ensure you're drinking plenty of water, too!

Don't be a stranger!



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



@GutsCharityUK



0207 486 0341



info@gutscharity.org.uk



www.gutscharity.org.uk

Guts UK, 2 St Andrews Place, London, NW1 4LB

Guts UK is the charity for the digestive system from top to tail (yes, all 25ft of it!)

Despite our digestive systems being made up of nine organs, and being very complex, our guts have been underfunded and misunderstood for decades. In fact, just 2% of the UK's medical research goes into gastroenterology. We exist to change that, and your support makes it possible.

“ I was diagnosed with bile acid malabsorption after a month in hospital. My life is now unrecognisable to what it once was, and there is very little help, guidance or advice out there... until I found Guts UK. Thank you so much ”

“ I'm so appreciative of your knowledge of our guts. No doctors, nurses or friends understand the difficulty in getting through a day sometimes ”

“ I really don't know what I would've done without you. It has literally saved my life. ”

With you by our side, we can stop the pain, suffering and death.
We can and we will get to grips with guts, once and for all!
Please donate today.



Lewis' Story

Diverticular Disease

I'm Lewis, I'm 40 and I live in Birmingham with my wife, Joanna. I work for an insurance company where I specialise in marine cargo. I love keeping active. I'm a goalkeeper in a football team and enjoy walking and getting on my Peloton bike!

Can you remember when your symptoms began?

After numerous years with a bad stomach and feeling fobbed off by my doctor, I decided enough was enough. Over the last 12 months, my symptoms have had more of a detrimental effect on my daily life. Joanna would often say to me "when you get a bad stomach, it almost takes you a week to get over it." I knew I needed to get back to the doctor.

What were your symptoms?

I experienced extreme bloating regardless of what I ate. I had sharp cramps which felt stitch-like, on the left-hand side of my lower abdomen. These would come and

go in waves and keep me up at night. Also, I would need the toilet a lot.

Lewis and Joanna

When were you diagnosed?

About 12 months ago, my brother had a colonoscopy and doctors found polyps in his bowel and removed them. This prompted me to do my own research and I found out that polyps can be hereditary. I then got checked for polyps myself. 3 to 4 months ago, I found out that I have no polyps in my large intestine but that I have diverticular disease.

What advice would you give to someone who has just been diagnosed?

I'd say not to panic and get back to the basics with food, read and do your research with Guts UK. They recommended to keep a food diary, upping fibre, and water intake and all this has thankfully helped.

You make it possible, Robert

In August 2022, Robert's wife, Caroline, had to have life-saving surgery due to complications from an infection in the pockets in her bowel (diverticulitis).

“ Caroline had a perforation (a tear) in her bowel. We went straight to Guts UK for advice, and we now know how important more education towards this condition is. I was honoured to run the London Marathon for the charity, and raise over £3,300.00 to help others like Caroline in the future! ”

Fundraising doesn't always mean climbing mountains and running marathons

There are so many ways you can help the UK get to grips with guts, and make a difference.

The power of community

Emma has gastroparesis (a condition where the stomach does not empty properly). Emma and her brother, Jordan, wanted to do their bit to fund research that could find a cure for Emma's condition in the future.

Their family and friends all joined together for a quiz night. Local companies donated prizes. The power of their community raised over £4,000 that evening! It never ceases to amaze us what people coming together, paired with a real passion and drive for change can do. Thank you, Emma and Jordan!



Could you hold a raffle, bake sale or quiz night for Guts UK?

The impact of a collection tub

Every few months, we receive a note and a donation from Jenny and Laura at Chapmans Stores in Essex. Laura's son, Jake, has pancreatitis. In an act of solidarity, their customers will regularly donate their pounds and pennies upon their visit. Their collective impact is incredible, and in the three years they've had a Guts UK collection tub in their shop, they've raised an astounding £2,836.84.

Do you own a shop or business that could host one of Guts UK collection tubs, or are you close with somebody who does?



A second-hand sensation

"Dad went into hospital with pancreatitis in March. What we thought would be a night or two in hospital, became three horrendous months. In his last week, we realised he was too poorly to recover". Jenny and her family decided to fundraise in memory of their dad, Mick. They put on a car boot sale, supported by friends and family, and raised an incredible £600! In total, the family have raised almost £2,000 in Mick's honour.

Can you host a raffle or second-hand sale in your area for Guts UK?



If you're feeling as inspired as we are by these special acts of kindness, contact us today to see how you too can get to grips with guts and change lives.

3 top tips

on starting conversations surrounding digestive symptoms

Our research shows that 58% of people are embarrassed to talk about their digestive condition or symptoms. 51% of people delay seeking advice for their symptoms for over 6 months. So, how do you open the conversation surrounding your guts and their grumbles?

Despite poo emojis, poo board games, poo museums and poo cupcake toppers, there is *still* a stigma surrounding our bowels and poo. Guts UK exists to change that. We deserve a world where we can talk openly about our poo. It could save a life.

1. Talk to someone you trust

Pooing is one of the most natural things on planet Earth. Talking about your poo is a vital conversation to have. Talking to someone you trust can be a great way to take that first step. If someone truly cares about you, they will always listen without judgement. Once you talk about your poo, you may even find that other people will talk about theirs! Think how you would respond if it was your loved one opening the conversation and speak to yourself as you would to them.

2. Keep it light

We know it can be hard to talk about your digestive health, and whatever symptoms you experience are no joke. Even though our health must always be taken seriously, for some of us, humour can bring us comfort in some of the most difficult times. For others, humour can make conversations surrounding their guts feel more accessible and help them to feel more in control. After all, they say "laughter is the best medicine!" If only laughter could set our unruly bowels straight, right?!

3. Speak to a doctor, equipped with our free patient information

Know your normal. Always talk to a doctor about anything unusual for you. Our Poo-Torial tool on our website (gutscharity.org.uk/poo-torial) can give you an insight into what the colour, consistency and frequency of your poo could mean. Take our free patient information along with you (read our full list on the back of this magazine). You can even highlight or circle the symptoms that are relevant for you, in case you can't get your words out. Your doctor will then be able to guide the conversation and ask any questions that they may feel are relevant about your bowel habits and gut health.



www.gutscharity.org.uk/poo-torial

Archie's story

Pancreatitis



At five years old, Archie began vomiting, clutching his tummy and rocking. His parents, Emma and Mark, rushed him to hospital. This is their story.

"Archie was five when he had his first pancreatitis attack. We were driving home from a family holiday and he turned green and began vomiting bile. We thought it was travel sickness but he didn't get better.

We took him to our local hospital and we told them that our niece has experienced pancreatitis due to the PRSS1 gene mutation.

A nurse told us, "Children don't get pancreatitis, he'll be fine". They soon discovered that he did in fact have pancreatitis and after a few days, he was allowed home.

We live in Cumbria, but Archie is under a specialist hospital

90 miles from home. Archie's worst attack happened a couple of years later. He has become quite good at masking his pain, maybe to avoid hospital, but we know when he's struggling. Archie can often be in hospital for weeks recovering and being monitored, which is tough because hospital is so far from home. Archie's sister, Halle, is looked after by her grandparents who move into our house when we're at hospital with Archie.

People don't understand that there's no 'quick fix' or cure for pancreatitis. We are hopeful that there are future options for Archie's treatment, and that Archie can spend more time doing the things he loves, like paddleboarding with his sister and playing football.

The Kranky Panky stories on Guts UK's website made us all feel like we weren't alone. There are other children out there like Archie, and we show him the photos so he knows he's not alone."



This Summer, Archie's mum, Emma, his aunty Annabelle, and their friend, Justine took part in the Great North Run for Guts UK. They ran 13.1 miles in the red hot sun, and then the pouring rain, raising an astonishing £3,000 for Guts UK! Thank you all for moving us one step closer to an effective treatment, a cure for this devastating disease.



You can help get to grips with guts too. Donate using the back form of this magazine. Together, we can change lives. Thank you.

Vomiting and regurgitation

knowing your normal and when to seek help

Here at Guts UK, we tell our community non-stop to check their poo. But what do you do if your symptoms are upper gastrointestinal (GI)? Digestive symptoms can be confusing and overwhelming. You may not know when to ask for help or where to turn. Let's break down today:

- The differences between vomiting and regurgitation.
- The different gastrointestinal conditions that can have vomiting or regurgitation as one of their symptoms.
- The red flag symptoms to look out for with upper GI symptoms.

What's the difference between regurgitation and vomiting?

Vomiting (being sick) is a forceful evacuation of stomach contents, with retching, that travels fast and cannot be held up in the mouth. Regurgitation of food typically occurs within minutes after a meal but can continue for 1-2 hours after meals, with both liquids and solid foods. The food is not sour, bitter or acidic in taste, as it is undigested. It is often described as similar in taste to the food that has just been swallowed. The person then makes a conscious decision whether to swallow or expel the food.

Achalasia

Regurgitation

Achalasia is a condition that affects the nerves and muscles of the oesophagus (food pipe). Achalasia hinders the passage of food and liquid that travels down the oesophagus and enters the stomach.

Symptoms can include:

- Difficulty swallowing.
- Choking or coughing that may lead to chest infections if the food goes back down the wrong way and into the lungs.
- Food that may feel like it is stuck in the oesophagus after eating, causing chest discomfort or pain.
- Weight loss.
- Regurgitation of food (bringing food back up).

Rumination syndrome

Regurgitation

Rumination syndrome is the chronic (long-term) repetitive, effortless regurgitation of recently swallowed food back into the mouth.

For rumination syndrome to be diagnosed, all the following must be fulfilled for the last 3 months, with symptom onset at least 6 months prior to diagnosis:

- Persistent or recurrent regurgitation of recently digested food into the mouth.
- Retching doesn't occur before regurgitation.
- No evidence of inflammatory (inflammation), anatomic (structural abnormality), metabolic or neoplastic (cancer) process that explains someone's symptoms.



Gastroparesis

Vomiting

Gastroparesis is a condition that affects the stomach – meaning stomach (gastro) paralysis (paresis). It is a chronic (long lasting) disorder where the stomach does not empty the contents in a normal way. Symptoms can include:

- Nausea (feeling sick).
- Vomiting.
- Vomiting undigested food hours after eating.
- Abdominal pain.
- Feeling full after a few mouthfuls of a normal sized meal.
- Belching.
- Bloating.
- Weight loss.



Barrett's oesophagus

Regurgitation

Barrett's oesophagus is where the normal cells lining the oesophagus (food pipe) are replaced with abnormal cells. This is caused by acid reflux damaging the oesophagus over time.

Symptoms can include:

- Acid reflux.
- Heartburn.
- Pain in the upper abdomen.
- Nausea.
- Regurgitation of food.
- People may also have a metallic taste in the mouth, or a chronic sore throat.

Eosinophilic oesophagitis

Vomiting

Eosinophilic diseases are often found in those with a family history of allergic diseases such as rhinitis, asthma and/or eczema.

Symptoms can vary from one person to another and depend on age. Symptoms can include:

- Difficulty swallowing.
- Vomiting.
- Heartburn.
- Reduced appetite.
- Poor weight gain in children.
- A feeling of food getting 'stuck' in the oesophagus.

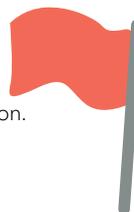


Know when to seek help

It is important you seek proper medical advice to get the correct diagnosis.

Symptoms can vary from one person to another and depend on age. Symptoms can include:

- Difficulty swallowing.
- Food getting stuck in your oesophagus.
- A persistent heartburn for over 3 weeks that doesn't change with over-the-counter medication.
- Unintentional weight loss.
- Vomiting frequently.
- Feeling full after a few mouthfuls of a normal sized meal.



If you experience any of the above symptoms, please contact your doctor.

More information on the above conditions can be found at gutscharity.org.uk or contact 0207 486 0341 / info@gutscharity.org.uk for a paper copy.



Raffle for Russell

Carroll and her partner Jane held a raffle at their village fair in memory of Carroll's brother, Russell. Russell had a stoma and enjoyed travelling the world.

They raised a wonderful £312 for Guts UK!

↖ *Carroll & Jane*

Thank you for helping

get to grips with

Last year, Guts UK raised £1,100,000 on research to change and save lives. Thank you to everyone who made this happen.

Every walk, bun-sale or event has the potential to change lives. Are you feeling inspired to get to grips with the UK get to grips fundraising today? info@gutsuk.org

72 holes and 13 hours!

Danny, Keiran and Steve smashed four (very wet) rounds of golf (a whopping 72 holes) in 13 hours for Guts UK.

Keiran has recently been diagnosed with pancreatitis and was keen to raise awareness and funds for others like himself.

Danny, Keiran & Steve ↗



Beesty's Bandits

Katie and her family aka "Beesty's Bandits" took on the muddy 10k Wolf Run in memory of Katie's brother, Andrew. Andrew passed away at 45 years old from stomach cancer.

They raised over a whopping £2,500 for Guts UK to (in their own words) "give others more of a chance than what Andrew had".

↖ *Katie & the Bandits!*



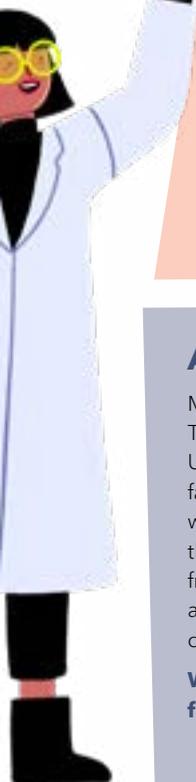
FANTASTIC FUNDRAISERS

you for
the UK

grips
guts!

£1,200,000 and spent
This research will go on
s. Meet the very people
You make it possible.

, raffle or head-shave
change thousands of
y inspired, too? Help
tips with guts by
: 0207 486 0341
arity.org.uk



Teriffic treadmill!

During #GUTSelfie month (find out more on page 19), Sophie walked her treadmill for one mile each day for Guts UK. Sophie has a range of digestive conditions including rapid gastric emptying and Bile Acid Malabsorption.

Sophie wants to help us create a better future where those people who suffer in silence come forward and feel heard.

Sophie ↗



Dare to duct-tape?!

Olly ran the Edinburgh Marathon with his mouth duct-taped shut! He ran in memory of his nan, Margaret, who passed away from oesophageal cancer.

Olly smashed his fundraising target of £222!

↖ *Olly*

A swimming sensation

Marja recently completed the Thames Marathon Swim for Guts UK. Here is why: "To support this fantastic charity that support people with a range of conditions affecting the gut (including some of my friends!), and I hope that my guts are ok after the swim (I will try not to drink any of the Thames!)"

What a caring and supportive friend Marja is!

Marja ↗



Can short videos

improve the lives of those with liver disease?

If you have followed us for a while, you will know Guts UK are passionate about investing in researchers of the future. To keep the bright, enquiring minds of tomorrow as our 'guardians of the gut, liver and pancreas', we recognise and award their talent early on in their career.

Meet Dr Nadir Abbas, a Liver Medicine Registrar (doctor in training) at University Hospital Birmingham.

Guts UK Charity has awarded Dr Abbas £10,000 to create a website hosting videos for patients with liver conditions. This website will go one crucial step further by providing this easy-to-understand information in multiple languages. It will also be culturally appropriate for patients and their families.



Why did you decide to work in liver disease, Dr Abbas?

"Liver disease is on the rise, with 40 people dying from liver disease every day in the UK. It's crucial that patients fully understand their diagnosis of liver cirrhosis (liver scarring). With full knowledge of their condition, patients can make informed decisions about their health and lifestyle".

Why are you producing the videos in multiple languages?

"There is often a healthcare barrier for those with limited English, and medical jargon is difficult to understand. Research has shown that those with a language barrier face a poorer outcome than those speaking the local language. Research has also shown that short videos are highly effective as an information tool.

By producing simple patient information videos in multiple languages, we hope to improve the lives of patients and families affected by liver conditions throughout the UK."

How do you know if the videos have worked?

"Similar projects in Australia and Canada have been a huge success. Learning from similar projects, we will spend the £10,000 on: developing the website, expertly translating the information, producing the videos, advertising, animation, editing and more. To gauge whether these have been successful in improving patient understanding, we will include a questionnaire before and after the video."

No one should face poorer outcomes because of difficulty understanding health information. No one should suffer or die because of a lack of information about their guts. We are proud to fund researchers like Dr Abbas, working hard to change and save lives. You make it all possible. Donate today.

Colin the Colon

All about me

My Name is

**Colin
the
Inflatable
Colon**



↖ This is me!

I like

Teaching the world around me all about the world inside of them! I especially love teaching children and young people about their guts, as it's important they're looked after!

My height and weight

I am 5.5m high, 5.5m wide and 2.4m long when I am in all my glory. I weigh a magical 95kg!

I dislike

All of my digestive complaints and diseases. If you walk through me, you'll see just how many I have!

My role at Guts UK

I'm here to make conversations about digestive health accessible for everyone. You simply can't walk past me and not take a long look, or be desperate to walk through me. I'm so proud to show people the fascinating workings of their amazing digestive systems!

The PIF TICK **It's in the bag!**

We are over the moon to announce that in 2023, Guts UK gained accreditation from the Patient Information Forum. The PIF TICK is the UK's only assessed quality mark for health information. **This approval means you can trust Guts UK's information to be evidence-based, understandable, jargon-free, up-to-date and produced to the best possible standard!**

To secure the PIF TICK, we had to undertake a very thorough assessment where our information was scrutinised by experts, and we had to show our information process met essential criteria for trustworthy, accurate information.

We believe that knowledge is power. You can trust our information to be robust, honest and evidence-based.



Stomach, oesophageal, pancreatic and liver cancer

As you may know, Guts UK is a founding charity member of the Less Survivable Cancers Taskforce (LSCT), campaigning to double survival rates for the least survivable cancers by 2029. These six cancers are: lung, brain, stomach, oesophageal, liver and pancreatic.

Guts UK prioritises our work and research into the most underfunded and misunderstood digestive diseases, but also the deadliest digestive cancers. In January, the LSCT's Less Survivable Cancers Awareness Day reached an incredible 84,000,000 people! Then in March, Channel 4 News featured Guts UK's oesophageal cancer research and we reached millions more.

We are proud to be giving a voice to these neglected cancers. Your support makes life-saving work possible.



Testing for blood in your poo: the home test kit

What is a faecal-immunochemical test (FIT test)?

You may know that the NHS offers national bowel cancer screening checks, by sending you a home kit. This home kit requires you to collect a small sample of poo and send it to a lab, where they check for tiny amounts of hidden blood.

Blood can be a sign of bowel cancer, amongst other digestive conditions, so if the test finds anything unusual, you may be asked to go for further tests to rule out bowel cancer. Screening is offered because bowel cancer is the 4th most common type of cancer. This home kit helps to find bowel cancer at an early stage, when it is more treatable.

When should I expect to receive one in the post?

Unless you are over 74 years of age, you will not need to request a home test kit. The tests are sent to you in the post automatically, if you are eligible, but we have included the helplines for the bowel cancer screening programmes below in case you have any questions.



Scotland

Bowel cancer screening is offered to people aged 50 to 74 across Scotland. You will be sent a test in the post every two years. If you're 75 or older, you can request a new test kit each time by calling: 0800 0121 833.

England

Bowel cancer screening has recently just began expanding to make it available to everyone aged 50 to 59 years, as well as 60 to 74 years. This is happening gradually (over four years) and began in April 2021. You will be sent a test in the post every two years. If you are 75 or over, you can request a kit every two years by calling: 0800 707 60 60.

Northern Ireland

Bowel cancer screening is offered to people aged 60 to 74 in Northern Ireland. You will be sent a test in the post every two years. For more information, contact: 0800 015 2514.

Wales

Bowel cancer screening is offered to people aged 51 to 74. You will be sent a test in the post every two years. For more information, contact: 0800 294 3370.

Your donations make life-changing research possible. Support Guts UK today. Thank you.

James' Story

Irritable Bowel Syndrome (IBS)

I'm James. I'm 33 years old from Bath. I'm a big nerd really, building Lego and playing PC/RPG games. I have a young dog called Oscar, and like to keep fit, so often head to the gym. I love cooking, trying different cuisine or drinking obscure teas/beverages!



Can you remember when your symptoms began?

12 years ago, I developed IBS after a bacterial infection, so I have post-infectious IBS. I was in Bolivia with friends and though we'd tried many weird and wonderful foods, we tracked the dysentery back to a 'dodgy' curry. **Ever since then, my guts have never been the same.**

When were you diagnosed?

My doctor diagnosed my IBS a year or so later. I have other health conditions but find that my IBS is often shrugged off. The NHS do a super job, but my experience with them interacting with my IBS is different to the way they deal with my other conditions. **I feel like with IBS you're left to 'just deal with it'. I was left to find out my own information.**

What are your symptoms?

My IBS is mixed (IBS-M). The majority of the time, I have constipation. Most days I have cramping and a fair amount of bloating. Every few weeks though, I'll feel an intense cramping and I'll know the diarrhoea is coming. Suddenly I'll feel my body being desperate to empty all at once.

How are you now?

It's been a 12-year journey, and I don't necessarily think my symptoms are any better. But what is better is the way that I deal with my symptoms.

Whenever I meet someone else with IBS, it's like an instant bond! Knowing other people experience what I do helps - I'm not the only person stuck on the toilet for hours from time to time!

Do you find it difficult to talk about your bowels?

I have no problem talking about my bowel habits if it helps someone else come to terms with theirs. I really believe you have to get to a certain level of acceptance to move past the worry and upset. **There's a power in self-managing your symptoms and accepting them too.**

This story was shared as part of a joint campaign
by Guts UK & Imodium*

Over 100 years combined experience in gut health

Imodium

&



Guts UK and Imodium joined forces for the first time in 2023 to tackle the poo taboo. Imodium's research found that 1 in 10 people globally suffer with diarrhoea frequently, and Guts UK's research found that 51% of people delay seeking advice for their digestive symptoms for over six months. We want to encourage people to talk about their guts and seek help. You're not alone.

On toilet doors across the country, we displayed posters for diarrhoea and gut health, and in pharmacies too. You may have spotted us in Men's Health and Women's Health, and magazines for pharmacists too.

Getting to grips with guts

on the road!

Lancashire Science Festival

2023 was the first year we attended Lancashire Science Festival, where we managed to engage with thousands of school children! We encouraged vital conversations about our digestive systems. It's important to normalise conversations about poo and digestive health early on, so children know when something is not quite right with their bodies.

The children's eyes lit up when they saw our giant inflatable colon, Colin, and they thoroughly enjoyed stretching our life-sized knitted digestive systems.



Best Practice Show

Guts UK will be attending the Best Practice Show, Birmingham, for the second time very soon. This is a fantastic opportunity for us to engage with GPs, nurses, practice managers and more, sharing our expert patient information.

Next time you speak with your doctor, don't forget to tell them about Guts UK and how we can help!



The British Society of Gastroenterology Conference

Every year in June, the entire Guts UK team attends the British Society of Gastroenterology Annual Conference. This year, we were in Liverpool discovering the latest in research into our digestive systems.

We were delighted to introduce Guts UK to some gastroenterologists, endoscopists and nurses that had never heard of us before, or hadn't realised the extent of the fantastic patient information we have available.



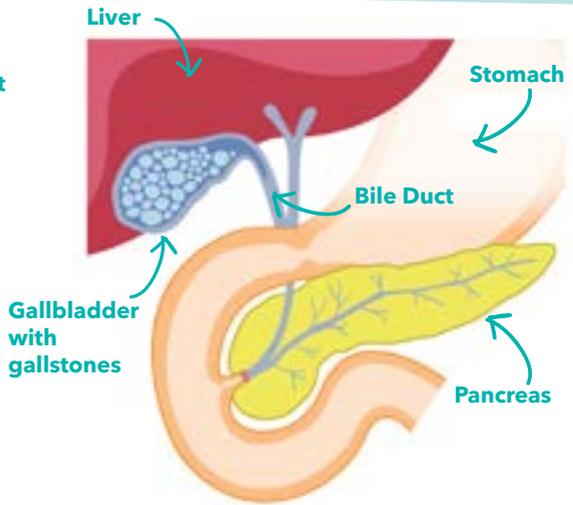
Your donations allow Guts UK to hit the road, empowering people to seek help sooner and reaching those who need us, but didn't yet know we exist. Donate £3 per month to Guts UK Charity. You have the power to change lives. Thank you.

Gallstones

We've all heard of gallstones, but what are they, why are they made and who do they affect?

What are gallstones?

When produced, gallstones live in the gallbladder, which stores bile for us between meals. This bile helps us absorb our food (especially fats). Gallstones are small, solid lumps that form. They can be made when the bile becomes hard and stone-like. Most of the time, they cause no symptoms and people are unaware they have them.



Facts and Figures

- Gallstones affect **10-15** out of **100** people.
- Women are **three times more likely** to have gallstones than men.
- Women who have had **children** and have an unhealthy, **high body weight** are more likely to develop gallstones.
- You are more likely to develop gallstones if you have **Inflammatory Bowel Disease (IBD)**, like **Crohn's disease**, **ulcerative colitis** and **microscopic colitis**.
- You are more likely to develop gallstones if you have undergone a period of **fast weight loss** (a weight loss of more than 1.5kg per week).
- The risk of developing gallstone symptoms **increases with age**.
- **Nearly a quarter of females** (and a smaller proportion of men) suffer symptoms from gallstones **by the age of 60**.
- The **risk** of developing gallstones **is higher** with **increasing waist measurement**, even among people who have a healthy weight.

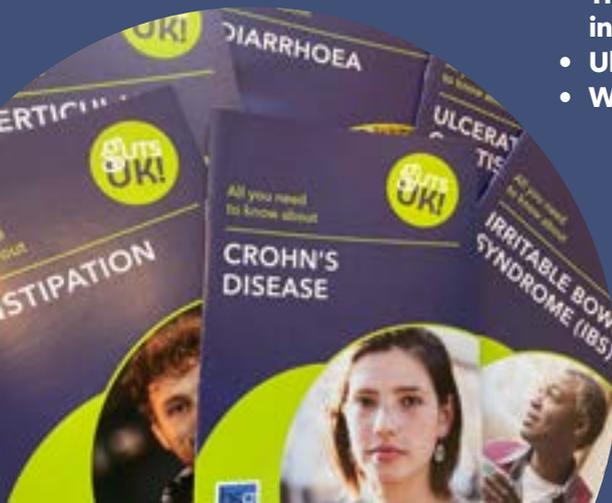


For more detailed information on gallstones, call 0207 486 0341, email info@gutscharity.org.uk or visit gutscharity.org.uk/info/gallstones

THE CHARITY FOR THE DIGESTIVE SYSTEM

REQUEST YOUR FREE EXPERT PATIENT INFORMATION LEAFLET TODAY

- Achalasia
- Acute Pancreatitis **UPDATED**
- Adhesions
- Alcohol & The Digestive System
- 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 **UPDATED**
- Constipation
- Crohn's Disease
- Diarrhoea
- Diverticular Disease
- Dumping Syndrome
- Eosinophilic Diseases
- Faecal Incontinence
- Faecal Microbiota Transplantation
- Fibre
- Food Intolerance Testing
- Functional Dyspepsia **NEW**
- Gallstones
- Gastritis **UPDATED**
- Gastroparesis **UPDATED**
- Gilbert's Syndrome
- Gut Microbiome (Poo Testing)
- Healthy Eating & The Digestive System
- Heartburn & Reflux
- Helicobacter Pylori
- Indigestion
- Irritable Bowel Syndrome (IBS)
- Liver Cancer
- Microscopic Colitis
- Non-Ulcer Dyspepsia
- Oesophageal Cancer
- Painkillers causing Constipation and Digestive Symptoms
- Pancreatic Exocrine Insufficiency (Pancreatic Enzyme Replacement Therapy)
- Pelvic Radiation Disease
- Perianal Disease **UPDATED**
- Polyps in the Bowel
- Primary Sclerosing Cholangitis
- Rumination Syndrome
- Stomach Cancer
- The Mediterranean Diet & Gut Health
- The Role of Gut Bacteria in Health & Disease
- Ulcerative Colitis **UPDATED**
- Wind **NEW**



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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Donation Form **I'm getting to grips with guts!**

Please return this form to:

Freepost GUTS-UK-CHARITY

Or call us on 020 7486 0341

YOUR DETAILS

Name

Address

Postcode

Tel

Email

MAKE A ONE-OFF DONATION

I enclose a cheque payable to Guts UK charity

Name

Card no

Expiry / Security Code

Address
(if different from above)

Please call me on to take my details

I would like to support Guts UK with a donation of

£5 £10 £25 £50 £100 £500 Other £

We would love to be able to send you the latest research updates, fundraising activities and the latest news on the impact your support is having on our work to end the suffering for the millions affected by digestive diseases. Let us know below how you prefer to be contacted.

Yes, I would like to be updated by email

Yes, I would like to be updated by phone

Yes, I would like to be updated by text message

No thanks, I do not want to be updated by post

To make any changes to your preferences, email info@gutscharity.org.uk or call us on **020 7486 0341**

Please don't forget to turn your £10.00 donation into £12.50 at no extra cost to you. Turn over to add Gift Aid if applicable to you.

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SUPPORT BY REGULAR GIVING



Instruct your Bank or Building Society to pay by Direct Debit. Please fill in the form in ballpoint pen and return in the envelope provided.

Monthly Quarterly Annually

Name(s) of Account Holder(s)

Bank/Building Society Acc No.

Sort code

Name and Address of your Bank or Building Society

Branch Name

Address

Postcode

Contact No

Instruction to your Bank or Building Society

Please pay Guts UK Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Guts UK and, if so, details will be passed electronically to my Bank/Building Society.

Signature

Date

Payment Date

1st of the month

15th of the month

Amount

Please turn every £10 you donate into £12.50 - at no extra cost to you!

I am happy for all gifts of money that I have made to Guts UK charity in the last four years and all future gifts of money that I make to be Gift Aid donations. I am a UK taxpayer and understand that if I pay less Tax & Capital Gains Tax in that tax year than the amount of Gift Aid claimed on all my donations across all charities, it is my responsibility to pay any difference. Guts UK charity claims 25p for every £1 you donate from the tax you pay for the current tax year.

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If your circumstances, name or address change, please do let us know

Add Gift Aid

Signature(s)

Date