

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



Spring/
Summer
2025

Contents

- 3 • Hello from our CEO
- 4 • Get to grips with achalasia
- 6 • Working together for maximum impact
- 8 • Get to grips with diverticular disease
- 9 • Making the future brighter through research
- 10 • All about the #GUTSelfie campaign
- 12 • Challenge yourself this summer
- 14 • Get to grips with gastroparesis
- 15 • Jessie's gastroparesis story
- 16 • Poo-testing: A microbiome minefield
- 18 • Get to grips with ascites

Help to shape our future magazine

As we develop and hopefully grow, our focus will always be you, our community, and those who need our help. It's time to have your say when it comes to the future of our magazine.

We'd like to take the opportunity to review our magazine and make sure that future editions include the information, stories and news you're most interested in.

We invite you to take a short survey to share your thoughts and feedback at gutscharity.org.uk/mag-survey or by scanning the QR code. We'd hugely appreciate your valued input. Thank you.



Guts UK Helpline

Need information and support about a digestive condition or symptom?

Call our Helpline on 0300 102 4887

(10am-2pm, Mon to Fri, except bank holidays).

☎ For all general enquiries 0207 486 0341

✉ info@gutscharity.org.uk

📱 [f](https://www.facebook.com/GutsCharityUK) [i](https://www.instagram.com/GutsCharityUK) [in](https://www.linkedin.com/company/GutsCharityUK) [X](https://www.tiktok.com/@GutsCharityUK) [d](https://www.youtube.com/channel/UCGutsCharityUK) @GutsCharityUK

www.gutscharity.org.uk

Guts UK, 2 St Andrews Place, London, NW1 4LB
Registered Charity Number: 1137029



Hello from our CEO

“ It’s been an exciting few months at Guts UK. At the start of the year, we launched our new five-year strategy which outlines our priorities and plans for growth over the coming years. Our ambitions are clear: to be known as the trusted charity for digestive conditions, backed by evidence-led information, and to increase our income to develop our work and services supporting people affected by digestive conditions and symptoms.



So, although only in the early months, what does this look like so far?

In April, we launched a six-month pilot of our Helpline, a dedicated information and support service for people experiencing digestive symptoms and for those living with and affected by digestive conditions. Our Helpline team is on hand to provide information, signposting and support over the phone, via our online web form and by email. The pilot allows us to better understand public demand for this type of dedicated support and we’re continuously monitoring service delivery and impact.

Earlier in the year, we attended Bladder and Bowel UK’s Professional Symposium in the North West, taking our inflatable colon, Colin, on his first adventure of the year to provide information and educational resources to professionals. In June, we’ll be back on the road, heading to Glasgow where we’ll be attending the British Society of Gastroenterology (BSG) annual conference to discover more about the latest in digestive diagnosis, treatment and research, whilst raising vital awareness about our information and support services with healthcare professionals, who can signpost their patients to us. On Thursday 26th June, we’ll be at Glasgow Central Railway Station with Colin, raising awareness of digestive symptoms and conditions and spreading the word about Guts UK. If you live nearby, please drop by and say hello.

Our values and inclusive approach underpin everything we do, including the valued relationships with our community, partners, supporters and others. By working collaboratively or in partnership, we can work towards a world where digestive conditions are better understood, better treated and everyone gets the support they need. From co-funding innovative research projects with Worldwide Cancer Research (p7), to joining forces with patients, carers, healthcare professionals and the charity Bowel Research UK to identify the top ten research priorities for diverticular disease (p8).

We continue to amplify the voices of people affected by digestive conditions and support them to share their experiences far and wide. Read stories from people like Shawn (p4), Dave (p6) and Jessie (p15) who boldly share their personal experiences with achalasia, oesophageal cancer and gastroparesis to help raise awareness and encourage others to seek help when they need it. ”

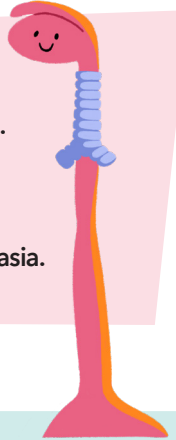
Thank you.

Suzanne Hudson

Get to grips with achalasia

Achalasia is a digestive condition that affects the lower end of the oesophagus (gullet), where it meets the stomach. It interrupts the passage of food and fluid down the oesophagus to the stomach, which can lead to difficulty swallowing.

- Achalasia is uncommon, affecting 1 in 100,000 new patients each year.
- It is specific to the oesophagus, so doesn't impact other areas of the gut.
- The most common symptom is difficulty swallowing (dysphagia).
- Achalasia Awareness Month takes place every September.
- Guts UK is proud to be funding research into stem cell therapy for achalasia.



Shawn's story



Shawn, aged 52, lives in Cheshire with his wife and two daughters. He shares his story with achalasia.

Talk us through your achalasia symptoms

Since I was 10 years old, I remember food getting stuck and I had awful muscle spasms in my oesophagus. I fearfully thought 'Am I dying?' Even now, if I have a spasm, it stops me in my tracks. These spasms are known as non-cardiac chest pain, which explains why they can be so excruciating.

How did you get diagnosed with achalasia?

At 14, I received my diagnosis, after being referred to a specialist. Before this, no one knew what was wrong. I spent years going back and forth for tests like barium swallows (a test that involves drinking a white liquid called barium that highlights the outline of the oesophagus, the food pipe), chest x-rays, and endoscopies (a thin tube with a small camera on the end inserted via the mouth). I was sick every day.

I also had a manometry test (a test that measures pressure waves in the oesophagus). A tube went up my nose and down to my oesophagus. The test was carried out over a week, so it was visible to everyone. I was embarrassed, especially at school, but I got used to it. Still, this test felt the worst for me.

What happened after your diagnosis?

I had the first of many dilatations. This is where a small balloon is passed from the mouth to the oesophageal sphincters and inflated to break the sphincter fibres. The oesophageal sphincters are muscles which act as valves to control the passage of food.

Tell us about your surgery

At 15 years old, I had a Heller's myotomy (a surgical procedure that cuts the lining of the oesophagus and stomach). At the time, keyhole surgery for this procedure wasn't available. I spent about two weeks in the hospital recovering. It was tough, especially at such a young age.

I was overwhelmed, constantly having tests and procedures. In my late teens, I struggled with my mental health but thankfully, with support and counselling, I recovered and built a strong support system.

Did surgery help?

I had 12 to 18 months of relatively pain-free eating, although I still had spasms. I continued to feel unwell often and the hospital decided that they couldn't do anything more.

The spasms worsened, and food got stuck in my oesophagus more often. It was impacting my daily life to the point where I couldn't function. I was advised against surgery twice due to adhesions (scar tissue which forms between organs and tissue after surgery).

I was on prescribed medication and looking back, I thought I was coping. I should have been checked out because really, I wasn't.

How are you now?

I've had achalasia for 38 years now. I had no choice but to completely change my lifestyle,

focusing on exercise and healthy eating. To this day, I think of what I can do to have a positive impact on my achalasia and long-term health, so my achalasia doesn't get any worse.

Now, I'm classed as end-stage achalasia, with no peristalsis (when the food pipe contracts creating a wave-like movement that pushes the food down the digestive tract) in my oesophagus. If I eat, I drink at least two full glasses of water and sometimes I have to belch to help food move down. I also received a diagnosis of mega oesophagus (where the oesophagus is bigger than the stomach) because of achalasia. I stay positive by maintaining a strong mindset and never giving up. I feel that if you give up, things will only get worse. I know I have end-stage achalasia, and the future could bring complications, but I don't dwell on those fears.

Why are you sharing your story?

For years, I didn't want to share my story because I didn't want to come across as complaining.

However, seeing charities like Guts UK raising awareness made me realise it's okay to speak up. It was a lonely existence until nearly 20 years after my diagnosis when I finally met another person affected by achalasia at the hospital. It's so important to raise awareness about this rare condition and I will keep fighting achalasia, warrior-style!



With your vital support, more people like Shawn won't suffer in silence or alone. Donate to Guts UK today at gutscharity.org.uk/donate.



Working together for maximum impact

Dave's story



We want all digestive conditions to be better understood, and better treated, which is why we're committed to funding research into the whole digestive system.

Dave, age 70, is from Bognor Regis and was diagnosed with oesophageal cancer in 2006. He's been advocating for fellow patients ever since.

From the age of 30, Dave experienced heartburn, reflux and indigestion and took PPIs (a type of medicine that helps in managing symptoms such as heartburn and reflux). Dave put it down to everyday life. Little did he know that the medication was just masking the symptoms. At 52, Dave started to have difficulty swallowing. He told us: **"This was a real red flag. Food would get stuck, and I'd have to cough it back up. That's when I knew that this wasn't normal."**

Dave went to his GP and had an endoscopy (a thin tube with a small camera on the end inserted via the mouth). Soon after, he was diagnosed with oesophageal cancer and Barrett's oesophagus, and needed immediate surgery. He was told that without surgery, he'd have just six to nine months to live.

Dave had 80% of his stomach and most of his oesophagus (gullet) removed. This resulted in big changes for Dave, especially when it came to nutrition. He adds: **"It's a lot of trial and error. Since the surgery, I can't lie down for two to three hours after eating, so I plan my meals early in the evening. It's just something I've gotten used to."**

Dave, who's a member of our Experts by Experience (EBE) panel, turned his pain into power by advocating for himself and other people affected by oesophageal cancer. He told us:

"Until you hear from someone who's been on that journey, it's hard to know what to expect."

In February, Dave got to meet Dr Maria Alcolea and her team at the University of Cambridge, who are hoping to help future patients by understanding how oesophageal cancer develops in the body at a cellular level, in the early stages of cancer growth.

Dave got to see first-hand what cells from the oesophagus look like under the microscope, and he talked to Dr Alcolea and her team about his personal experiences and asked questions about their research.



Joining forces to achieve better outcomes



Collaboration is key when it comes to earlier diagnosis and kinder treatments for people affected by digestive cancers. That's why we're thrilled to have joined forces with the charity Worldwide Cancer Research to co-fund Dr Alcolea's research project into oesophageal cancer. Despite being a relatively common cancer worldwide, it has been underfunded for decades.

Oesophageal cancer is considered one of the six less survivable cancers in the UK, with only 15% of people diagnosed surviving for five years or more. We're working with other charities to change that, and projects like Dr Alcolea's can help turn hopes of a brighter future into a reality. It's vital that organisations work together to share knowledge, resources, and better support for those who need them.

By working with patients and loved ones too, we can maximise our impact. Together, we can support innovative research projects that explore the digestive system, making your donations go further. Thanks to partnerships like this one, and incredible supporters like you, we can move one step closer to life-changing discoveries.



Did you know?

- Oesophageal cancer develops from the lining of the oesophagus and has the effect of narrowing the oesophagus.
- This can cause difficulty in swallowing (dysphagia) and lead to weight loss, choking, vomiting, coughing, unexplained chest infections and a hoarse voice.
- Most people who develop oesophageal cancer have no symptoms of heartburn before they experience dysphagia.



Get to grips with diverticular disease

Despite being a common condition that affects up to 1 in 2 people in the UK during their lifetime, many people have never heard of diverticular disease, and it has long been a misunderstood and underfunded digestive condition.



2023

We teamed up with medical research charity Bowel Research UK to push diverticular disease up the research agenda, with the UK's first-ever priority setting partnership (PSP) into the condition. Together, we set out to involve patients, their loved ones, and the healthcare professionals treating them in telling us what researchers need to focus on to improve prevention, diagnosis and treatment.

2024

We launched two surveys where we asked patients, carers, family members and healthcare professionals to share their experiences and views on what they considered to be the most important research questions about diverticular disease that needed answering by future research. We had thousands of responses, providing invaluable insight from people living with the condition, as well as those who diagnose and treat it.

2025

In February, a group of patients, carers and healthcare professionals came together at a final workshop, where they discussed and identified the top ten research priorities for diverticular disease from a list of 25. The top ten research priorities can be found on our website gutscharity.org.uk/PSPs.

What's next?

We'll work with healthcare professionals and researchers to promote these priority areas. These questions will inform the research that Guts UK and Bowel Research UK prioritise and fund in the future.

Did you know?

Diverticula are small pouches around 1cm in size, which stick out from the wall of the large bowel (colon). If they cause symptoms, this is known as diverticular disease and if they become inflamed or infected, this is known as diverticulitis. Although the condition is common amongst older people, it is increasingly affecting the younger population.

A brighter future through liver research



We work in partnership with Dr Falk Pharma UK, a company dedicated to improving patient outcomes, to invest in future researchers. Our joint awards recognise the achievements of healthcare professionals like Dylan Leon, who was awarded the Medical Student Essay Prize in 2024.

What's the project about?

"The occurrence of liver scarring and related complications, such as bleeding from enlarged veins in the oesophagus, is rising globally. My study explores whether loss of muscle mass, measured by muscle size and density of the long muscles in your lower back, can predict outcomes in patients with this bleeding."



What results have come from this project?

"That muscle health could be a useful tool for identifying high-risk patients and guiding treatment decisions in AVB cases." AVB stands for Acute Variceal Bleeding and is where blood vessels in the oesophagus and stomach rupture and bleed. It is a serious complication of liver scarring and can be life-threatening. "Researchers found that lower density of these muscles was linked to higher 30-day mortality, independent of liver disease severity. A novel score combining liver function and muscle density improved predictions of patient mortality."



👏 Winning this award has been amazing. Being rewarded for all the time and effort put into writing the essay has been a great feeling. Looking further down the line to my career, this award provides a significant addition to my portfolio. 🗨️

We couldn't fund vital research projects like this one without your generosity. Please consider supporting us today at gutscharity.org.uk/donate.



All about the #GUTSelfie campaign



#GUTSelfie is a day where hundreds of people affected by digestive conditions or symptoms come together to raise awareness. We reach thousands of people in just one day thanks to you, our phenomenal supporters, who bring our values to life: bold, brave and united.

The annual campaign takes place on the last Sunday in June on Instagram (you can follow us @gutscharityuk). Before the campaign, we send our supporters a #GUTSelfie board, some fun, temporary tattoos to wear and more. The tattoos, designed with the help of some of our wonderful community, can be worn on the back of your hand, your face, your arms, legs or stomach - wherever feels most comfortable for you. All we ask is that you wear them with pride as you help us to deliver one simple, but vital message: **It's time the UK got to grips with guts!**



Every year our campaign has a different theme and this year, you voted for **Behind the Scenes: Making the invisible, visible**. It's time to shine a light on the hidden realities of living with digestive conditions and symptoms. **Search #GUTSelfie on Instagram to see our community's #GUTSelfies so far.**

Together, we can work towards a brighter future.

Our research has shown that 58% of people are embarrassed when it comes to their digestive condition. Let's face it, no one should feel alone or isolated, or delay seeking help. Campaigns like #GUTSelfie help to break down the stigma surrounding our guts.





Here's what some of our amazing #GUTSelfie participants have had to say about the #GUTSelfie campaign and our charity:

“Guts UK have been a massive help to me on my quest to diagnosis. I am so grateful. It's so important to raise awareness because digestive conditions can happen to anyone at any age.”

“When waiting for my diagnosis, I found Guts UK charity who offered insight into research, general love and support. Thanks to #GUTSelfie, I've met amazing people with the same disease, and I've been inspired by others sharing their stories.”

“When I told my daughter about the #GUTSelfie campaign, she was determined to help 'because children shouldn't be embarrassed about talking about their poo either.' She even wanted to create a PowerPoint presentation!”

“#GUTSelfie is an incredible campaign. We can share our stories with the help of temporary tattoos, which have a huge impact. This helps raise awareness of digestive conditions.”



Head to gutscharity.org.uk/gutselfie-campaign/ to find out more and get involved.



Challenge yourself this summer

Getting involved in events is a great way to support Guts UK. From 10ks to marathons, Tough Mudders to skydives - there's something for everyone!

If you need some inspiration, read more about two of our brilliant fundraisers, Emily and Zoe:

Emily, who is a nurse, took part in the Cardiff Half Marathon alongside her colleagues in memory of her dad, Gary, and in honour of the patients they have treated with pancreatitis. By completing the UK's second largest half-marathon, Emily raised an amazing **£695!**



Zoe celebrated her 30th birthday in style, taking to the skies to fundraise for Guts UK and raising a brilliant **£225.**

Zoe told us:

💬 The adrenaline was out of this world. If you ever get the chance to skydive, I highly recommend it. I would definitely do it again - an experience of a lifetime! 💬

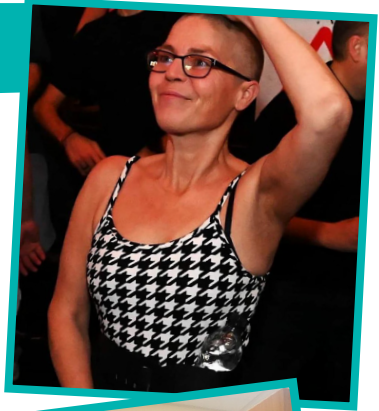
For the first time ever, you can join **Guts UK's Big Skydive.** Want to experience the thrill of a lifetime whilst raising funds to change the lives of people affected by digestive conditions and symptoms?

Visit gutscharity.org.uk/events to sign up or find out about our other challenge events. Hurry, places are limited!



A community that cares

From hosting an event to selling homemade crafts and bakes, community fundraisers are a great way to bring people together and have a good time whilst raising funds and awareness that will make a real impact.



Meet two of our wonderful community fundraisers:

Cheryle had oesophageal cancer and is dedicated to raising awareness. She loves music and raves and brought people together to host 'The Great Gutsby', raising an incredible **£1,426** for our charity!

Jo is a nurse who has worked in gastroenterology and has given our patient information out to people in hospital who have been diagnosed with digestive conditions. Jo chopped off her long locks to fundraise for Guts UK and continues to raise vital awareness about our work.



Part of a community organisation? You can help too!

Are you part of a sports club, cooking class, university society, or something similar? There are lots of fun ways that groups can get together to raise funds and awareness for our charity within the community. As more and more people in the UK are diagnosed with digestive conditions, we need your support now more than ever.



If you're feeling inspired by our amazing fundraisers and want to help the UK get to grips with guts, we'd love to hear from you.

Get in touch at events@gutscharity.org.uk. You can also visit gutscharity.org.uk/fundraise to read our brand-new **Fundraising Guide**, jam-packed with ideas, inspiration and tips to get you started.

Get to grips with gastroparesis

Gastroparesis means stomach (gastro) paralysis (paresis). In gastroparesis, nerves that tell the stomach to empty are not effective, so the stomach is too slow in moving our food through.

Facts and figures:

- The number of people diagnosed in the UK is 14 per 100,000, which is rare.
- Gastroparesis can affect people of all ages but is most common in people aged 18 to 39.
- The diagnosis is given to twice as many females than males.
- In adults, the most common cause of gastroparesis is diabetes, followed by idiopathic gastroparesis (unknown cause).

What are the symptoms?

Symptoms can range from mild to severe and include:

- Nausea (feeling sick).
- Vomiting (being sick).
- Abdominal (belly) pain.
- Feeling full after a few mouthfuls of a normal sized meal (early satiety).
- Bloating.
- Belching.
- Heartburn.
- An inability to finish a meal.

The symptoms would usually be present for three months or more.



Paul and gastroparesis

Paul lives in Glasgow and was diagnosed with gastroparesis in 2016, after being diagnosed with diabetes in 2014.

“If you’ve just been diagnosed, then please don’t give up. You’re going to have good and bad days, but that’s normal, living with gastroparesis. Remember that you haven’t failed, even on your bad days.”

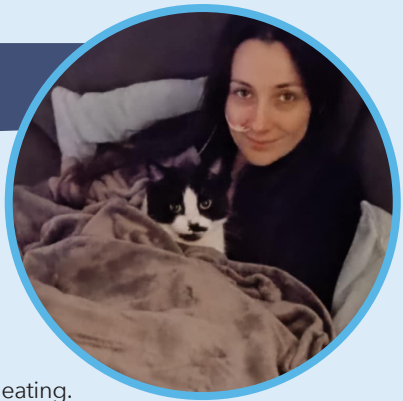
August is Gastroparesis Awareness Month

There are many ways in which you can help us to raise vital awareness such as sharing our social media posts and your experiences with others. You can also share and watch our free educational webinar all about gastroparesis at: [youtube.com/@GutsUKCharity](https://www.youtube.com/@GutsUKCharity). Together, let's get to grips with guts.



Jessie's story

Jessie, aged 29, lives in West Sussex with her two cats, Shadow and Boris. She shares her experiences with gastroparesis.



2022

"I experienced bloating and awful pain when eating. I was rushed to hospital and from that day forward, I couldn't keep food or drink down. I lost half of my body weight."

2023

"I had a gastric emptying scintigraphy (a medical test used to assess how quickly food leaves the stomach) which revealed my digestive transit was severely delayed. I then received my gastroparesis diagnosis. It was such a bittersweet feeling. I was relieved to know what it was but at the same time, it was complete overwhelm. I felt so anxious about the future."

2025

"I shared my story with ITV News and since then, I've received such an outpouring of love and kindness. Strangers have shared their stories with me and it's made me want to raise awareness and support others going through something similar. We are all warriors!

I rely on a nasojejun tube (NJ) tube (a soft tube which goes up the nose and into the small bowel) and receive nutrition via this for 20 hours a day. I also have a gastric pacemaker (a device which stimulates the stomach to empty at a set rate). I'm unable to work and don't really leave the house. Gastroparesis has stolen my identity, but I try to keep positive."



“ You know your body best, always. Listen to your own body and advocate for yourself. Surrounding yourself with support is also key. I have a very supportive family and fiancé and they are my absolute rock. ”

We couldn't help those like Jessie without your support. Donate to Guts UK today at gutscharity.org.uk/donate.



Poo-testing: a microbiome minefield

If you're thinking about having a microbiome or 'poo test', it's vital that you equip yourself with the right information. Guts UK is here to help. Getting your poo tested by a commercial company might be interesting if you are curious about what bacteria are in there but it shouldn't be used to find out why you're not feeling well or how to improve your health.

What is the microbiome?

Microbes are tiny living organisms that are too small to see without a microscope. Bacteria are a type of microbe that you find in your gut. These are sometimes called gut microbiome or gut microbiota. Everyone is different but it's estimated that, if we looked at everyone's gut, we would find around a thousand types of bacteria living there!

What do we know so far?

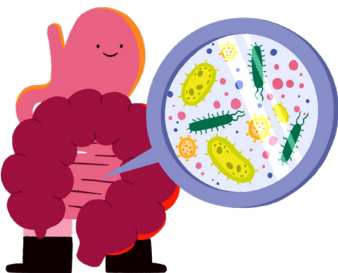
Scientists all over the world are analysing what kinds of microbes make the human gut their home, and they are investigating how they affect our health in the short and long term.

They're also interested in how these microbes might influence a person's response to medication prescribed by doctors, for example, antibiotics or drugs to treat different cancers.

We know that gut bacteria perform a wide range of jobs, many of which are vital for maintaining good health. That's why doctors will sometimes analyse poo samples when you're unwell, to test for a handful of specific organisms and understand what they are doing. An example of when this might happen is when a doctor suspects food poisoning.



Why is the 'gut microbiome' becoming so popular?



With some of the research findings moving from scientific publications into articles and books for the public, the gut microbiome has become an increasingly popular term in recent years. As a result, lots of companies now offer to analyse poo samples with the aim of telling you about the microbes in your gut and how they might affect your health.

What can a sample tell us?

The truth is, a poo sample analysed by a company will tell you very little. But why?

- It's only one sample and the bacteria usually vary from sample to sample.
- The bacteria found in your poo does not give you the complete picture of how healthy your gut is.
- Testing doesn't tell you if a microbe is dead or alive, just that it was there.
- Many gut bacteria might not be detected because they stay stuck to the gut wall.

It will likely tell you how many different bacteria are present in the sample and some tests will also measure other markers of gut health, such as calprotectin, which can indicate if there is inflammation in the gut. Others might use DNA-sequencing tools to tell you what bacteria are in your poo. It's important to note that some of the tests that private companies offer don't use the same rigorous methods as the NHS.

Research has not yet made strong links between the presence or absence of any types of bacteria with many of the 'big' diseases, such as cancer or diabetes. Right now, there isn't enough knowledge to safely and accurately recommend any specific interventions such as diet changes or probiotics to cause beneficial long term changes to the composition of the bacteria in the gut.

We wouldn't recommend getting a microbiome test done by a company. Until more research is done, the information given by these tests can be confusing and doesn't help doctors or nurses in giving guidance to support your health or treat any conditions you might have.

What can I do?

We do know that if you have a well-balanced diet with a good variety of different foods, this usually leads to a wide variety of bacteria in your large bowel and poo. Many experts agree this is a good thing.



You can read our information about microbiome testing in full at gutscharity.org.uk/advice-and-information/health-and-lifestyle. You'll also find helpful information about diet and nutrition there too, which can help you get to grips with improving your gut health.



Get to grips with ascites

When it comes to your health, we know how important it is to have the right information to help you feel empowered to make the right decisions and take control. Let's look under the microscope at one digestive condition we have recently updated our information for.

What is ascites?

Ascites is the medical term used to describe a build-up of fluid within the belly (abdomen). It is normal to have a small amount of fluid in the abdomen, which is continuously produced and absorbed. However, when there is an imbalance in the process, fluid can accumulate.



What are the usual symptoms?

- The main symptom is an increase in the size of the abdomen.
- The abdomen can feel very heavy or tight if the fluid volume is very large.
- Change in posture from trying to adjust walking or standing position due to the abdominal swelling.
- Weight gain caused by the abdominal fluid which can lead to reduced mobility.
- Pressure on the bowel - less appetite, constipation, indigestion, nausea (being sick) and vomiting (being sick).
- Pressure on the lungs - shortness of breath, especially when lying flat.



Cornelius' experience

“ My abdomen was constantly filling with fluid inside, creating pressure. I felt like I wanted to be sick, but I couldn't get it out. Even simple tasks left me needing to sit down and I struggled to eat, which led to me losing five stone.”

What treatments are available?

Ascites can be treated in various ways, from lifestyle and dietary changes to medicines and medical procedures.



To explore our information on ascites and other digestive conditions, please visit gutscharity.org.uk/advice-and-information.

A lasting legacy



Have you written a Will?

Writing your Will is an opportunity to make sure that the people you love are taken care of. It's also a chance to think about what's important to you and do something incredible for people affected by digestive conditions across the UK.

Did you know that Guts UK offers a free Will writing service through our partners, the National Free Wills Network?

Whether it's something you've forgotten to do or have been putting off, or you've experienced a big life change, such as moving house, getting married or divorced, or expanding your family, it's never too late to write a Will.

Could you leave a gift to Guts UK in your Will?

As a small charity, we rely on donations of all kinds, including legacies. A legacy is a gift that someone leaves in their Will.

You don't have to include a gift to Guts UK in your Will to use the National Free Wills writing service, but we do hope you will consider a gift to us - however big or small - once your loved ones have been taken care of.

At Guts UK, legacies help us to continue to provide dedicated information and support to people when they need it most and fund life-changing research into the digestive system.

Find out more about writing a Will and if you choose to do so, how you can leave a gift to charity.

Visit gutscharity.org.uk/legacy

to download our digital legacy guide and find out about our free Will writing service.



Patient information leaflets

Guts UK is the national charity for the digestive system. Visit gutscharity.org.uk for all our information leaflets. If you'd prefer a hard copy sent by post, email us at info@gutscharity.org.uk or call us on 020 7486 0341.



Conditions

- Achalasia
- Acute Pancreatitis
- Adhesions
- Anal Fistulas
- Ascites
- Barrett's Oesophagus
- Belching Disorders
- Bile Acid Diarrhoea (BAD)
- Bile Duct Cancer
- Biliary Sphincter Disorders (Sphincter of Oddi Dysfunction)
- Bowel Cancer
- Chronic Intestinal Pseudo-Obstruction
- Chronic Pancreatitis
- Coeliac Disease
- Crohn's Disease
- Diverticular Disease
- Dumping Syndrome
- Eosinophilic Diseases
- Faecal Incontinence
- Functional Dyspepsia
- Gallstones
- Gastritis
- Gastroparesis
- Gilbert's Syndrome
- Helicobacter Pylori
- Irritable Bowel Syndrome (IBS)
- Liver Cancer
- Microscopic Colitis
- Oesophageal Cancer
- Pancreatic Exocrine Insufficiency and PERT (Pancreatic Enzyme Replacement Therapy)
- Pelvic Radiation Disease
- Perianal Disease
- Polyps in the Bowel
- Primary Sclerosing Cholangitis
- Rumination Syndrome
- Stomach Cancer
- Ulcerative Colitis

Symptoms

- Bloating & Distension
- Constipation
- Diarrhoea
- Heartburn & Acid Reflux
- Indigestion
- Painkillers Causing Constipation & Digestive Symptoms
- Wind

Information

- Alcohol & The Digestive System
- Fibre
- Faecal Microbiota Transplantation
- Food Intolerance Testing
- Gut Microbiome (Poo Testing)
- Healthy Eating
- Introduction to Gut Bacteria
- Our Personal Plumbing System
- Prebiotics and Probiotics
- Surveillance For Gastric Atrophy and Gastric Intestinal Metaplasia

More information on digestive symptoms, conditions, lifestyle and more can be found at gutscharity.org.uk/information or by scanning this QR code:

© Charity Registration No. 1137029



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.

giftaid it

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.

giftaid it

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

Add Gift Aid

Signature(s)

Date