

## Information for patients, relatives and carers



### What is a Faecal Calprotectin?

Calprotectin is a protein secreted by the gut when it is inflamed, such as in inflammatory bowel disease (IBD; Crohn's disease and ulcerative colitis). Calprotectin can be detected in the stool making it a useful marker for IBD. In other diseases where there is no inflammation, such as the irritable bowel syndrome (IBS) calprotectin levels are normal.

### Why do I need a Faecal Calprotectin test?

You have discussed your symptoms with your GP. Their cause is unclear. Testing for calprotectin will help identify whether you are more likely to have IBS or IBD. Once we know this, your GP will be able to help provide appropriate treatment.

### What happens if I test Positive for Calprotectin?

If you test positive for raised levels of calprotectin in your stool, your GP will first ask that you repeat the test. Calprotectin is very sensitive and sometimes falsely raised. If the second test is raised you may have IBD and your GP will arrange for you to have further tests at the hospital to help understand the exact nature of your problem.

### What happens if I test Negative for Calprotectin?

If the calprotectin test is negative it is highly likely that you suffer from IBS. Your GP will discuss with you how best to treat your condition. Further tests or hospital visits are not normally needed.

### Is the test accurate?

No diagnostic test is 100% accurate. The test may be falsely raised indicating IBD where none is present. Occasionally (2% of the time) a negative test is falsely reassuring. Here, if your symptoms persist after treatment your GP can discuss options with you.

### Are there any alternative tests?

Colonoscopy is an alternative test. This involves the insertion of a small tube with a camera into the patient's back passage. It is an invasive test that often requires pain-killers and sedation to be completed. The test carries a tiny risk of bleeding or a tear, which might require an operation to fix. After the test, if sedated, you must be escorted home and cannot drive or operate any machinery for 24 hours afterwards. For these reasons, faecal calprotectin is the preferred test.

### How long will the test take?

Your GP will receive the results within 5 – 7 days. Your GP will contact you with the results. If you have any further questions, please ask your GP.

## Collecting the stool sample:

You will be given a test request form by your GP and a container for your stool sample

Please date the request form once you have provided the sample.

It is important that the bowel motion you collect your stool sample from has not been in the toilet, as this may affect the result. Suggested ways to catch the stool sample are:

- Folded pieces of toilet paper
- Your hand covered in a small plastic bag
- A clean disposable container

Unscrew the lid of the container and using the spoon collect a small stool sample (2cm – size of a small walnut)

Transfer the spoon with stool sample back into the container and screw the lid tightly

Wash your hands thoroughly and dispose of any dirty equipment safely

Place the container into the plastic bag on the back of the form and seal

Return the completed form and the container with the stool sample to your GP the same day if you are able to (or otherwise within the next 3 days)

## Tell us what you think

**We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact Dr James Turvill, Consultant Gastroenterologist, York Teaching Hospital NHS Foundation Trust, Wigginton Road, York, YO31 8HE or telephone 01904 725816.**