SYMPTOM

Gas - flatulence

Flatulence is gas from the digestive system that leaves through the back passage.

WHAT IT FEELS LIKE
Passing wind, sometimes with pressure or bloating

WHERE IT IS FELT
Belly and back passage

MOST COMMON CAUSES
Swallowed air, certain foods, normal gut bacteria

WHEN IT IS URGENT
Severe belly pain with vomiting or inability to pass stool

USUALLY LASTS
Minutes to hours, depending on food and digestion

SEE A DOCTOR IF
It persists, changes suddenly, or comes with other symptoms

Overview

Flatulence means gas passing out of the digestive system through the back passage. It is often called passing wind or farting. Everyone produces and passes some gas as part of normal digestion.

Gas enters the digestive system when you swallow air. It is also made when bacteria in the large bowel break down carbohydrates that were not fully digested earlier. These carbohydrates include certain sugars, starches, and types of fibre.

The amount, smell, and frequency of gas can change from day to day. Eating habits, particular foods, constipation, and food intolerances can all affect it. Flatulence alone is rarely a sign of a serious problem, but a persistent change with other symptoms may need assessment.

What it may feel or look like

You may notice:

The smell comes from small amounts of sulfur-containing gases made during digestion. Strong-smelling gas does not necessarily mean that you are producing more gas.

Bloating and flatulence often occur together, but they are not the same. Bloating is the feeling of fullness or swelling. Flatulence is gas leaving the body.

- Passing wind more often than usual
- Noisy gas or difficulty controlling when it passes
- A feeling of pressure, fullness, or movement in the belly
- Bloating, where the belly feels full or looks larger
- Cramping that improves after passing gas or having a bowel movement
- Gas with a stronger smell than usual

Common causes

Common causes include swallowing more air than usual. This can happen when eating quickly, chewing gum, drinking through a straw, smoking, or having fizzy drinks. Loose dentures may also make some people swallow more air.

Many foods naturally increase gas because gut bacteria ferment their carbohydrates. Examples include beans, lentils, onions, garlic, cabbage, broccoli, whole grains, and some fruits. Sugar-free sweets and drinks containing sweeteners such as sorbitol can also cause gas.

Other possible causes include:

Less commonly, ongoing flatulence may occur with conditions that affect digestion or nutrient absorption. Flatulence by itself cannot show which cause is present.

- Constipation: Stool staying in the bowel longer can make gas harder to pass
- Lactose intolerance: Difficulty digesting the sugar in milk and dairy products
- Irritable bowel syndrome: A condition involving belly pain and changes in bowel habits
- Coeliac disease: An immune reaction to gluten that damages the small bowel
- Other carbohydrate intolerances: Difficulty absorbing sugars such as fructose
- Changes in gut bacteria: Sometimes occurring after illness, diet changes, or antibiotics like amoxicillin or doxycycline

When to seek medical care

Book a routine appointment if flatulence is persistent, has changed noticeably without a clear reason, or is affecting daily life. You should also arrange an assessment if it occurs with

ongoing diarrhoea, constipation, repeated belly pain, loss of bowel control, or unexplained weight loss.

Seek same-day medical advice if you have gas along with:

Seek emergency care for severe or rapidly worsening belly pain, especially if you cannot pass stool or gas, are repeatedly vomiting, feel faint, or have a hard and very swollen belly. These symptoms can occur when the bowel is blocked or seriously inflamed.

Chest pressure, breathing difficulty, or pain spreading to the arm, back, neck, or jaw should also be treated as an emergency rather than assumed to be trapped gas.

- Blood in the stool or black, sticky stool
- Fever and significant belly pain
- Repeated vomiting
- A swollen or increasingly painful belly
- New symptoms after recent abdominal surgery

How the cause is found

A healthcare professional will usually ask when the gas began, how often it happens, what you eat, and whether you have bloating, pain, or changes in your bowel movements. They may ask about medicines, supplements, recent infections, surgery, and family medical history.

Keeping a short record of meals, symptoms, and bowel movements can help identify patterns. However, a reaction after eating a food does not always prove an intolerance.

An examination may include feeling and listening to your abdomen. Tests are not always needed. Depending on your other symptoms, testing might include blood tests, a stool sample, or a breath test for difficulty digesting certain sugars. Imaging or a camera examination of the digestive tract is usually reserved for specific concerns.

Tell the clinician if you have already removed gluten from your diet. Avoiding gluten before testing can make coeliac disease harder to identify.

Treatment and self-care

Treatment depends on what is causing the gas. Simple changes may help:

If dairy repeatedly causes symptoms, lactose-free products or lactase products may help some people. Alpha-galactosidase products may reduce gas from certain beans and

vegetables. Simeticone is sold for gas discomfort, although its benefit varies. Ask a pharmacist whether a product is suitable alongside your medicines and health conditions.

A low-FODMAP diet temporarily limits several fermentable carbohydrates. It may help some people with irritable bowel syndrome, but it is restrictive and should include planned food reintroduction. A dietitian can help you avoid unnecessary long-term restrictions.

Evidence for probiotics and flatulence is inconsistent. Different products contain different organisms, so one product's results do not apply to all probiotics.

- Eat slowly and chew with your mouth closed
- Try smaller meals if large meals trigger symptoms
- Limit fizzy drinks, chewing gum, and drinking through straws
- Stay physically active to support normal bowel movement
- Treat constipation with advice from a pharmacist or clinician
- Change one suspected food at a time rather than restricting many foods

What to expect

Gas caused by a meal often settles within several hours as food moves through the digestive system. Symptoms linked to constipation may improve once bowel movements become more regular.

If a specific food is involved, the aim is often to find the amount you can tolerate rather than remove it completely. Many gas-producing foods provide useful fibre and nutrients.

Arrange follow-up if self-care does not help, symptoms keep returning, or new bowel changes develop. Further assessment may be needed even when an earlier examination was reassuring.

Common questions

How much flatulence is normal?

There is no single number that defines normal. The more useful question is whether your pattern has changed or is causing discomfort or loss of control.

Does foul-smelling gas mean something is wrong?

Usually not. Smell is influenced by food and the gases made by gut bacteria. Seek advice if a persistent change occurs with diarrhoea, bleeding, weight loss, or pain.

Can trapped gas cause sharp pain?

Gas can cause cramping or brief sharp pains that move and improve after passing wind. Severe, fixed, or worsening pain should not be assumed to be gas.

Is holding in gas harmful?

Holding it briefly is not usually harmful, but it may increase pressure and discomfort. The gas may pass later or be partly reabsorbed by the body.

Sources

- National Institute of Diabetes and Digestive and Kidney Diseases: Symptoms and Causes of Gas in the Digestive Tract
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- NHS: Flatulence