

Ministry of higher education
and scientific research
University of kufa



Disorders of Digestive System

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Irritable bowel syndrome

.**IBS** is one of the most common GI disorders •

IBS results from a functional disorder of intestinal motility *

occurs more commonly in women than in men *

the cause remains unknown *

no anatomic or biochemical abnormalities have been found *

The diagnosis is made only after tests confirm the absence of structural or
other disorders *

heredity, depression and anxiety, a diet high in fat and stimulating or irritating foods, alcohol consumption, smoking and infections, inflammation and vascular or metabolic changes.

neuroendocrine dysregulation

Changes in intestinal motility

Pain, constipation, diarrhea or both, bloating, and abdominal distention

Pathophysiology

Nursing Management

possibly Restriction and then gradual reintroduction of foods that are -1

irritating may help determine what types of food are acting as irritants

e.g (beans, caffeinated products, corn, wheat, dairy lactose, fried
.foods, alcohol, spicy foods)

A high-fiber diet is prescribed to help control the diarr²hea and
.constipation

.encouraged patient to eat at regular times and to chew food slowly 3

adequate fluid intake and avoid drinking fluid with meals⁴

.because this results in abdominal distention

use relaxation techniques, or exercise to reduce anxiety and⁵

.increasing intestinal motility

.discouraged alcohol use and cigarette smoking ⁶

Peptic Ulcer

A peptic ulcer is an excavation (hollowed-out area) that forms in the mucosal wall of the stomach, in the **pylorus** (opening of between stomach and duodenum), in the **duodenum** (first part small intestine), or in the **esophagus**. it is frequently referred to .depending on its location

muscle Erosion of mucosal membrane may extend as deeply as the .layers or through the muscle to the **peritoneum**

Causes

Pylori Infection with the gram-negative bacteria H. -1

2- Stress and anxiety

beverages Ingestion of milk and caffeinated -3

4- Smoking, and alcohol

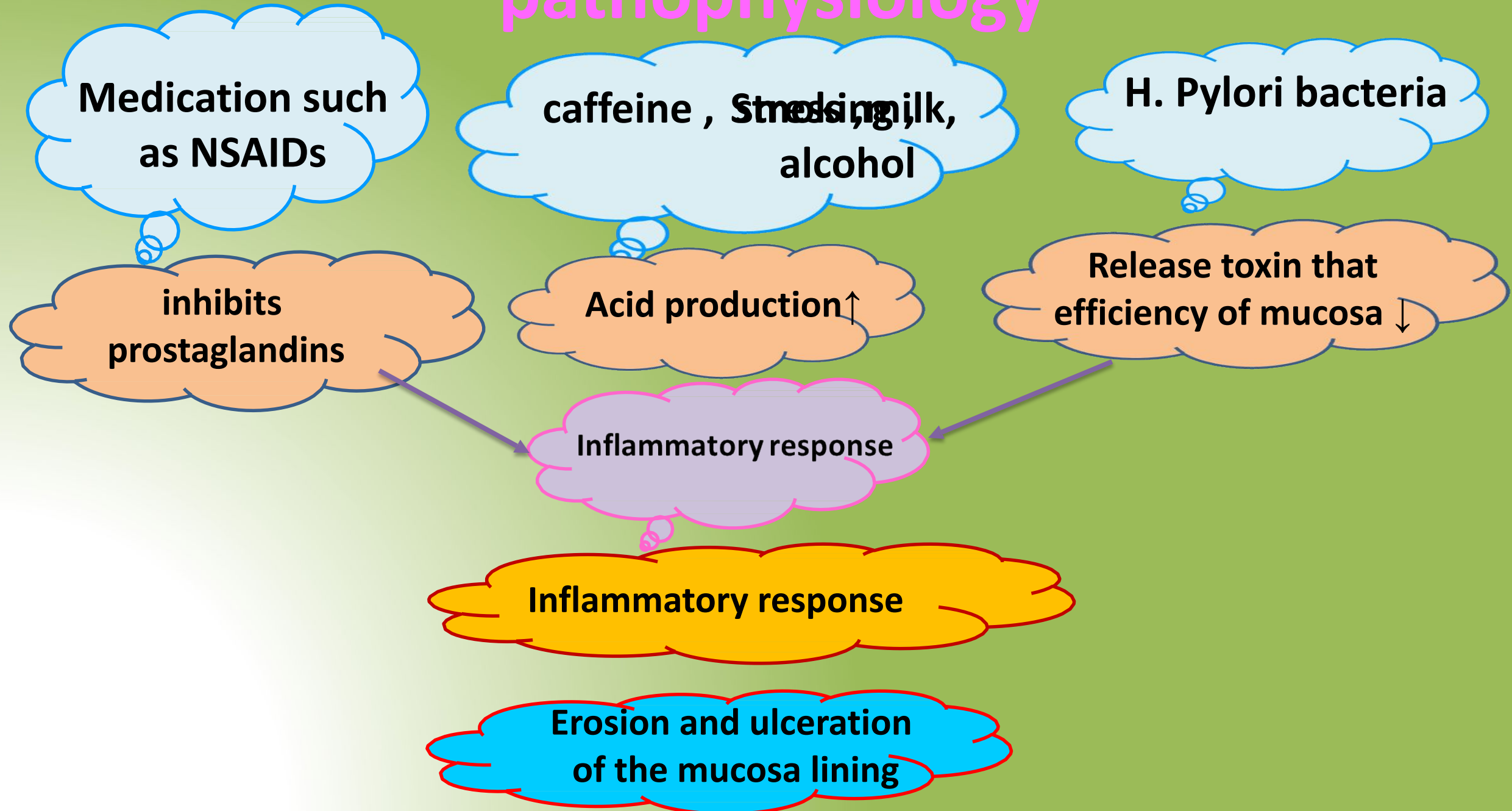
People with blood type O -5

6- Chronic use of NSAIDs

Family history 7

Eating spicy foods 8

pathophysiology



Clinical

Manifestation

by **Pain** in the midepigastrium or the back that is relieved
.eating

Pyrosis (heartburn) is a burning sensation in the stomach and
esophagus that moves up to the

caused **Vomiting** results from obstruction of the pyloric orifice, •
by either muscular spasm of the pylorus or mechanical
.obstruction from scarring

result **constipation and/ or diarrhea** may occur, probably as a •
.of diet and medications

Bleeding 15% of patients passage of stool with (61% bleeding)

Complication of Peptic Ulcer

Hemorrhage—cool skin, confusion, increased heart rate, labored breathing, blood in stool

pain, Penetration and perforation—severe abdominal rigid and tender abdomen, vomiting, elevated temperature, increased heart rate

Pyloric obstruction—nausea and vomiting, distended abdomen, abdominal pain

Nursing Care Plan for Patient with Peptic Ulcer

Nursing diagnosis

- on Acute pain related to the effect of gastric acid secretion •
 - .damaged tissue
- to Imbalanced nutrition less than body requirement related •
 - . changes in the diet habitus
- .Anxiety related to an acute illness •
- and Deficient knowledge about prevention of symptoms •
 - .management of the condition

Planning

- Relieving Pain
- Improving Nutritional status
- Reducing patient anxiety
- Provide knowledge about the management and prevention of ulcer recurrence.
- Absence of complications.

Nursing Intervention of Peptic Ulcer

Encourage patient to eat regular meals in a relaxed setting and .1
.to avoid overeating

Instruct patient to avoid a particular foods that will upset .2
the gastric mucosa, such as coffee, tea, colas, and alcohol, which
.have acid-producing potential

Teach patient about prescribed medications, including .3
name, dosage, frequency, and possible side effects. Also identify
medication such as aspirin which is an anticoagulant that patient
.should avoid

.Encourage relaxation techniques .4

Assess what patient wants to know about the disease and evaluate level of anxiety; encourage patient to express fears openly and .without criticism .5

.Explain diagnostic tests and administering medications on schedule .6

Interact in a relaxing manner, help in identifying stressors, and .7
.explain effective coping techniques and relaxation methods

.Encourage family to participate in care, and give emotional support .8

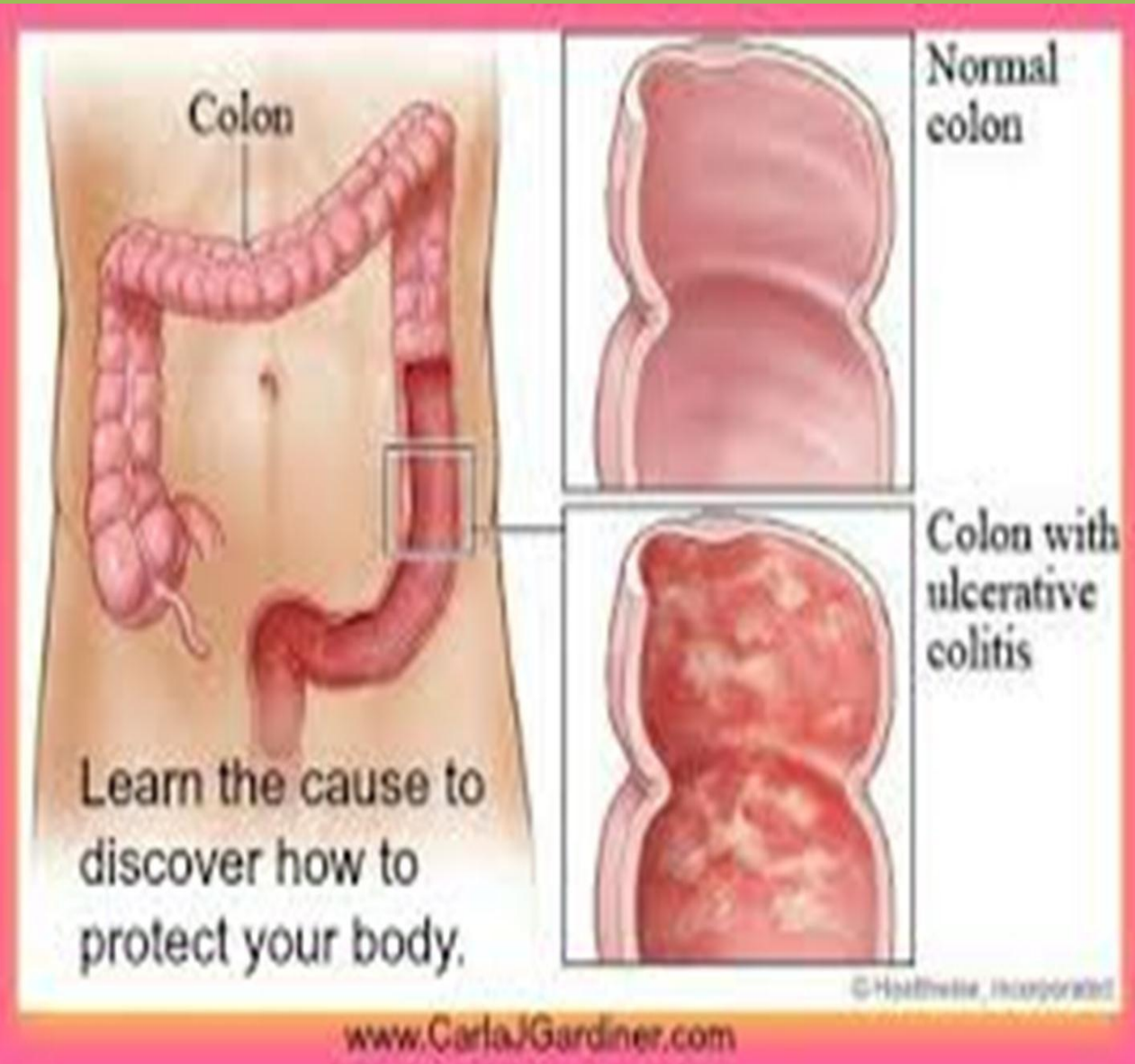
Explain that smoking may interfere with ulcer healing; refer patient to .9
.programs to assist with smoking cessation

.Alert patient to signs and symptoms of complications to be reported .10

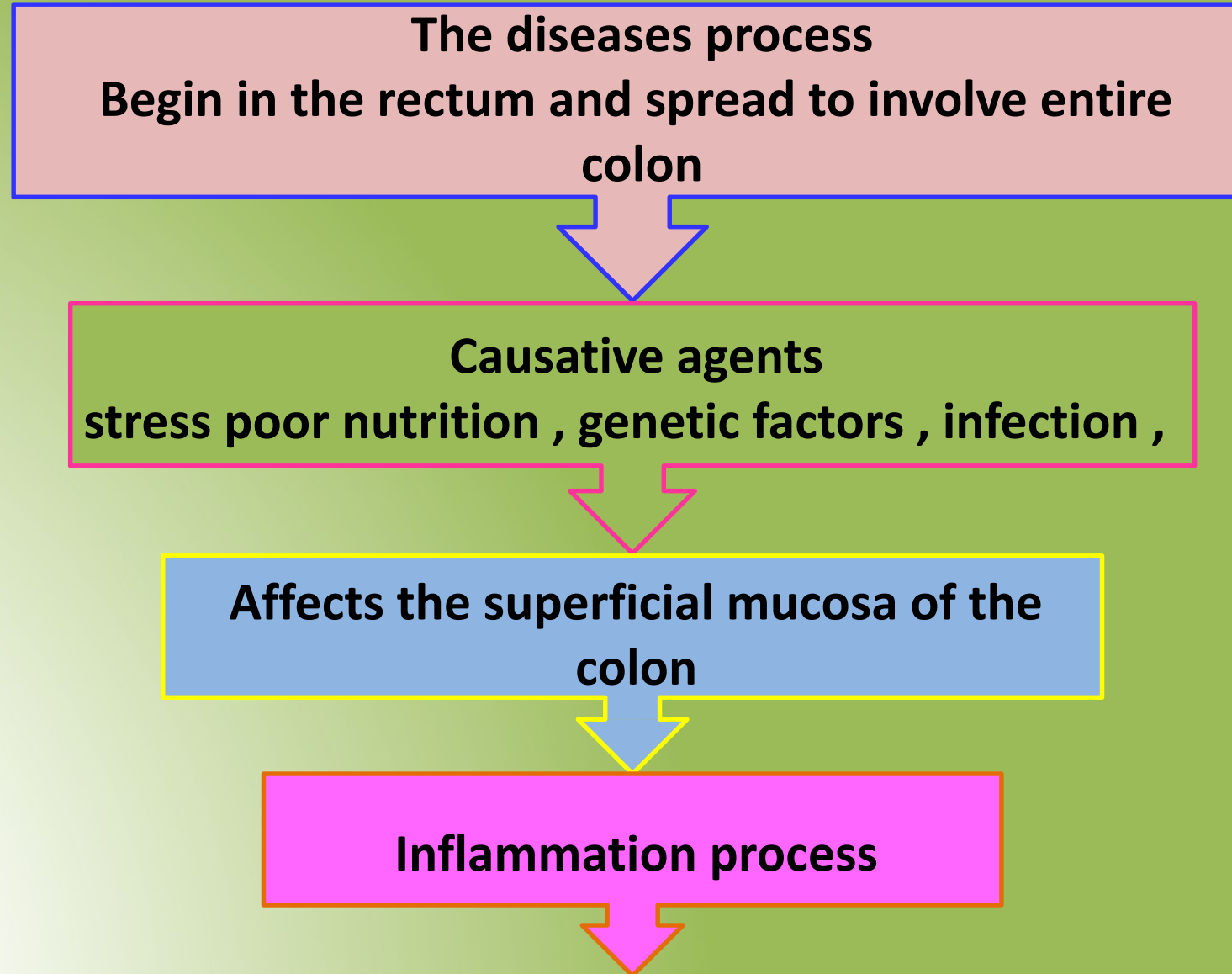
.Administer prescribed medications .11

Ulcerative colitis

-: Ulcerative colitis
is a recurrent ulcerative and
inflammatory disease of the
mucosal and submucosal
layers of the colon and
rectum



pathophysiology



**mucosa becomes edematous and
inflamed**



**invasion of leukocytes and the
formation of abscesses**



**of Bowel narrow and thickens because
muscular hypertrophy & fat deposits**



**Rectal bleeding
Diarrhea ,
Abdominal pain
Weight loss**

Clinical

Manifestations

Diarrhea with passage of mucus and pus -1

2- Left lower quadrant abdominal pain

Rectal bleeding may be mild or -3

,severe 4- Pallor

Anemia 5

Fatigue 6

Anorexia 7

Weight loss 8

Fever 9

Vomiting 10

Dehydration 11

Cramping as well as the feeling of an urgent to
defecate 12



Nursing Care Plan

Nursing Diagnosis for Patient with Ulcerative Colitis

Diarrhea related to the inflammatory process .1

Deficient fluid volume related to anorexia, nausea, and diarrhea .2

Imbalanced nutrition, less than body requirements, related to
dietary restrictions, nausea, and malabsorption

Acute pain related to increased peristalsis and GI inflammation .4

diarrhea Risk for impaired skin integrity related to malnutrition and .5

Planning and Goals

Attainment of normal bowel elimination patterns ☐

Maintenance of normal fluid intake ☐

Maintenance of optimal nutrition and weight ☐

Relief of abdominal pain and cramping ☐

Preventing of skin breakdown ☐

Increased knowledge about the disease process and therapeutic regimen, ☐
and avoidance of complications

Nursing

Intervention

- Provides ready access to a bathroom, commode, or bedpan and .keeps the environment clean and odor-free
- . Encourage bed rest to decrease peristalsis and relieving pain .2
- Cold foods and smoking that exacerbate diarrhea avoided because .3
 - .both increase intestinal motility
- Give the patients IV therapy or oral fluids to correct fluid and .4
 - .electrolyte imbalances from dehydration caused by diarrhea
- .urine, liquid stool, vomitus, and rectal output (ie), .5
 - .monitoring and recording

High-protein, high-calorie diet with supplemental vitamin .6
therapy and iron replacement are prescribed to meet nutritional
.needs, reduce inflammation, and control pain and diarrhea
monitors daily weights for fluid gains or losses and assesses the.7
patient for signs of fluid volume deficit (ie, dry skin and mucous
membranes, decreased skin turgor, oliguria, fatigue, decreased
temperature, increased hematocrit, elevated urine specific gravity,
.and hypotension)

.Parenteral nutrition may be indicated .8

local application of heat to reduce swelling .9

gives attention to reddened or irritated areas over bony prominences
immediately

.uses pressure-relieving devices to prevent skin breakdown .11

Administer antidiarrheal medications as prescribed, to record the frequency.12

and consistency of stools after therapy is initiated

administers anticholinergic medications 30 minutes before a meal as

prescribed to decrease intestinal motility

administers analgesics as prescribed for pain .14



*Thank you for
attention*