

Ministry of higher education  
and scientific research  
University of kufa



# Disorders of Digestive System

Prepared by  
**Zahraa Al- khafajy**

Faculty M.Sc. Adults Nursing department,  
of Nursing, University of Kufa

[zahraa.abdulabbas@uokufa.edu.iq](mailto:zahraa.abdulabbas@uokufa.edu.iq)

# 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 diarrhea and  
.constipation

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

adequate fluid intake and avoid drinking fluid with meals<sup>4</sup>

.because this results in abdominal distention

use relaxation techniques, or exercise to reduce anxiety and<sup>5</sup>

.increasing intestinal motility

.discouraged alcohol use and cigarette smoking <sup>6</sup>

# 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

Medication such  
as NSAIDs

inhibits  
prostaglandins

caffeine, Stressing, milk,  
alcohol

Acid production ↑

H. Pylori bacteria

Release toxin that  
efficiency of mucosa ↓

Inflammatory response

Inflammatory response

Erosion and ulceration  
of the mucosa lining

# Clinical

## Manifestation

by **Pain** in the midepigastrium or the back that is relieved by 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 result of diet and medications.

**Bleeding** 15% of patients passage of stool with (60% of patients)

# 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

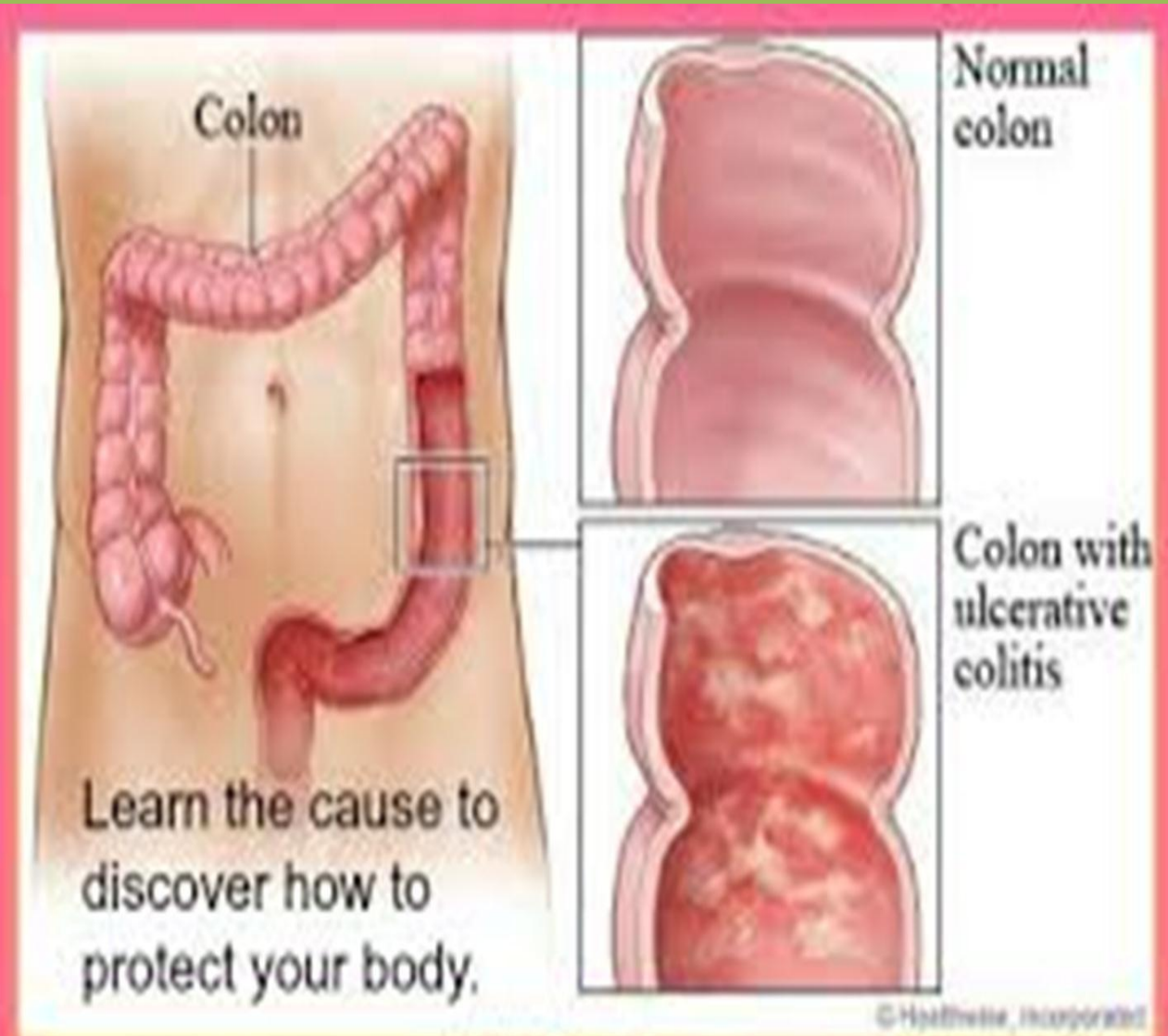
Teach patient about prescribed medications, including .3  
name, dosage, frequency, and possible side effects. Also identify  
medication such as aspirin which is an anticoagulant that patient  
.should avoid

.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

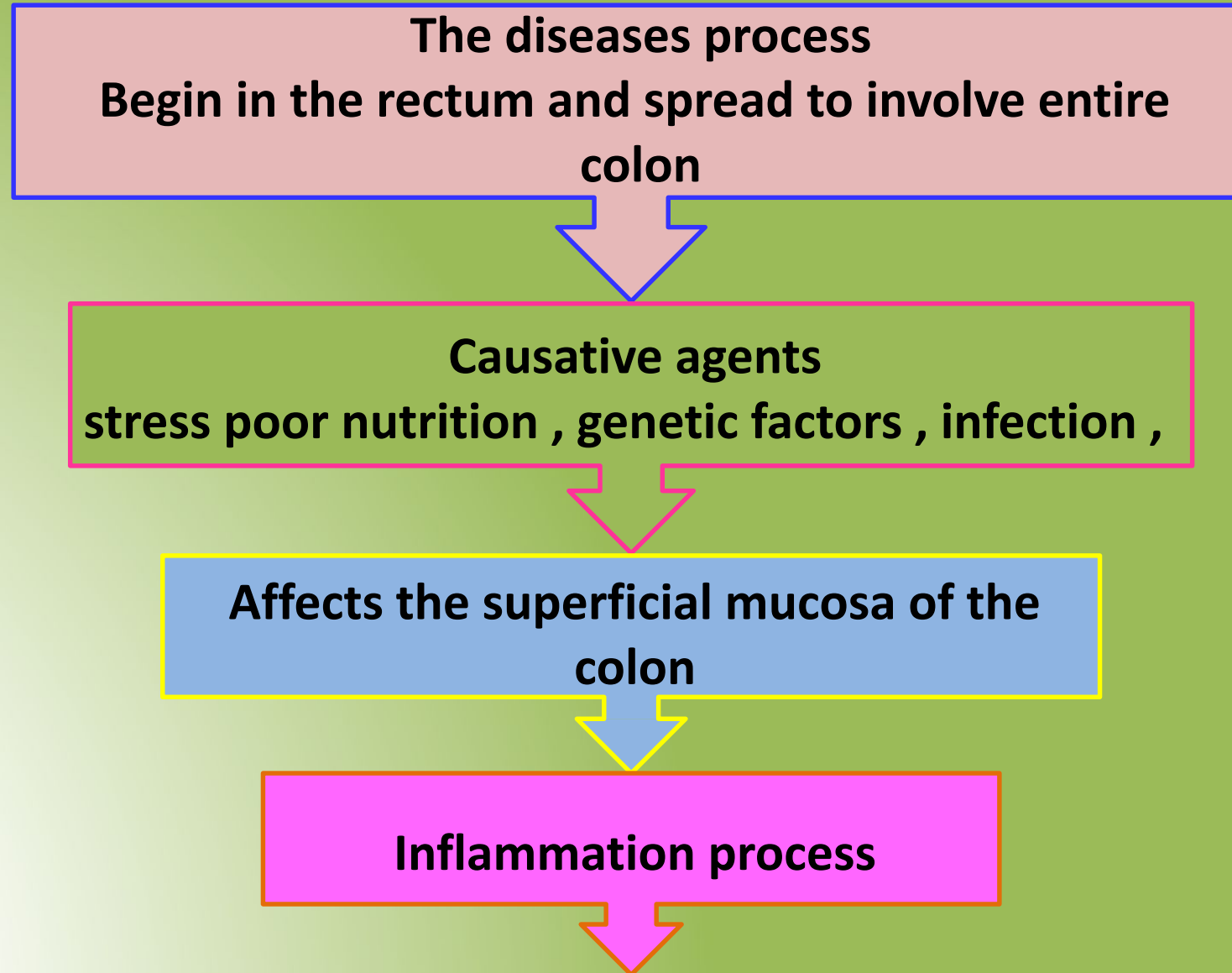
**-: Ulcerative colitis** is a recurrent ulcerative and inflammatory disease of the mucosal and submucosal .rectum layers of the colon and



©Healthline, Incorporated



# 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

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 12

defecate



# 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 .3
- 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, vomiting and rectal output (ie) .5

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 spasm .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*