



# DISORDERS OF THE GASTROINTESTINAL SYSTEM

# Disorders of the upper GI system

## Disorders affecting Ingestion

- **ANOREXIA:** lack of appetite, could be from emotional or physical factors
- lab tests may be done to assess nutritional status
- **Medical treatment:** supplements may be ordered, TPN or enteral feedings
- **Nursing Interventions:**
  - oral hygiene, clean room, determine cause of nausea and treat, include family and friends (socialization), respect likes and dislikes, education

# GINGIVITIS

- Inflammation of the gums
- **Causes:** poor oral hygiene, poorly fitting dentures, nutritional deficiency
- **S/S:** red, swollen, bleeding gums, painful
- **Treatment:** dental hygiene, prevention of complications

# STOMATITIS

- INFLAMMATION OF THE ORAL MUCOSA (MOUTH)
- **CAUSES:** TRAUMA, ORGANISMS, IRRITANTS, NUTRITIONAL DEFICIENCY, DISEASES, CHEMOTHERAPY
- **S/S:** SWELLING, PAIN, ULCERATIONS, EXCESSIVE SALIVATION, HALITOSIS, SORE MOUTH
- **TREATMENT:**
- PAIN RELIEF, REMOVAL OF CAUSATIVE FACTOR, ORAL HYGIENE, MEDICATIONS, SOFT BLAND DIET

# HERPES SIMPLEX TYPE 1

- Infection affecting the lips and mucous membranes of the mouth
- **Causes:** Herpes simplex virus
- **S/S:** Vesicles on the mouth, nose or lips, malaise, edema of surrounding area
- **Treatment:** Antiviral medication(Zovirax), analgesics, symptomatic relief
- **Nsg Interventions:** Administer meds, keep lesions dry, provide symptomatic relief

# LEUKOPLAKIA

- Abnormal thickening and whitening of the epithelium of the mucous membranes of the cheeks and tongue
- **Causes:** Chronic irritation
- **S/S:** Thickened white or reddish lesions on the mucous membrane, lesions can not be rubbed off
- **Treatment:** May be surgically removed or treated with chemotherapy, meticulous oral hygiene
- **Interventions:** Assess mouth frequently, assist with oral hygiene, discuss removal of sources of irritation

# ORAL CANCER

- Malignant lesions may develop on the lips, oral cavity, tongue and pharynx. Generally squamous cell carcinomas
- **Causes:** high alcohol consumption, tobacco use, external irritants
- **S/S:** Leukoplakia, swelling, edema, numbness, pain
- **Diagnosis:** biopsy
- **Treatment:**
  - Surgery
  - Radiation or chemotherapy
- depends on the size and location and the lesion
- **Interventions:** consult MD for special mouth care, monitor respiratory status, keep HOB elevated, administer pain med, assess ability to swallow and talk, assess for infection at incision site, education.

# ESOPHAGITIS

An anatomical illustration of the human digestive system, showing the esophagus, stomach, and intestines. The esophagus is highlighted in a darker red color, indicating its location and the area of focus for the text.

- Inflammation or irritation of the esophagus
- **Causes:** Reflux of stomach contents, irritants, fungal infections, trauma, malignancy, intubation
- **S/S:** heartburn, pain, dysphagia
- **Treatment:** treat underlying cause
- **Interventions:** soft bland diet, administer meds, elevate HOB, observe for complications



# NAUSEA AND VOMITING

- Nausea: unpleasant sensation usually preceding vomiting, may have abdominal pain, pallor, sweating, clammy skin
- Causes: irritating food, infection, radiation, drugs, hormonal changes, surgery, inner ear disorders, distention of the GI tract
- Vomiting: forceful expulsions of stomach contents through the mouth.  
Occurs when vomiting reflex in the brain is stimulated.
- Projectile vomiting- is forceful ejection of stomach contents.
- Regurgitation- gentle ejection of stomach contents without nausea or retching

# Complications and Treatment

- May lead to dehydration, metabolic alkalosis, aspiration
- Treatment: Antiemetics( Phenergan, Dramamine, Scopolamine patch Reglan), IV fluids, NG tube, TPN
- Nursing care: through assessment, keep patient comfortable, offer liquids, position on side, suction setup in the room

# GASTRITIS

An anatomical illustration of the human digestive system, showing the stomach and intestines. The stomach is highlighted in a reddish-pink color, indicating inflammation. The background is a light skin tone with a faint outline of the torso.

- Inflammation of the lining of the stomach
- ACUTE: excessive intake of food or alcohol. Food poisoning, chemical irritation
- CHRONIC: repeated episodes of acute, H Pylori

# Signs/Symptoms and Complications

- Nausea, vomiting, feeling of fullness, pain in stomach, indigestion. With chronic may have only mild indigestion
- changes in stomach lining with decrease in acid and intrinsic factor  
( high risk for pernicious anemia)

# Treatment

- Treat symptoms, and fluid replacement
- Medications: antacids, H2 receptor blockers, B 12 injections, corticosteroids analgesics, antibiotics if H Pylori
- bland diet, frequent meals
- Eliminate the cause
- surgical intervention
- **BEST DIAGNOSIS IS GASTROSCOPY & BIOPSY**

# PEPTIC ULCER

- Loss of tissue from the lining of the digestive tract. May be acute or chronic.
- Classified as gastric or duodenal (stress- develop 24-48hr. After event)
- **CAUSES:** drugs, stress, heavy alcohol and tobacco use, infection (*H .pylori* bacteria)  
Conditions that cause high gastric acid concentration

# TREATMENT

An anatomical illustration of the human digestive system, showing the esophagus, stomach, and small intestine. The illustration is in a light, semi-transparent style, allowing the underlying text to be visible. The stomach is shown in a reddish-pink color, and the small intestine is shown in a lighter, yellowish-tan color. The background is a soft, light blue gradient.

- Drug therapy
  - Antacids
  - H2 RECEPTOR BLOCKERS
  - ANTICHOLINERGICS-Pro-Banthine, Robinul, Bentyl
  - SUCRALFATE- Carafate
  - Antibiotics –Flagyl, tetracycline, Biaxin
- treatment goals- relieve symptoms, promote healing, prevent complications and recurrence

# STOMACH CANCER

- Rare(25,000/yr.), common in males, African American, over 70 and low socioeconomic status. 60% decrease in past 40 yrs.
- No S/S in early stages
- Late stages S/S: N/V, ascities, liver enlargement, abd. Mass
- Mets to bone and lung
- 10% survival rate after 5 yrs.
- **Risk factors:** pernicious anemia, chronic gastritis, cigarette smoking, diet high in starch, salt, salted meat, pickled foods, nitrates
- **Treatment:** surgery/ chemotherapy/ radiation
  - subtotal gastrectomy, total gastrectomy





# OBESITY

- Increase in body weight, 20% over ideal, caused by excessive fat. Morbid obesity twice ideal
- Causes: heredity, body build, metabolism, psychosocial factors. Calorie intake exceeds demands.

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# Treatment and nursing care

An anatomical illustration of the human digestive system, showing the mouth, esophagus, stomach, and intestines. The illustration is in a reddish-brown color scheme and is positioned in the background of the slide.

- Weight reduction diet
- drug therapy, mainly Amphetamines
- Surgical procedures:
  - Liposuction
  - Lipectomy
  - Jaw wiring
  - Intra gastric balloon
  - Gastric bypass
  - gastroplasty
  - jejunoileal bypass
- Nursing care-assessment, diet monitoring, education

# DIRRHOEA

An anatomical diagram of the human digestive system, showing the stomach, small intestine, and large intestine. The diagram is overlaid on a photograph of a person's torso, with the digestive tract highlighted in a reddish-pink color.

- The passage of loose liquid stools with increased frequency, associated with cramping, abd, pain
- **Causes;** (many), foods, allergies, infections, stress, fecal impaction, tube feedings, medications
- **Complications-** usually temporary/ can be dehydration, malnutrition

# Treatment/Nursing care

- **Treatment;** GI rest, antidiarrheal drugs(Lomotil, Imodium, Kaolin, Aluminum hydroxide)
- **Nursing Care:** help determine cause, assess VS, weight, skin turgor, abdominal destention, perianal irritation, skin integrity

# CONSTIPATION



- **HARD DRY INFREQUENT STOOLS PASSED WITH DIFFICULTY**
- **Causes:** (many), inactivity, ignored urge, drugs, age related changes
- **Complications:** straining (Valsalva maneuver) and fecal impaction

# Treatment/Nursing care

- Laxatives, suppositories, enemas for prompt results
- stool softeners, increase fluids, dietary fiber
- Nursing care: assessment, monitor fluids and diet, education, check for impaction