Gastro intestinal disorder


esophageald
isorder

1-Dysphagia (difficulty swallowing) is the most common symptom of esophageal disease.

Two types of Dysphagia :-

Dysphagia for solids(mechanical dysphagia)result from :

-Intrinsic narrowing (benign malignant tumor)

-Extrinsic compression (enlarged thyroid gland ,cervical

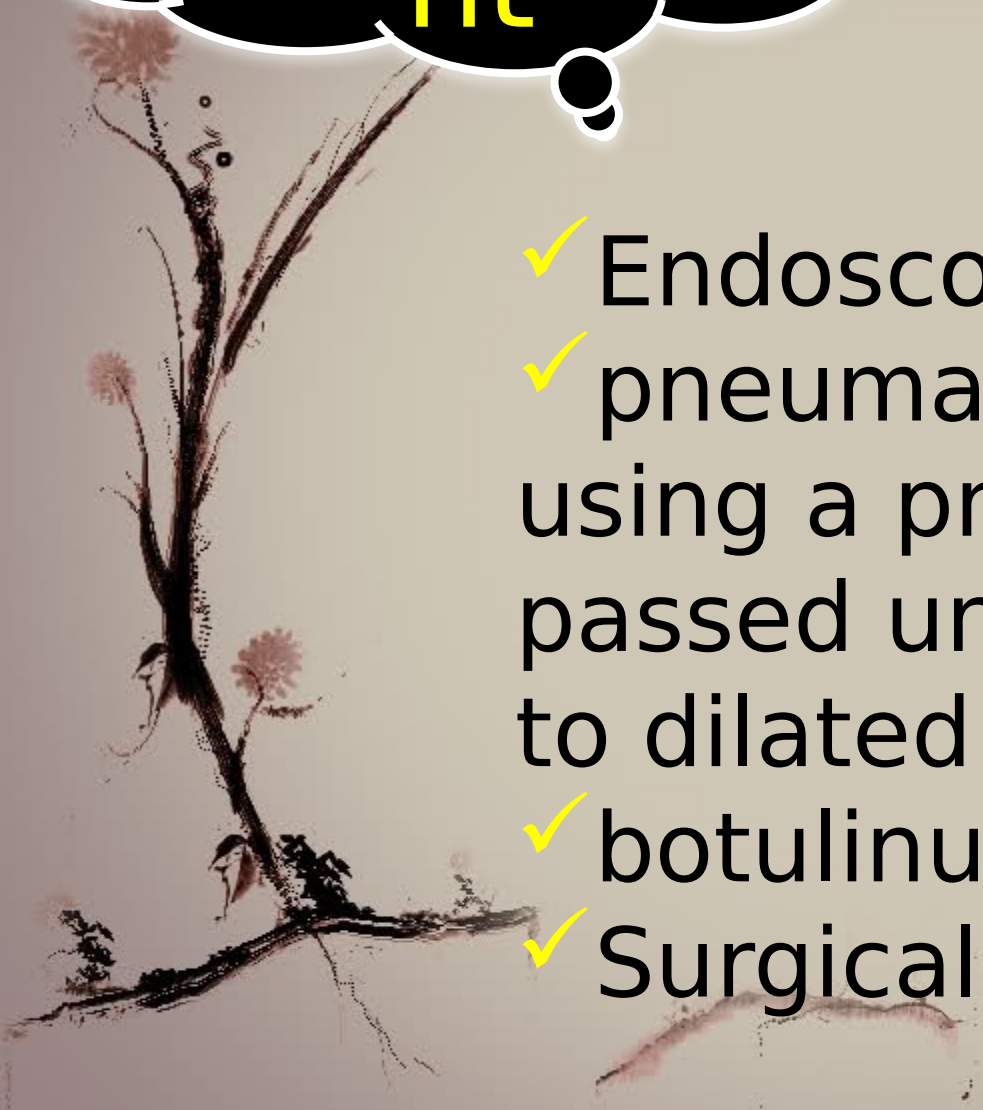
Dysphagia for solids and liquids both (motor dysphagia)result from :-

- ✓ **Achalasia.**
- ✓ **Esophageal sphincter spasm.**
- ✓ **Diabetic neuropathy**

Clinical feature

- ✓ Dysphagia
- ✓ Regurgitation
- ✓ Retrosternal chest pain due to esophageal spasm.

Treatment



- ✓ Endoscopic
- ✓ pneumatic dilation by using a pneumatic bag passed under x-ray control to dilated the sphincter.
- ✓ botulinum toxin injection
- ✓ Surgical

DIFFUSE SPASM

Diffuse spasm is a motor disorder of the esophagus. The cause is unknown, but stressful situations can produce contractions of the esophagus.

Clinical Manifestations

- ✓ dysphagia, odynophagia
- ✓ pain

treatment

eating relaxed and nitroglycerine t relive pain

Hiatus hernia

is the opening in the diaphragm through which the esophagus passes becomes enlarged, and part of the upper stomach tends to move up into the lower portion of the thorax.

Hiatal hernia occurs more often in women than men.

There are two type of hiatus hernia:-

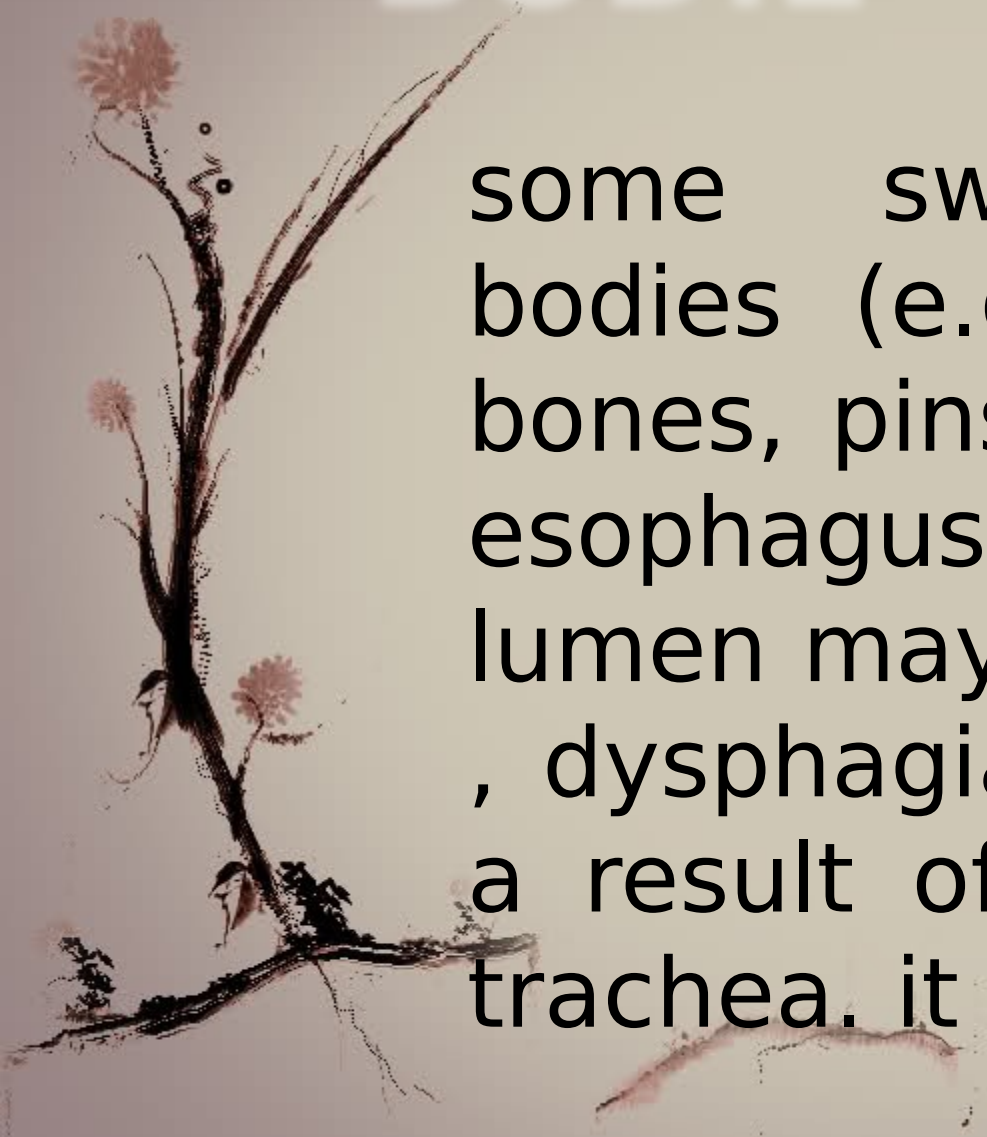
1-sliding hiatus hernia

occurs when the upper stomach and the gastro esophageal junction (GEJ) are displaced upward and slide in and out of the thorax About 90% of patients

2- Para esophageal(rolling) hernia

occurs when all or part of the stomach pushes through the diaphragm beside

FOREIGN BODIE



some swallowed foreign bodies (e.g., dentures, fish bones, pins, may injure the esophagus obstruct the lumen may be present Pain , dysphagia and dyspnea as a result of pressure on the trachea. it identified by x-ray

Chemical burns

An acute chemical burn of the esophagus accompanied by severe burns of the lips, mouth, and pharynx, with pain on swallowing There may be difficulty in breathing due to either edema of the throat or a collection of mucus in the pharynx.

GASTROESOPHAGEAL REFLUX DISEASE



gastro esophageal reflux back-flow of gastric or duodenal contents into the esophagus is normal in both adults and children.

Clinical Manifestations

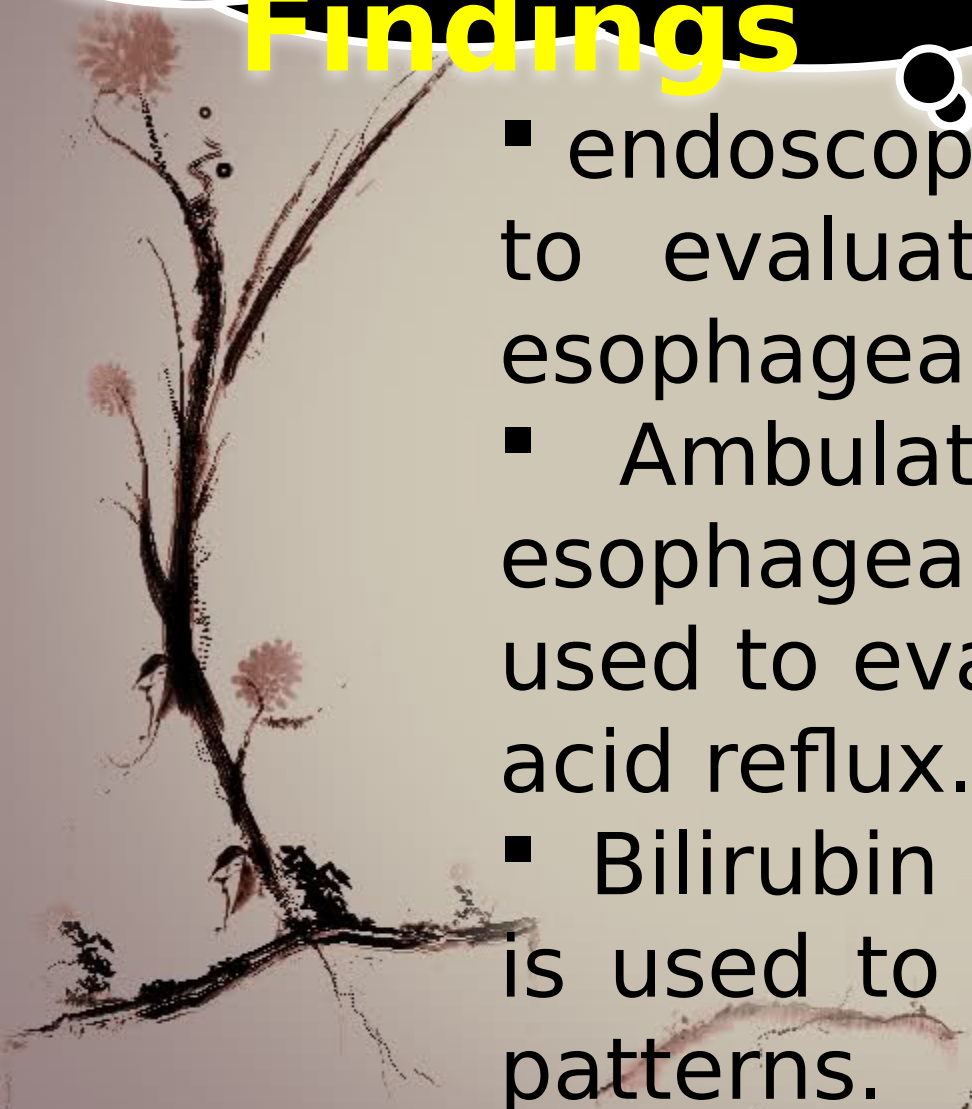
1-pyrosis (burning sensation in the esophagus),
2-dyspepsia (indigestion),
3-regurgitation, dysphagia or odynophagia
4-hyper salivation, and esophagitis.

- The symptoms may like those of a heart attack.
- Heart burn it occur after meal

Regurgitation of food when laying down .

- iron deficiency anemia due to blood loss without symptoms of heart burn

Assessment and Diagnostic Findings



- endoscopy or barium swallow to evaluate damage to the esophageal mucosa.
- Ambulatory 12- to36-hour esophageal pH monitoring is used to evaluate the degree of acid reflux.
- Bilirubin monitoring (Bilitec) is used to measure bile reflux patterns.

Factor promoting gastro-esophageal reflux



- Pregnancy.
- Obesity.
- Fat , coffee, and alcohol ingestion.
- Large meals.
- Cigarette smoking.
- Drugs : anti cholinergic ,calcium channel blocker and nitrate

managem ent

1-general measure

- Weight reduction and small meals

Avoid

alcohol ,tea ,coffee ,heavy lifting and bending

- Avoid anti cholinergic and calcium channel blocker
- Elevated head of bed about

2-Medical management:-

1-Antacids such as gaviscan given10-20 ml after meals .

2-Proton -pump inhibitor such as omeprazole 20mg

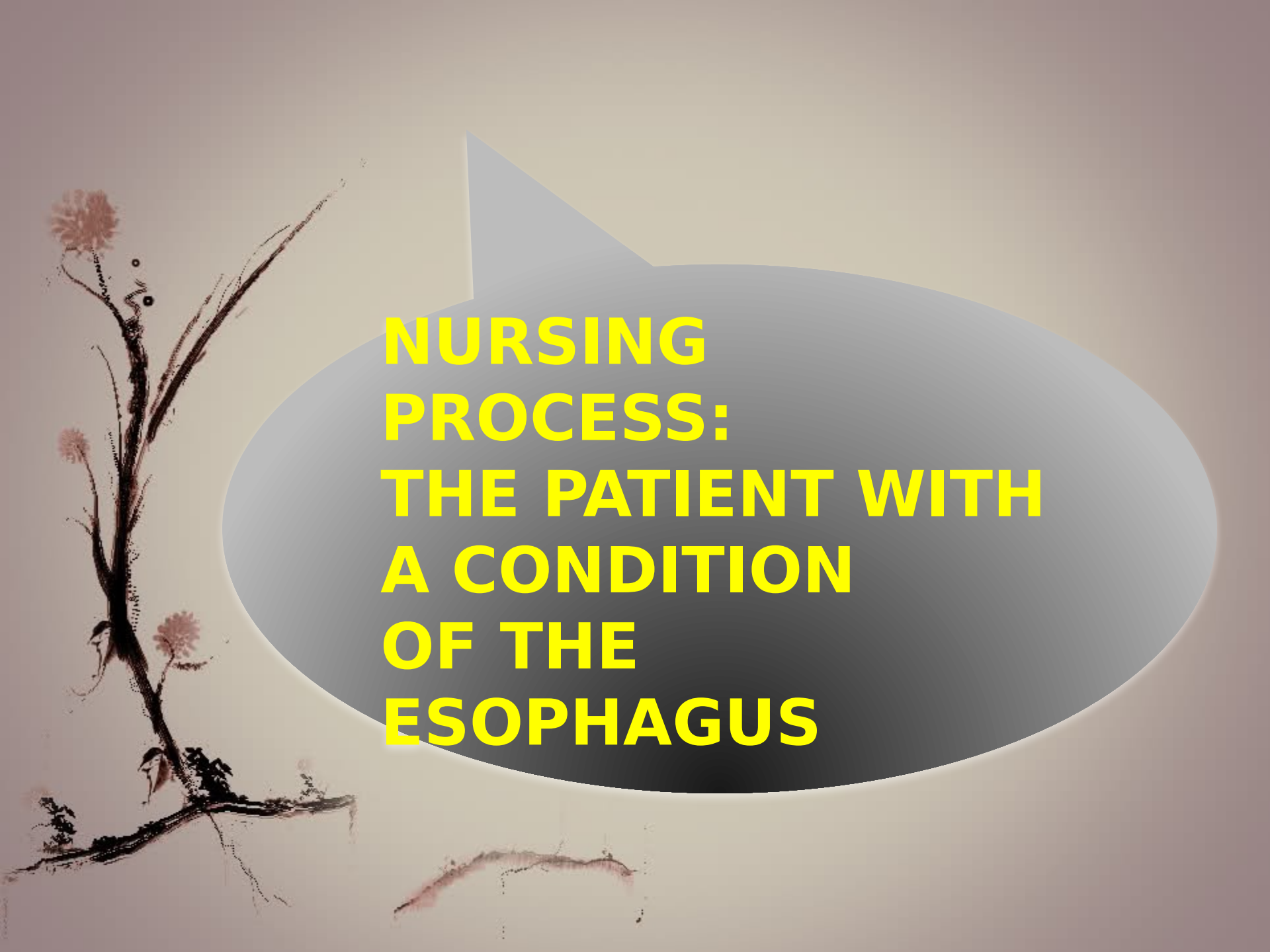
3-H2-recepter antagonists ranitidine and famotidine twice daily.

4-prokinetick drugs these drugs increase peristalsis and promoting gastric empty such as metoclopramide.

3-eradication of helicobacter pylori given omeprazole cap20

Complications

- Esophagitis
- Benign esophageal stricture



NURSING PROCESS: THE PATIENT WITH A CONDITION OF THE ESOPHAGUS

- Assessment:-
- a complete health history may reveal the nature of the esophageal disorder(signs and symptom and risk factor.
- Physical examination .
- Diagnostic finding

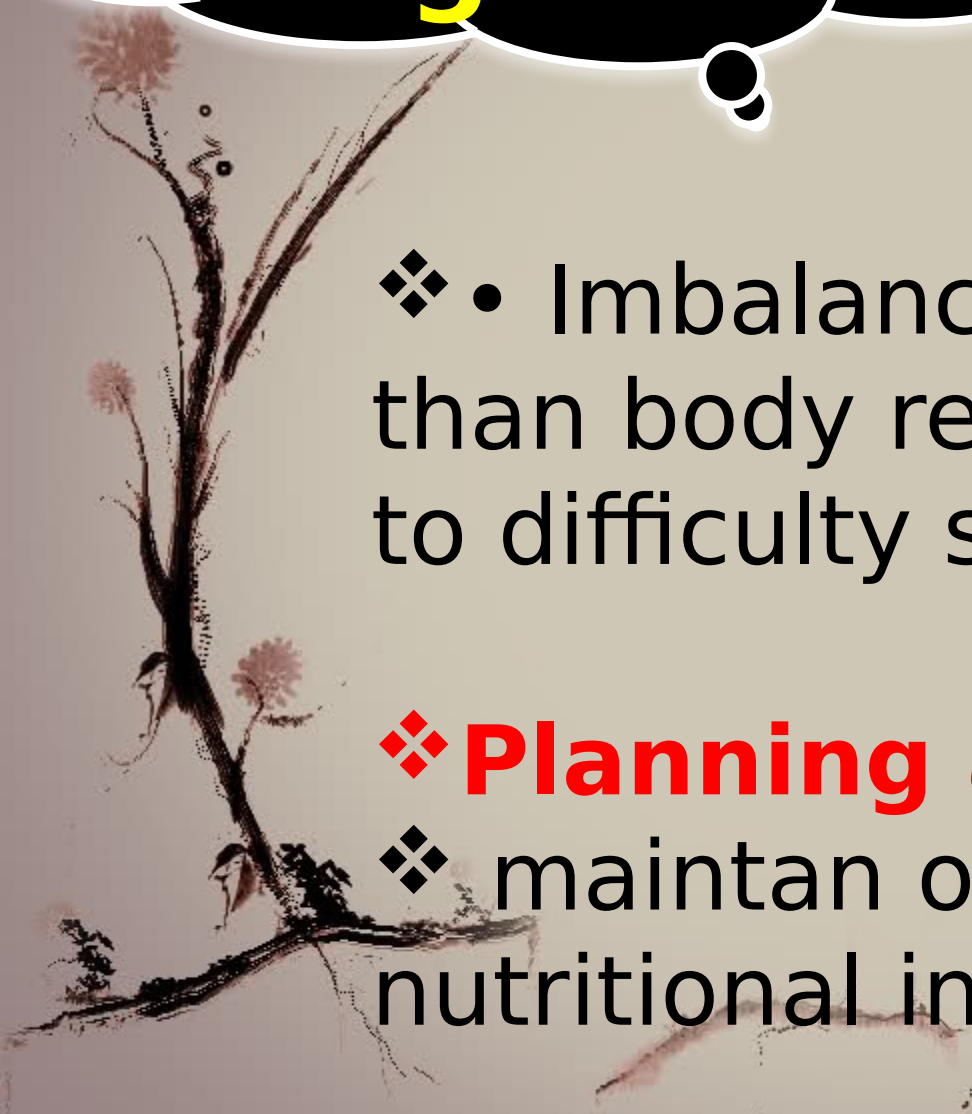
Nursing Diagnosis

- Acute pain related to difficulty swallowing, ingestion of an abrasive agent, tumor, or frequent episodes of gastric reflux.
- **Planning and Goals**
- **to** relief of pain,

Nursing Interventions

- Small, frequent feedings
- The patient is advised to avoid any activities that increase pain.
- The head of the bed should be placed on 4- to 8-inch (10- to 20).
- avoid Eating before bedtime

Nursing Diagnosis

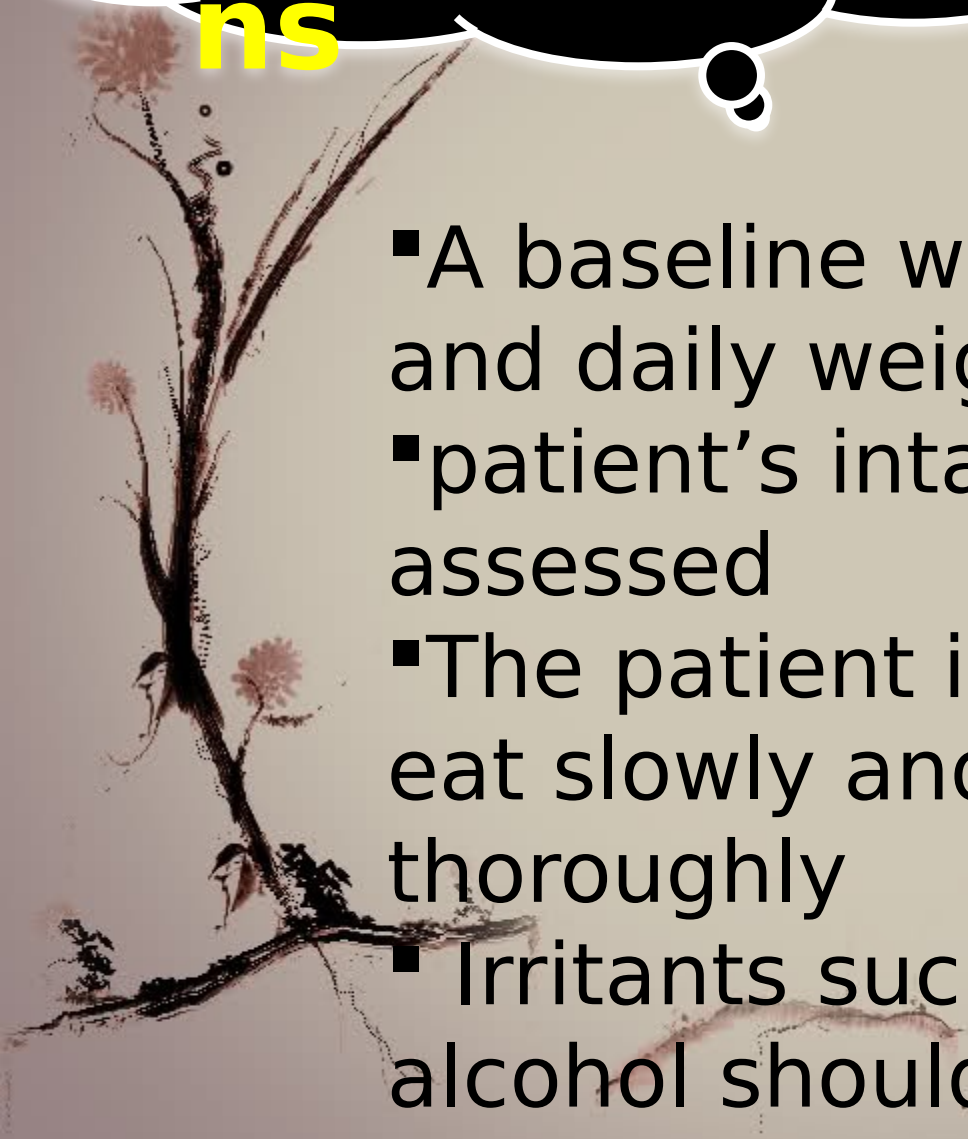


❖• Imbalanced nutrition, less than body requirements, related to difficulty swallowing.

❖**Planning and Goals**

❖ maintan of adequate nutritional intake

Nursing Interventions



- A baseline weight is obtained, and daily weights are recorded.
- patient’s intake of nutrients is assessed
- The patient is encouraged to eat slowly and to chew all food thoroughly
- Irritants such as tobacco and alcohol should be avoided.

Nursing Diagnosis

- Risk for aspiration related to difficulty swallowing or to tub feeding.

- **Planning and Goals**
- avoidance of respiratory compromise from aspiration,

Nursing Interventions

- Put The patient in semi-Fowler's position to decrease the risk of aspiration.
- The patient can be instructed in the use of oral suction to decrease the risk of aspiration.

Nursing Diagnosis

- Deficient knowledge about the esophageal disorder, diagnostic studies, medical management, surgical intervention, and rehabilitation
- **Planning and Goals**
- increased knowledge level.

Nursing Interventions

- PROVIDING PATIENT EDUCATION
- The patient is prepared physically and psychologically for diagnostic tests, treatments, and possible surgical intervention.


Thank you for attentio n