Heather Schurman
Case Study
Samantha Custodio: Digestive Disorder

As the mother of four young boys ages 1 to 10, Samantha Custodio didn't have time to be sick. But last fall, there she was, sidelined with severe abdominal pain, diarrhea, bleeding, and stomach cramps.

"I couldn't go anywhere without the constant fear that I would be struck with sudden severe twisting in my guts," says the Milton, Pa., resident. "I was miserable. My husband — who's an emergency nurse— and I both thought it was food poisoning."

Her primary care doctor thought so, too. But after weeks of testing for bacteria, parasites, and infection — which were all negative — she was referred to a gastroenterologist.

Samantha felt relieved.
"I was so sick for so long. All I wanted were answers," she says. "I felt confident a specialist could help."
At her first appointment with the gastroenterologist, Samantha described her symptoms and reviewed her history with the doctor.

"She was amazing. Before doing any tests, the doctor suspected she knew what it was," says Samantha.
Two days later, the doctor performed a colonoscopy procedure that confirmed her suspicions. Samantha had ulcerative colitis, an inflammatory bowel disease that causes inflammation and ulcers in the lining of the large intestine or colon. There is no cure for ulcerative colitis, but medicine can help. Samantha was immediately prescribed medication to calm the inflammation and allow the tissue to heal. Within days, her symptoms began to subside. "I felt so much better," she says.

Samantha continues to see the doctor every three to four months for careful management of her disease.
"Now that it's diagnosed and being managed properly, everything has changed," she adds. "I can take long walks with the kids, go bike riding, shopping — without any worry."

Bowel elimination is an essential function for the human body. Clients are often embarrassed about needing help with these functions.

Reflect on ways you can help your client (Samantha) to be more comfortable accepting help while getting their needs met. What could you say? What could you do?

I would use therapeutic communication. Asking opened questions, making sure to actively listen by shaking my head yes or just making quick comments like yes, okay while she is talking. I can also give descriptions while she is answering questions that way, she doesn't have to try to find her own words for it if she is struggling. Waiting and just pausing after she says anything giving adequate time for her to respond and take in questions. Making sure my nonverbal communication is good as well. By checking my face and using the act of touch too.

Disorders of Absorption and Elimination

Match the term with the definition.

1. Colonoscopy - H
2. Peritonitis – K
3. Irreducible hernia – O
4. Irritable bowel syndrome (IBS) - T
5. Bowel obstruction types – G
6. Ulcerative colitis s/s – I
7. Non-mechanical bowel obstruction treatment - L
8. Diverticulitis - F
9. Diverticulitis Treatment - P
10. Appendicitis (definition) - E
11. Appendicitis S/S – J
12. Colon cancer risk factors - B
13. Colon cancer screening - X
14. Large bowel obstruction s/s - U
15. Dehydration S/S - V
16. Hemorrhoids - D
17. Ostomy - N
18. Hemorrhoidectomy considerations - C
19. Small bowel obstruction s/s - Q

A. An incarcerated hernia whose blood supply has been cut off leading to tissue death

B. Age 40 and up; IBD; genetics; high fat, high protein, low fiber diet; polyps

C. Increase fiber & fluids; stool softener; Sitz bath

D. Swollen, twisted, varicose veins in the rectal region

E. Inflammation of the appendix

F. Inflammation of the diverticula

G. Mechanical or paralytic

H. Examination of the colon using a flexible scope

I. Bloody diarrhea, pain, weight loss

J. RLQ pain, low grade fever, nausea, rebound tenderness

K. Can be fatal if not treated promptly

L. GI rest; NPO; ambulate; IV fluids

M. Worms in GI tract

N. Surgical adaption to waste removal

O. Cannot be returned to its organic region via manual manipulation

P. I.V. antibiotics, opioids for severe pain, stool softeners and bulk forming laxatives

Q. wavelike abdominal pain & fecal vomiting

R. Surgical removal of all or part of the colon

S. Highly transmissible spore containing diarrhea

20. Strangulated hernia - A

21. Causes of IBS - W

22. Hernia - Y

23. C-Diff - S

24. Colectomy - R

25. Parasitic infections - M

T. Periodic disturbances of bowel function, usually associated with abdominal pain

U. Gradual onset; pain; vomiting; distention; bowel sounds present then become hypoactive

V. Dry mucous membranes; Lower urine output and concentrated; Weakness; Hypotension

W. Factors include heredity, stress, high-fat diet, irritating foods, alcohol, and smoking use

X. Ages 50-75; fecal occult blood test annually ; Colonoscopy q10y

Y. Protrusion of the intestine through a weakness in the abdominal wall