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 let her know that it is okay to ask for help and no need to be embarrassed. Then also let her know that this is a situation that gastroenterologist deal with all the time, so that means she is not alone and there are hundreds of other people that are dealing with the same issue. To make her comfortable I would make sure to provide privacy since this could be a topic many don't want to talk about with everyone. We could also supply statistics of this occurrence for her to show she is not the only one going through this. Then we can also just allow her to be part of all aspects of her care and inform her on any thing that comes through regarding her diagnosis and care.

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 _C_
8. Diverticulitis __F__
9. Diverticulitis Treatment _L_
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 _P_
19. Small bowel obstruction s/s _Q__
20. Strangulated hernia _A_
21. Causes of IBS _W_
22. Hernia _Y_
23. C-Diff _S_
24. Colectomy _R_
25. Parasitic infections _M_

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

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