

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 help the pt create a medication regimen for her to follow. I would also say just because your symptoms begin to subside don't drop your medications continue to take them because its what helps the medication to keep the ulcerative colitis calm. I would also provide pamphlets that may help her understand the disease and its process. I also would search for support groups in the areas so she could be around people who understand what she's going through. I also educate her on food she should avoid such as acidic food, coffee and alcohol and different drugs and educate on what foods she can have that may also help her ulcerative colitis.

## Disorders of Absorption and Elimination

Match the term with the definition.

- |   |   |
|---|---|
| 1. Colonoscopy H____                                | A. An incarcerated hernia whose blood supply has been cut off leading to tissue death     |
| 2. Peritonitis __K__                                | B. Age 40 and up; IBD; genetics; high fat, high protein, low fiber diet; polyps           |
| 3. Irreducible hernia _O__                          | C. Increase fiber & fluids; stool softener; Sitz bath                                     |
| 4. Irritable bowel syndrome (IBS) _T__              | D. Swollen, twisted, varicose veins in the rectal region                                  |
| 5. Bowel obstruction types G____                    | E. Inflammation of the appendix   |
| 6. Ulcerative colitis s/s _I__                      | F. Inflammation of the diverticula  |
| 7. Non-mechanical bowel obstruction treatment __P__ | G. Mechanical or paralytic  |
| 8. Diverticulitis F____                             | H. Examination of the colon using a flexible scope  |
| 9. Diverticulitis Treatment __C__                   | I. Bloody diarrhea, pain, weight loss   |
| 10. Appendicitis (definition) _E__<br>tenderness    | J. RLQ pain, low grade fever, nausea, rebound   |
| 11. Appendicitis S/S _J__                           | K. Can be fatal if not treated promptly   |
| 12. Colon cancer risk factors B____                 | L. GI rest; NPO; ambulate; IV fluids  |
| 13. Colon cancer screening X____                    | M. Worms in GI tract  |
| 14. Large bowel obstruction s/s _U__                | N. Surgical adaption to waste removal   |
| 15. Dehydration S/S _V__<br>manipulation            | O. Cannot be returned to its organic region via manual                                    |
| 16. Hemorrhoids _D__<br>laxatives                   | P. I.V. antibiotics, opioids for severe pain, stool softeners and bulk forming            |
| 17. Ostomy _N__                                     | Q. wavelike abdominal pain & fecal vomiting   |
| 18. Hemorrhoidectomy considerations _W__            | R. Surgical removal of all or part of the colon   |
| 19. Small bowel obstruction s/s __Q__               | S. Highly transmissible spore containing diarrhea   |
| 20. Strangulated hernia __A__                       | T. Periodic disturbances of bowel function, usually associated with abdominal pain        |
| 21. Causes of IBS _B__                              | U. Gradual onset; pain; vomiting; distention; bowel sounds present then become hypoactive |
| 22. Hernia __Y__<br>Hypotension                     | V. Dry mucous membranes; Lower urine output and concentrated; Weakness;-                  |

23. C-Diff \_\_S\_\_ use                      W. Factors include heredity, stress, high fat diet, irritating foods, alcohol, and smoking

24. Colectomy \_R\_\_\_\_ q10y                      X. Ages 50-75; fecal occult blood test annually ; Colonoscopy

25. Parasitic infections \_\_M\_\_                      Y. Protrusion of the intestine through a weakness in the abdominal wall