

Olivia C.

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?

- Ensure/maintain privacy + confidentiality
 - Be empathetic + non-judgemental
 - Allow the client to take control of the conversation
 - ↳ During assessments or procedures, promote autonomy
 - ↳ Offer, but don't insist assistance
 - Utilize therapeutic communication; remain professional
 - ↳ Offer reassurance
 - Offer educational pamphlets or direct pt. to resources like group therapy or websites + real life experience stories
 - Involve loved ones into conversation (if pt. permits)
 - ↳ "Can you tell me more about the anxiety/worries you are experiencing?"
 - ↳ "What may I do to make this a more comfortable experience for you?"
- pt. dignity!
- lead in to sensitive topics; Do NOT jump right in
 - learn their story
 - ↳ Build a rapport

Disorders of Absorption and Elimination

Match the term with the definition.

- | | | |
|--|---|---|
| 1. Colonoscopy <u>H</u> | <input checked="" type="checkbox"/> An incarcerated hernia whose blood supply has been cut off leading to tissue death | |
| 2. Peritonitis <u>K</u> | <input checked="" type="checkbox"/> Age 40 and up; IBD; genetics; high fat, high protein, low fiber diet; polyps | |
| 3. Irreducible hernia <u>O</u> | | <input type="checkbox"/> C. Increase fiber & fluids; stool softener; Sitz bath |
| 4. Irritable bowel syndrome (IBS) <u>I</u> | | <input checked="" type="checkbox"/> Swollen, twisted, varicose veins in the rectal region |
| 5. Bowel obstruction types <u>G</u> | | <input checked="" type="checkbox"/> Inflammation of the appendix |
| 6. Ulcerative colitis s/s <u>I</u> | | <input checked="" type="checkbox"/> Inflammation of the diverticula |
| 7. Non-mechanical bowel obstruction treatment <u>L</u> | | <input checked="" type="checkbox"/> G. Mechanical or paralytic |
| 8. Diverticulitis <u>F</u> | | <input checked="" type="checkbox"/> Examination of the colon using a flexible scope |
| 9. Diverticulitis Treatment <u>P</u> | | <input checked="" type="checkbox"/> Bloody diarrhea, pain, weight loss |
| 10. Appendicitis (definition) <u>E</u> | | <input checked="" type="checkbox"/> RLQ pain, low grade fever, nausea, rebound tenderness |
| 11. Appendicitis S/S <u>J</u> | | <input checked="" type="checkbox"/> Can be fatal if not treated promptly |
| 12. Colon cancer risk factors <u>N</u> | | <input checked="" type="checkbox"/> GI rest; NPO; ambulate; IV fluids |
| 13. Colon cancer screening <u>X</u> | | <input checked="" type="checkbox"/> M. Worms in GI tract |
| 14. Large bowel obstruction s/s <u>Q</u> | | <input checked="" type="checkbox"/> N. Surgical adaption to waste removal |
| 15. Dehydration S/S <u>V</u> | <input checked="" type="checkbox"/> Cannot be returned to its organic region via manual manipulation | |
| 16. Hemorrhoids <u>D</u> | <input checked="" type="checkbox"/> I.V. antibiotics, opioids for severe pain, stool softeners and bulk forming laxatives | |
| 17. Ostomy <u>N</u> | | <input checked="" type="checkbox"/> Wavelike abdominal pain & fecal vomiting |
| 18. Hemorrhoidectomy considerations <input checked="" type="checkbox"/> <u>C</u> | | <input checked="" type="checkbox"/> Surgical removal of all or part of the colon |
| 19. Small bowel obstruction s/s <u>U</u> | | <input checked="" type="checkbox"/> Highly transmissible spore containing diarrhea |
| 20. Strangulated hernia <u>A</u> | <input checked="" type="checkbox"/> Periodic disturbances of bowel function, usually associated with abdominal pain | |
| 21. Causes of IBS <u>B</u> | <input checked="" type="checkbox"/> Gradual onset; pain; vomiting; distention; bowel sounds present then become hypoactive | |
| 22. Hernia <u>Y</u> | <input checked="" type="checkbox"/> Dry mucous membranes; Lower urine output and concentrated; Weakness; Hypotension | |
| 23. C-Diff <u>S</u> | <input checked="" type="checkbox"/> Factors include heredity, stress, high-fat diet, irritating foods, alcohol, and smoking use | |
| 24. Colectomy <u>R</u> | <input checked="" type="checkbox"/> Ages 50-75; fecal occult blood test annually; Colonoscopy q10y | |
| 25. Parasitic infections <u>M</u> | <input checked="" type="checkbox"/> Protrusion of the intestine through a weakness in the abdominal wall | |