

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 suggest getting your body into a healthy routine, such as scheduled bathroom breaks or if she knows she will be going out that day try and use the bathroom prior to leaving if she is embarrassed when out in public to use the bathroom. As well as ensuring she takes her medication as prescribed and taking it at the same time every day. Encourage a schedule for her medication and maybe doing it around dinner every night, this way everything becomes a part of her routine, and she doesn't have to think about it.

Disorders of Absorption and Elimination

Match the term with the definition.

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| 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 _W___ | 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 _L___ | G. Mechanical or paralytic | |
| 8. Diverticulitis _F___ | H. Examination of the colon using a flexible scope | |
| 9. Diverticulitis Treatment _O___ | I. Bloody diarrhea, pain, weight loss | |
| 10. Appendicitis (definition) E___ | J. RLQ pain, low grade fever, nausea, rebound tenderness | |
| 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 _Q___ | N. Surgical adaption to waste removal | |
| 15. Dehydration S/S V___ | O. Cannot be returned to its organic region via manual manipulation | |
| 16. Hemorrhoids D___ | P. I.V. antibiotics, opioids for severe pain, stool softeners and bulk forming laxatives | |
| 17. Ostomy _N___ | Q. wavelike abdominal pain & fecal vomiting | |
| 18. Hemorrhoidectomy considerations _P___ | R. Surgical removal of all or part of the colon | |
| 19. Small bowel obstruction s/s U___ | 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 W___
hypoactive | U. Gradual onset; pain; vomiting; distention; bowel sounds present then become | |
| 22. Hernia _Y_ | V. Dry mucous membranes; Lower urine output and concentrated; Weakness; Hypotension | |
| 23. C-Diff S___ | W. Factors include heredity, stress, high-fat diet, irritating foods, alcohol, and smoking use | |
| 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