

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 techniques such as active listening and using empathy. I would say something like "I understand how discussing this topic can be uncomfortable, but I can assure you my priority is to support you and make sure you feel as comfortable as possible." I would also ensure privacy to help her feel safe and allow her as much independence as possible. I would encourage her to follow the medication regimen to manage her symptoms and help her feel more comfortable.

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 _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 __L__ | G. Mechanical or paralytic | |
| 8. Diverticulitis _F___ | H. Examination of the colon using a flexible scope | |
| 9. Diverticulitis Treatment _P___ | I. Bloody diarrhea, pain, weight loss | |
| 10. Appendicitis (definition) _E___
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___
manipulation | O. Cannot be returned to its organic region via manual | |
| 16. Hemorrhoids _D___
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 __C__ | 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 _W___
hypoactive | U. Gradual onset; pain; vomiting; distention; bowel sounds present then become | |
| 22. Hernia _Y___
Hypotension | V. Dry mucous membranes; Lower urine output and concentrated; Weakness; | |

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

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

25. Parasitic infections _M___ Y. Protrusion of the intestine through a weakness in the abdominal wall