

قَالَ تَعَالَى: ﴿وَاللَّهُ يَكْفُلُ إِلَيْنَا دَارَ السَّلَامِ وَهُدًى مِّنْ يَّشَاءُ إِلَيْنَا صِرَاطٍ مُّسْتَقِيمٍ﴾ (25) {يونس}


# GASTROINTESTINAL INTUBATION AND STOMA: *MANAGEMENT*

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Cairo, May, 2022.



“For the things we have to learn before we can do them,  
we learn by doing them”

Aristotle (384- 322 BC)

# OBJECTIVES



Overview.

Basic knowledge.

Classification.

Indications.

Complications.



# OVERVIEW

# OVERVIEW

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- Gastrointestinal intubation is a common procedure.
- Diagnosis/ therapy.



# BASIC KNOWLEDGE



# ANATOMY

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- Foregut.
- Midgut.
- Hindgut.

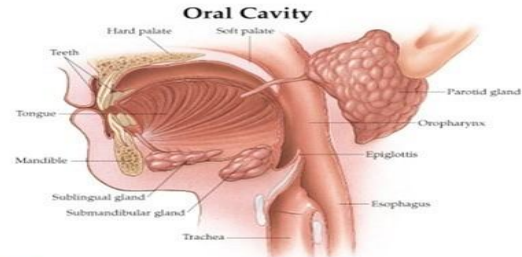


# THE DIGESTIVE SYSTEM



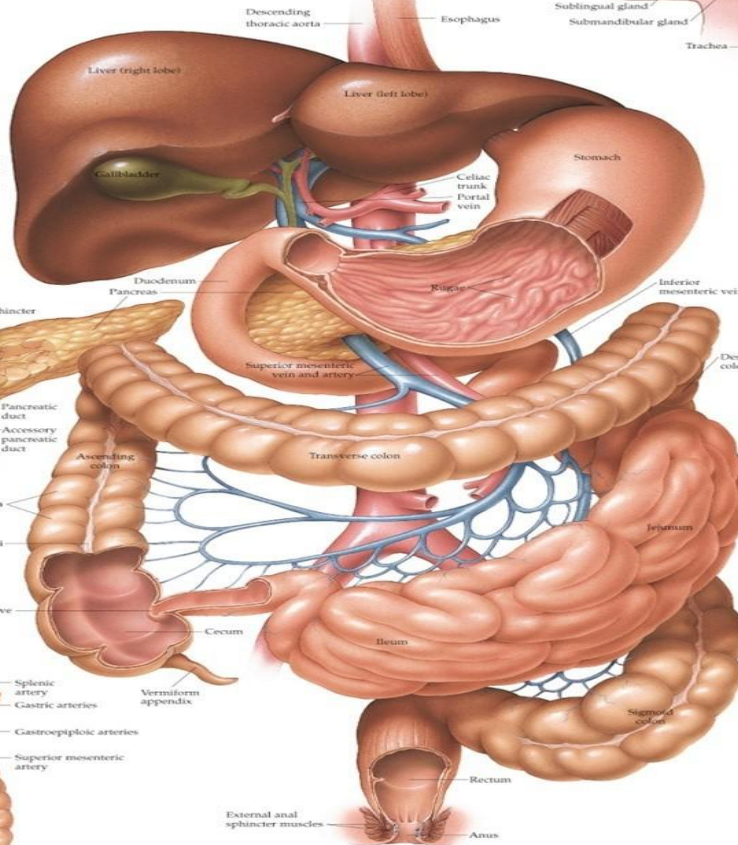
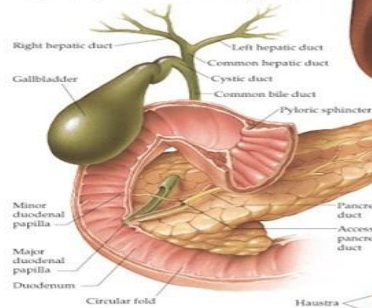
## The Oral Cavity, Salivary Glands and Stomach

Digestion begins in the mouth as food is mixed with saliva. Saliva breaks down the starch in food into smaller sugars. After moving to the stomach through the esophagus, food is further broken down by enzymes and hydrochloric acid. A layer of mucus protects the stomach lining from damage by the hydrochloric acid.

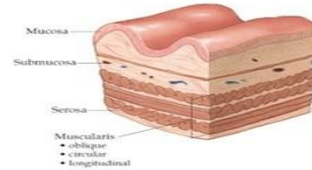


## The Liver, Pancreas and Duodenum

Partially digested food, or chyme, passes from the stomach to the duodenum. Here bile and enzymes from the pancreas enter the duodenum and further break down fat, protein and carbohydrates. Bile is produced by the liver and stored in the gallbladder.



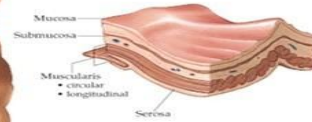
## Wall of Stomach



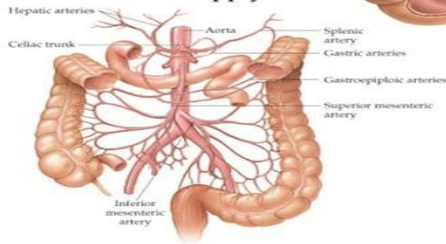
## Wall of Jejunum



## Wall of Colon



## Arterial Supply



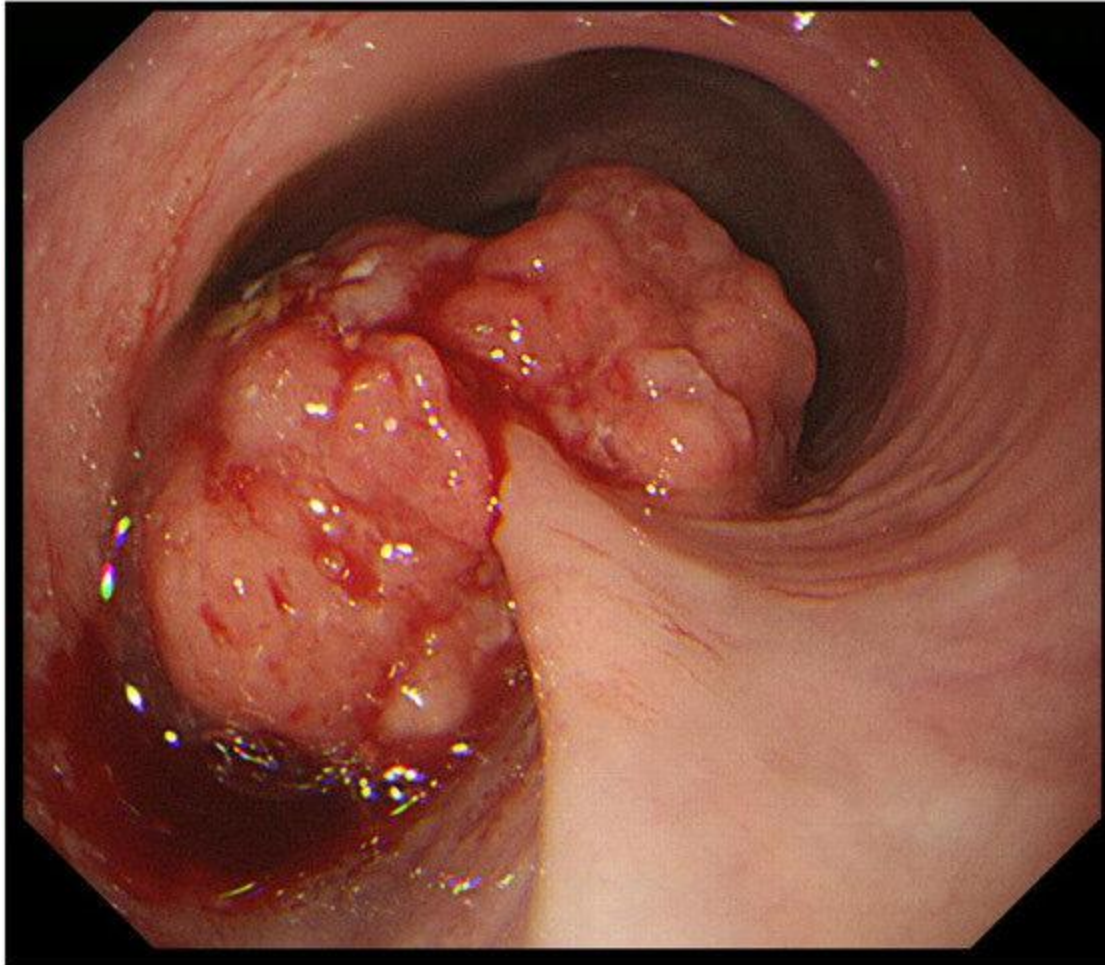
## The Small and Large Intestines

Chyme moves to the last parts of the small intestine, the jejunum and ileum, where nutrients are absorbed into the bloodstream. The nutrients travel to the liver, via the hepatic portal venous system, for further metabolism and storage. Undigested material enters the colon, where water and electrolytes are absorbed. The remaining waste is stored until eliminated.

# PATHOLOGY

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- Congenital atresia and stenosis.
- Traumatic strictures.
- Inflammatory strictures.
- Dysfunctional motility.
- Vascular insults.
- Benign tumors.
- Malignant tumors.





# INTUBATION

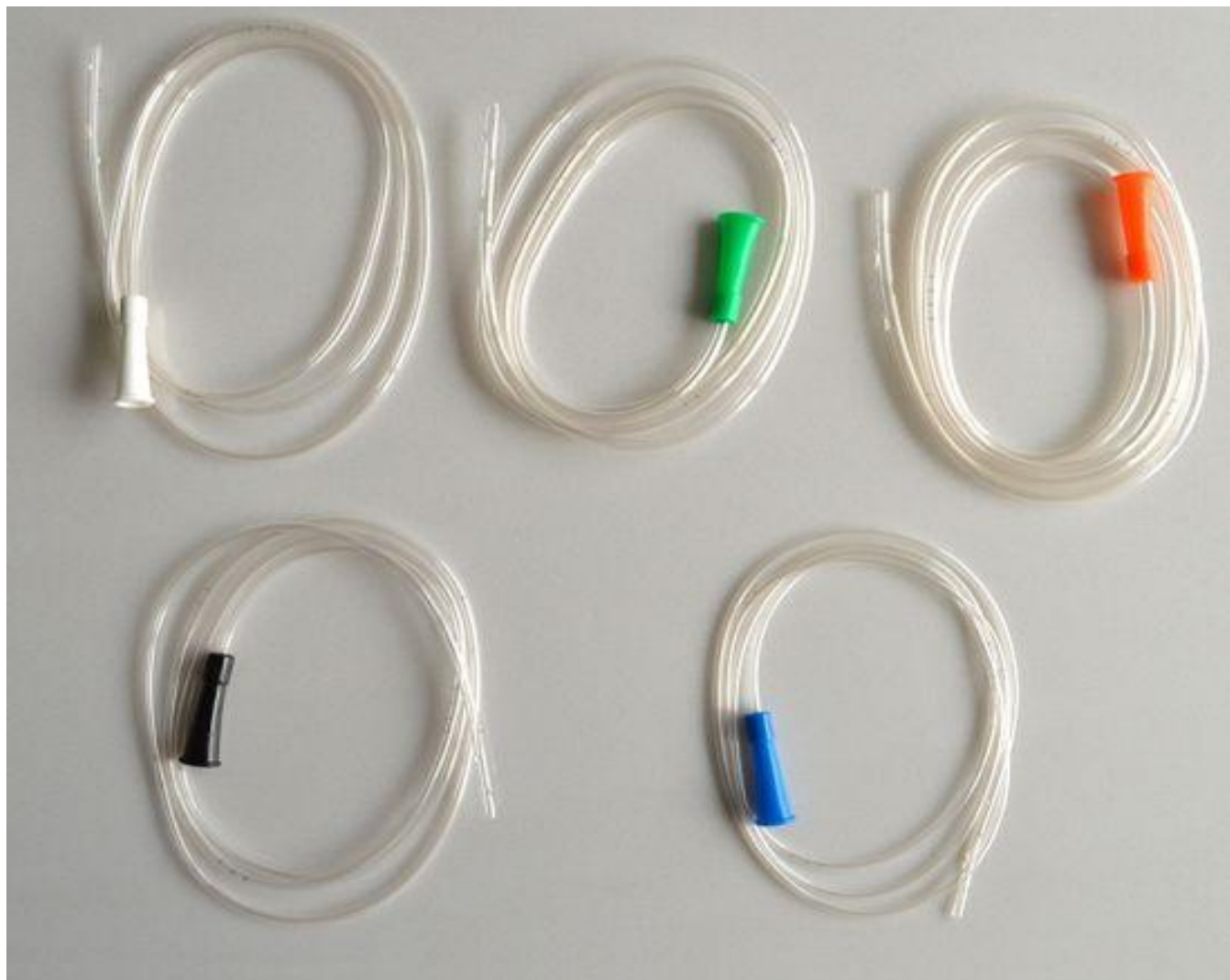
# NASOGASTRIC TUBE

- **Indications:**

- Suction: decompression of intestinal obstruction, hematemesis, lavage.
- Injection: feeding, medications, contrast, bypassing obstruction.

- **Complications:**

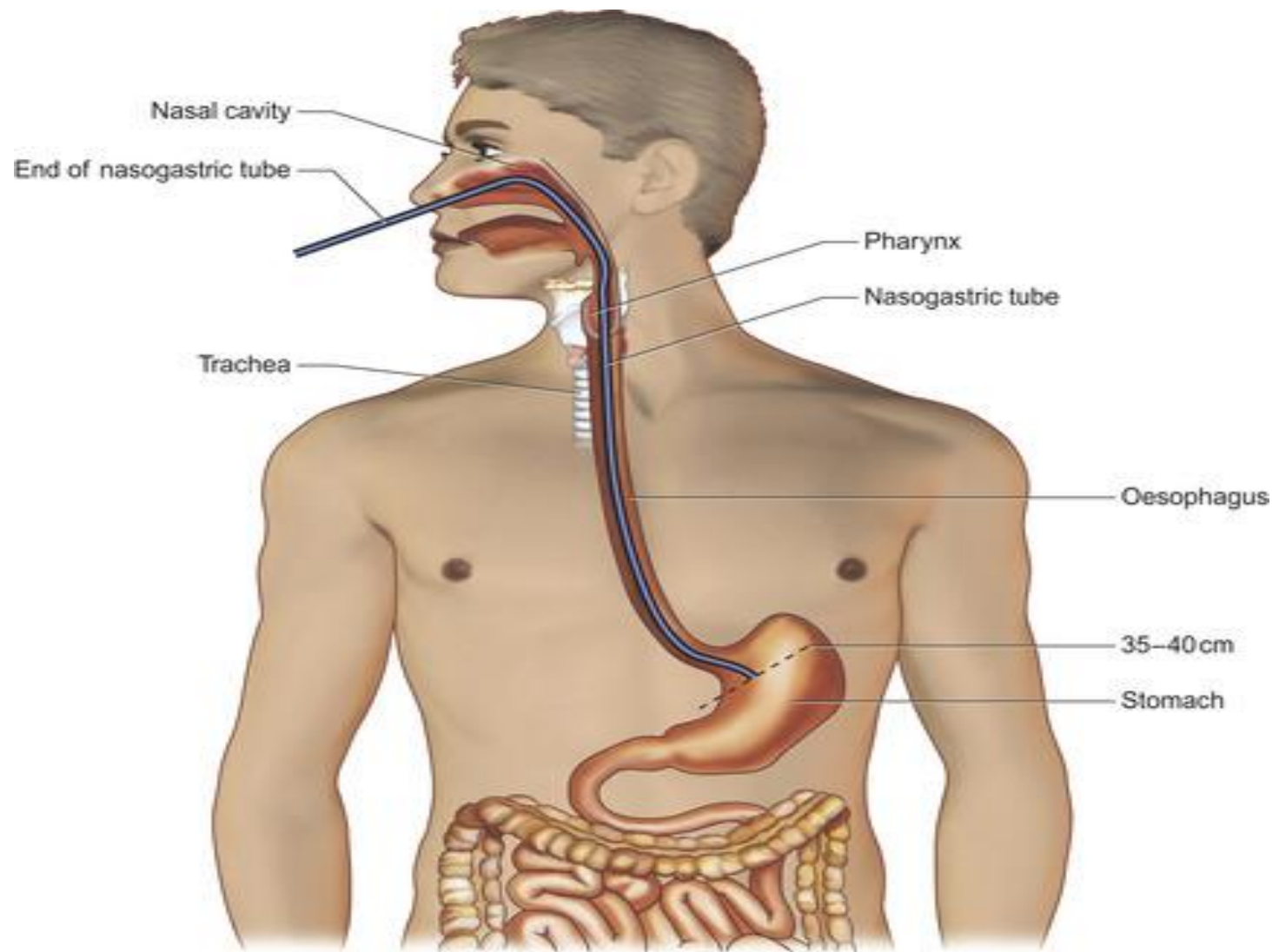
- Injury.
- Aspiration.





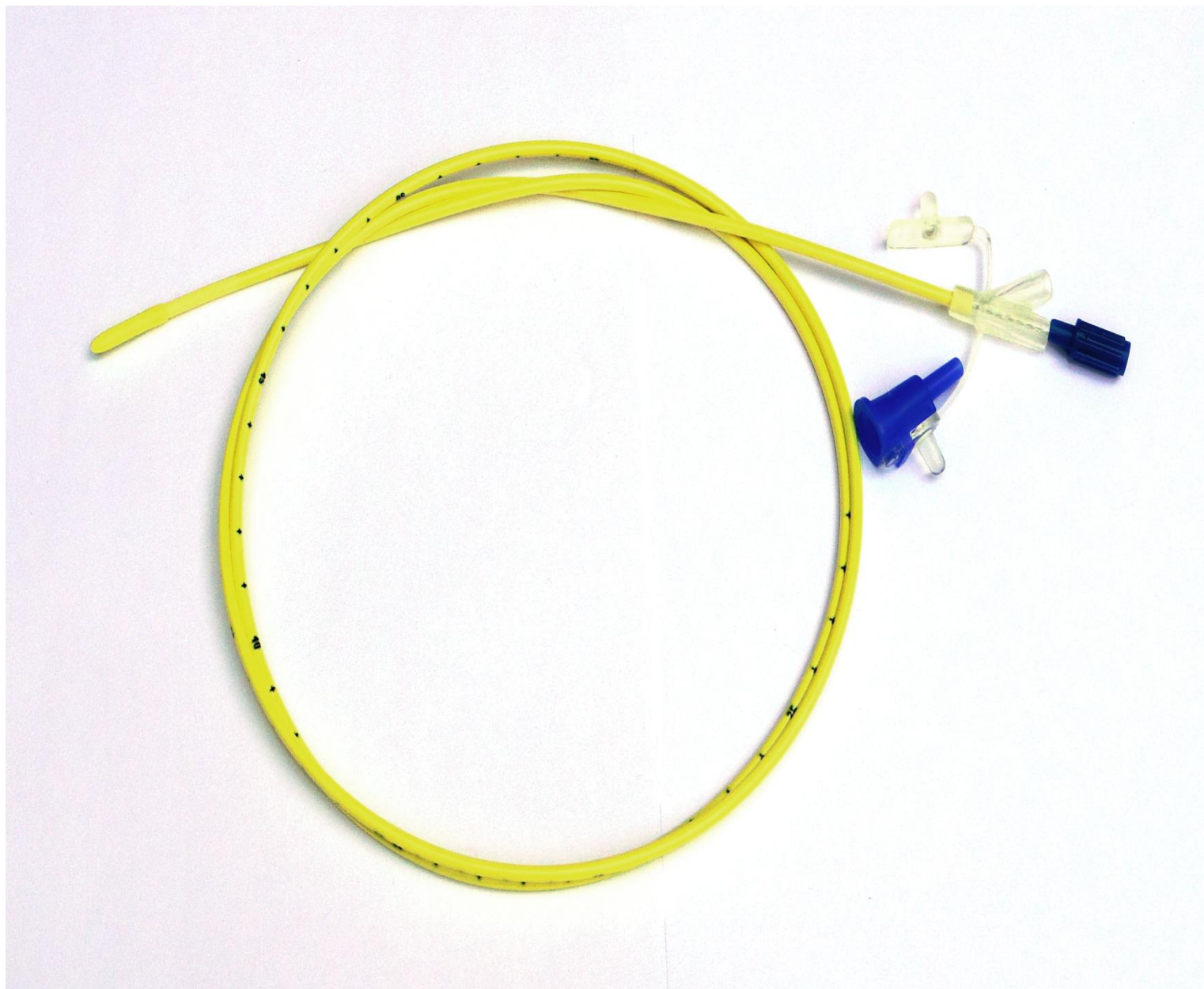
Size in FG	Colour	Funnel	Cap
		CODE: FL	CODE: CP
6	Light Green		
8	Blue		
10	Black		
12	White		
14	Green		
16	Orange		
18	Red		
20	Yellow		
22	Violet		
24	Light Blue		





# NASOJEJUNAL TUBE

- **Indications:**
  - Injection: feeding, medications, contrast, bypassing obstruction.
  
- **Complications:**
  - Injury.
  - Aspiration.
  - Metabolic.



# RECTAL TUBE

- **Indications:**

- Suction: decompression of intestinal obstruction, hematochesia, lavage, untwisting.
- Injection: hydration, medications, contrast.

- **Complications:**

- Injury.



# UPPER GI ENDOSCOPY

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- Indications:
  - Diagnostic: bleeding, malignancy, dysmotility, biopsy.
  - Therapeutic: hemostasis, resection, dilatation.
- Complications:
  - Injury.





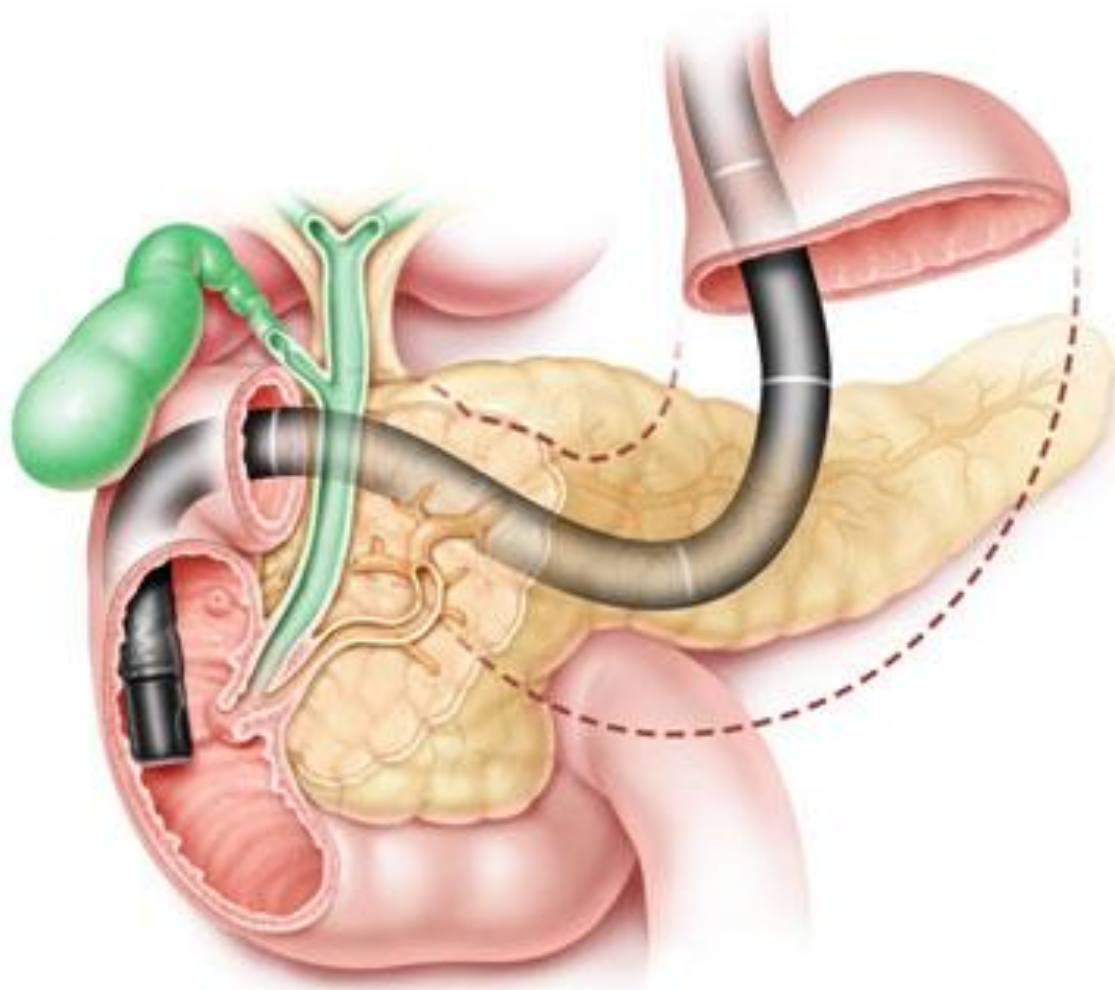
# ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

- **Indications:**

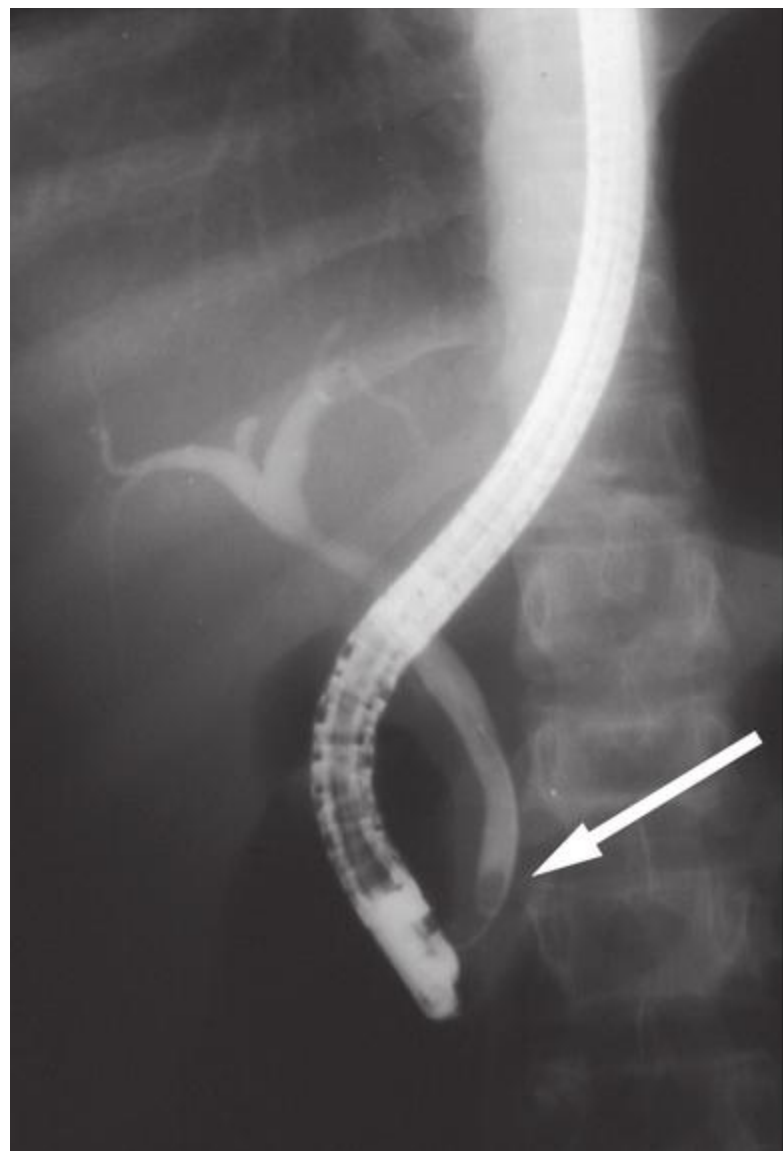
- Diagnostic: obstruction, benign or malignant, biopsy.
- Therapeutic: stone removal, resection, dilatation.

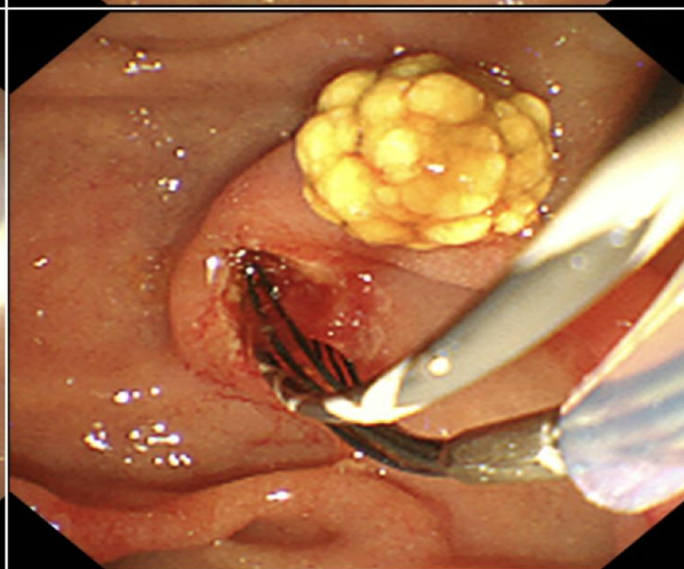
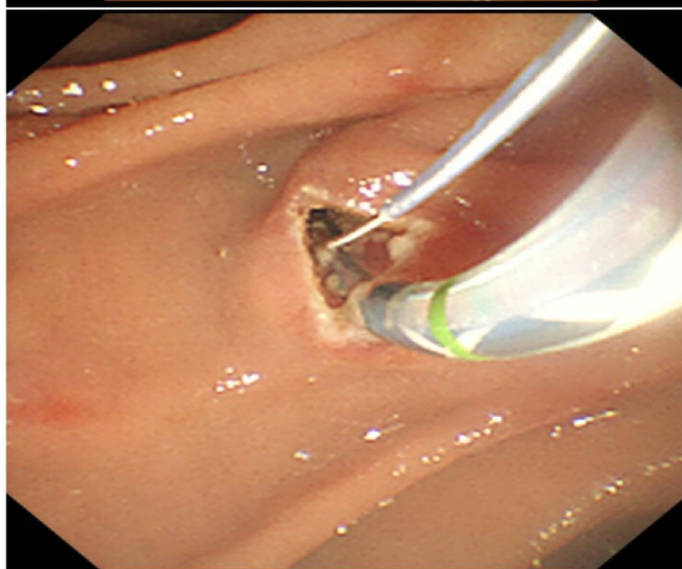
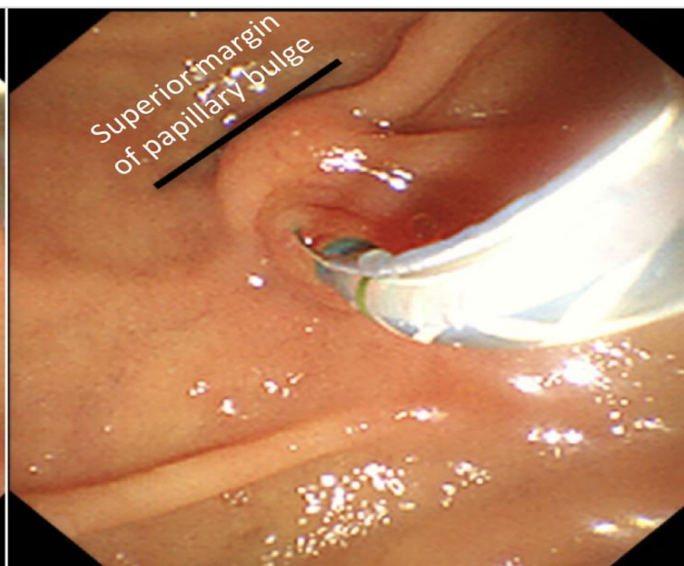
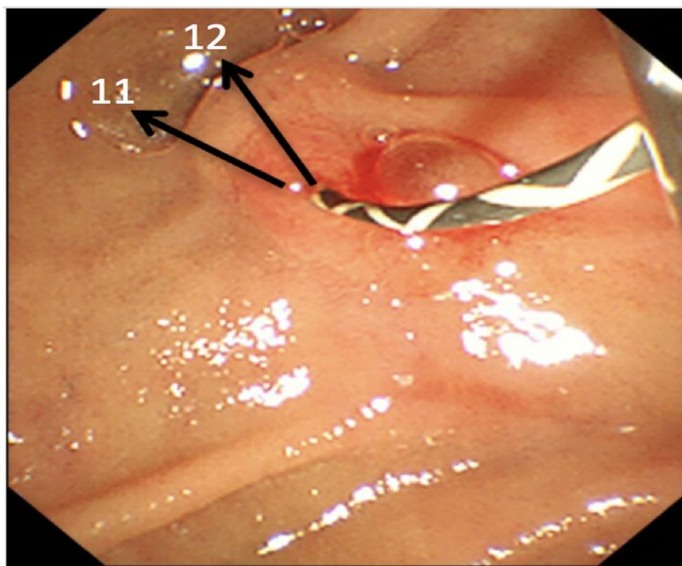
- **Complications:**

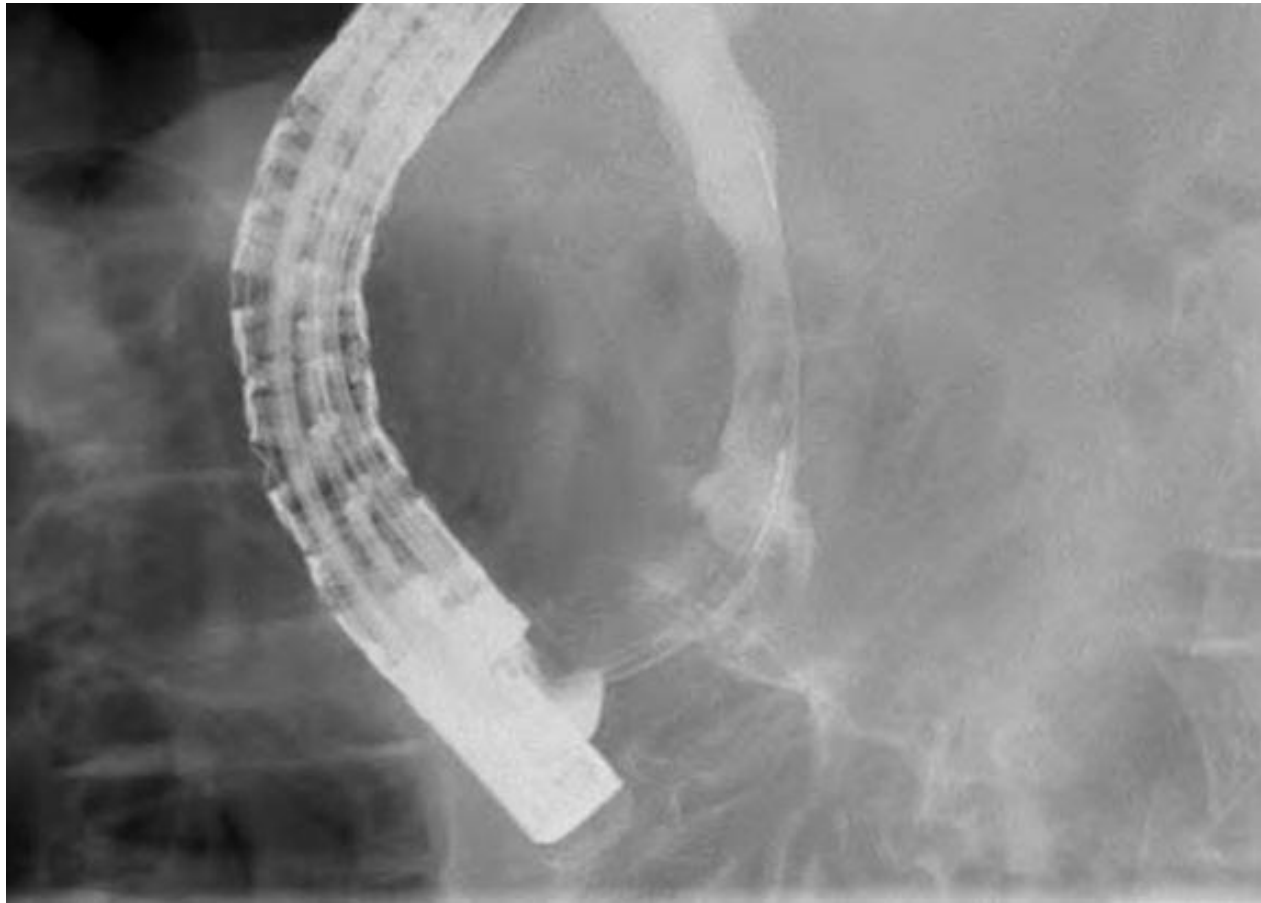
- Injury.







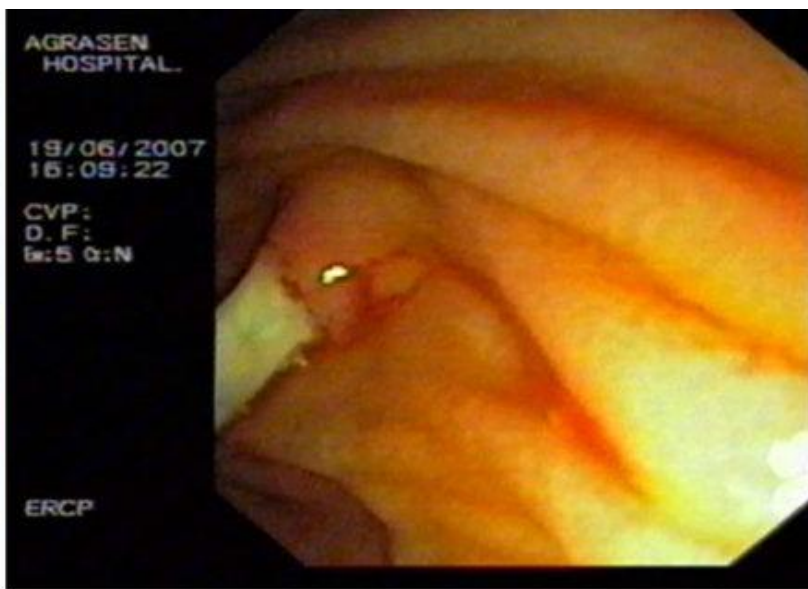


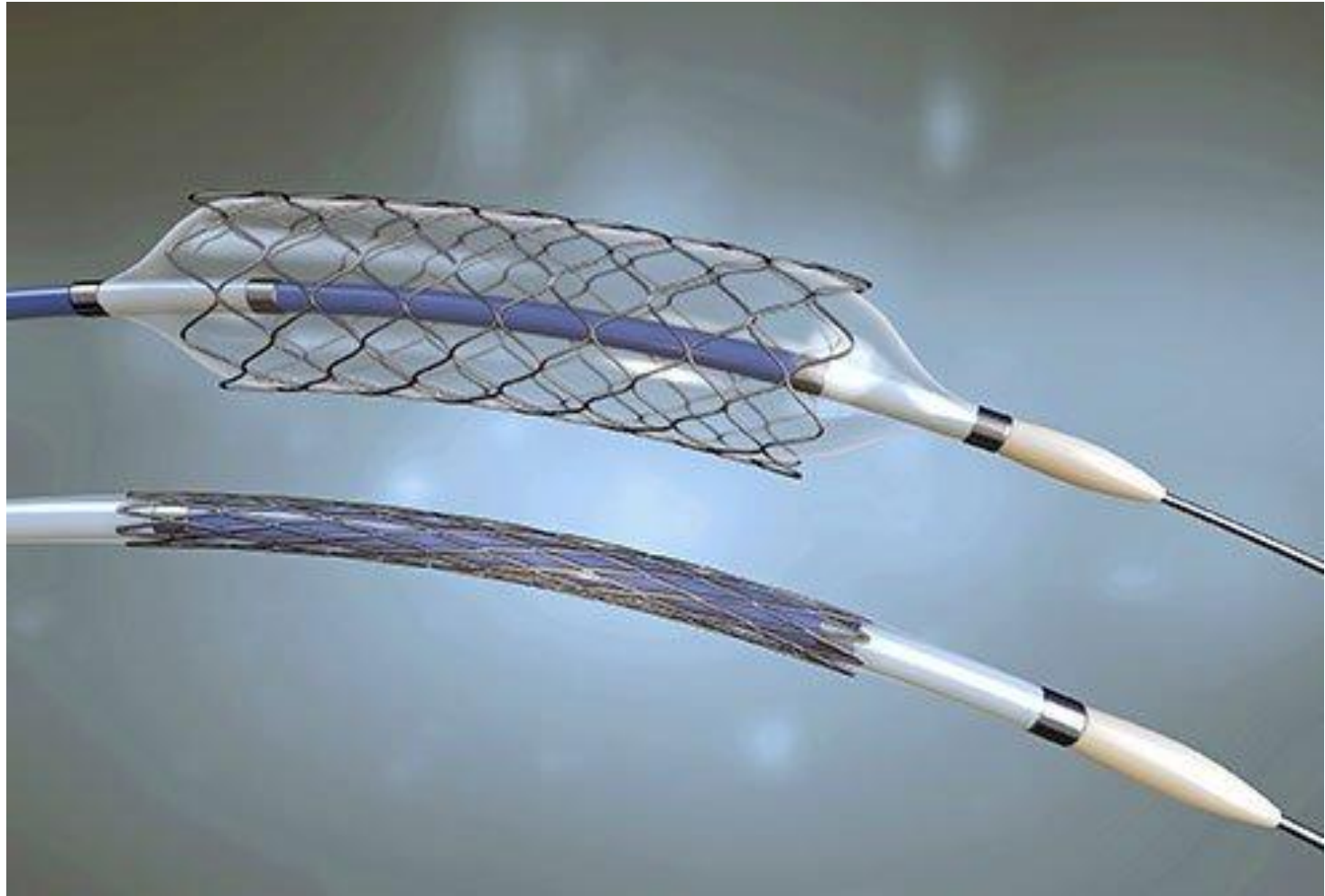


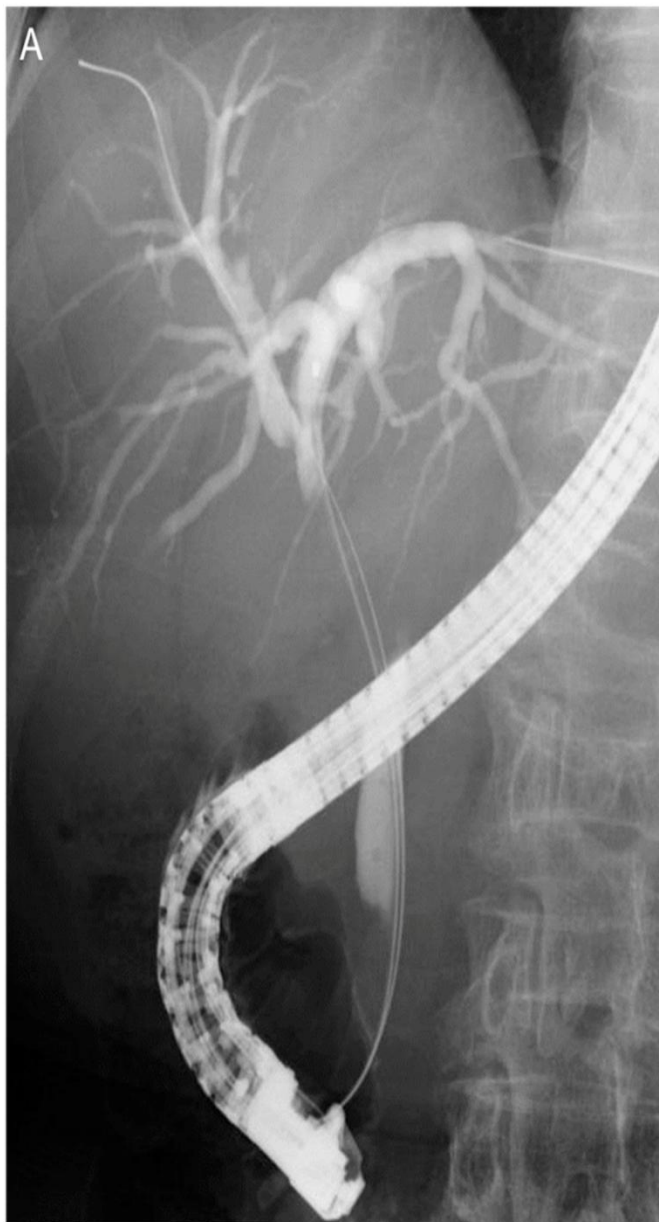












# T- TUBE CHOLANGIOGRAPHY

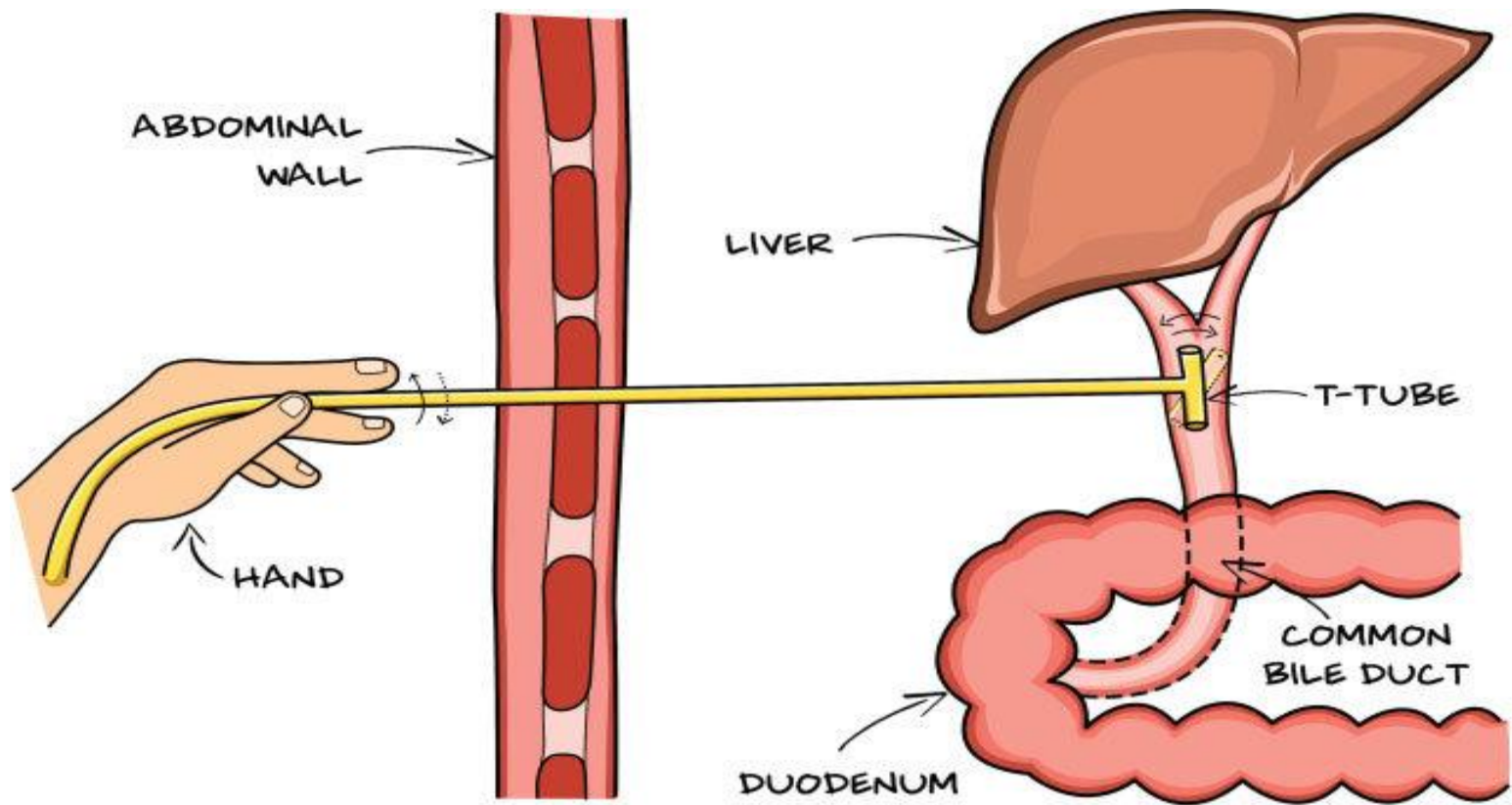
- **Indications:**

- Diagnostic: imaging.
- Therapeutic: drainage.

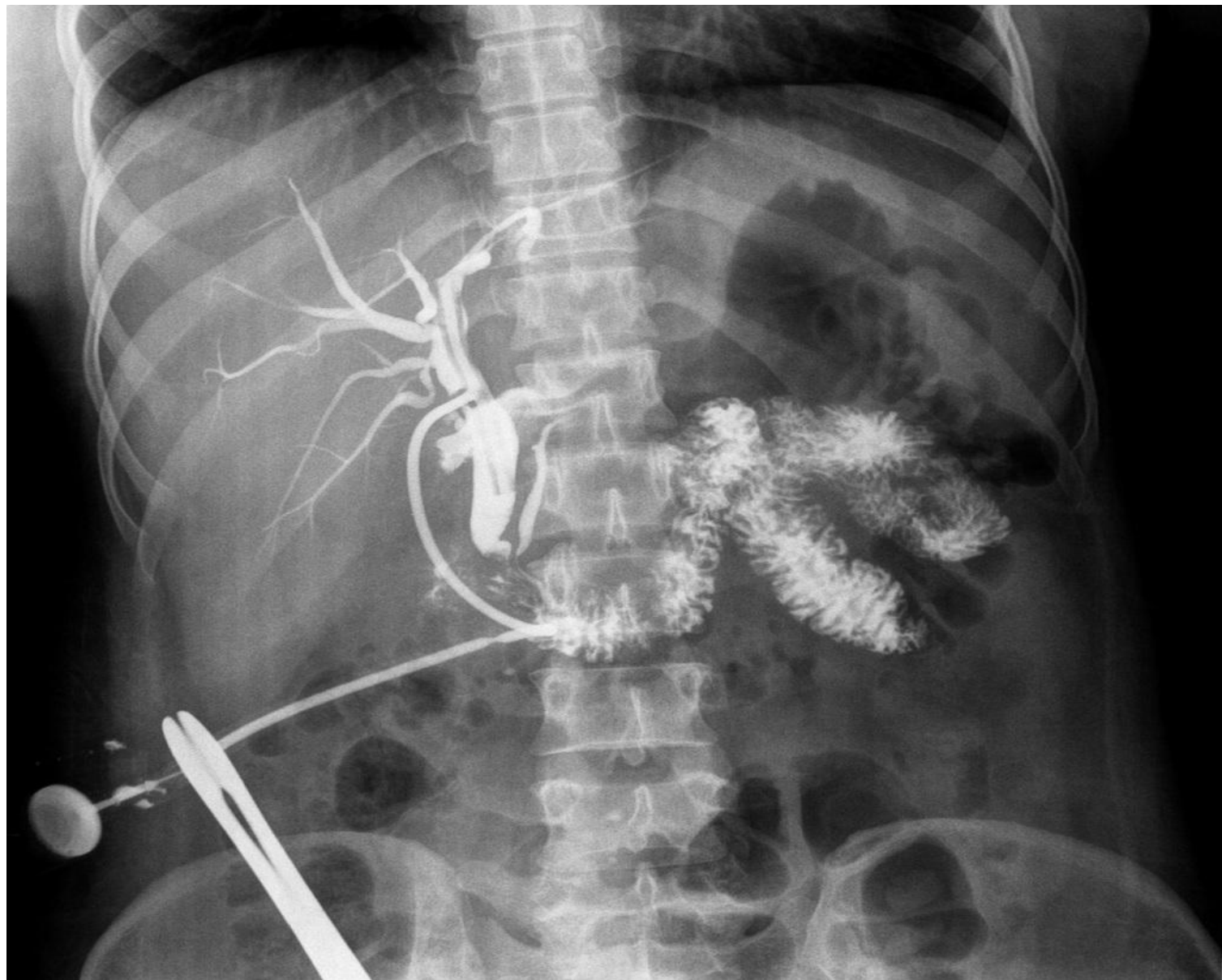
- **Complications:**

- Injury.











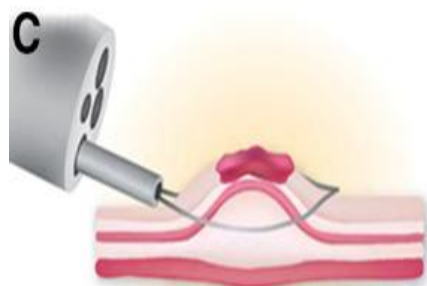
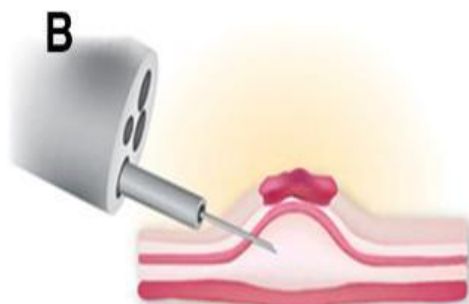
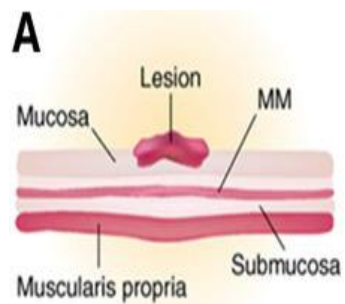
# LOWER GI ENDOSCOPY

- **Indications:**

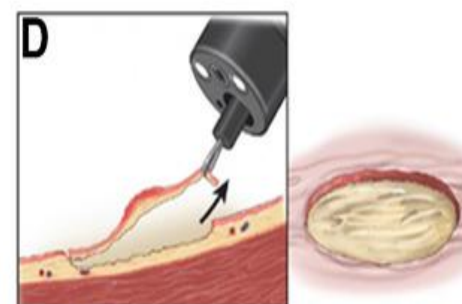
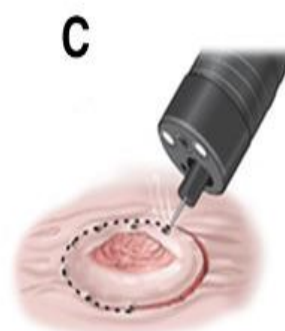
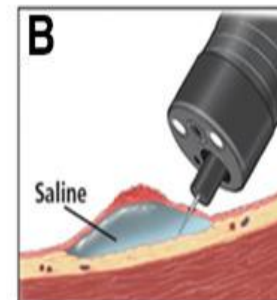
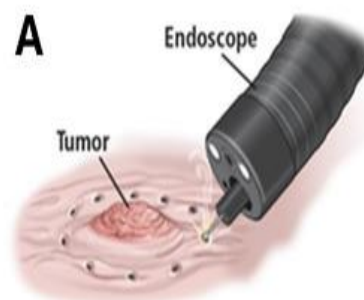
- Diagnostic: bleeding, malignancy, dysmotility, biopsy.
- Therapeutic: hemostasis, resection, dilatation.

- **Complications:**

- Injury.



Endoscopic mucosal resection (EMR)



Endoscopic submucosal dissection (ESD)



STOMA

# STOMA

- **Definition.**
- **Site.**
- **Type.**
  - End, loop, or double barrel.
  - Temporary or permanent.
  - Spouting.
- **Indication.**
- **Complication.**
  - Parastomal hernia.
  - Prolapse.
  - Retraction.
  - Infarction.
  - Sepsis.

# ESOPHAGOSTOMY

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- Indications:
- Complications:



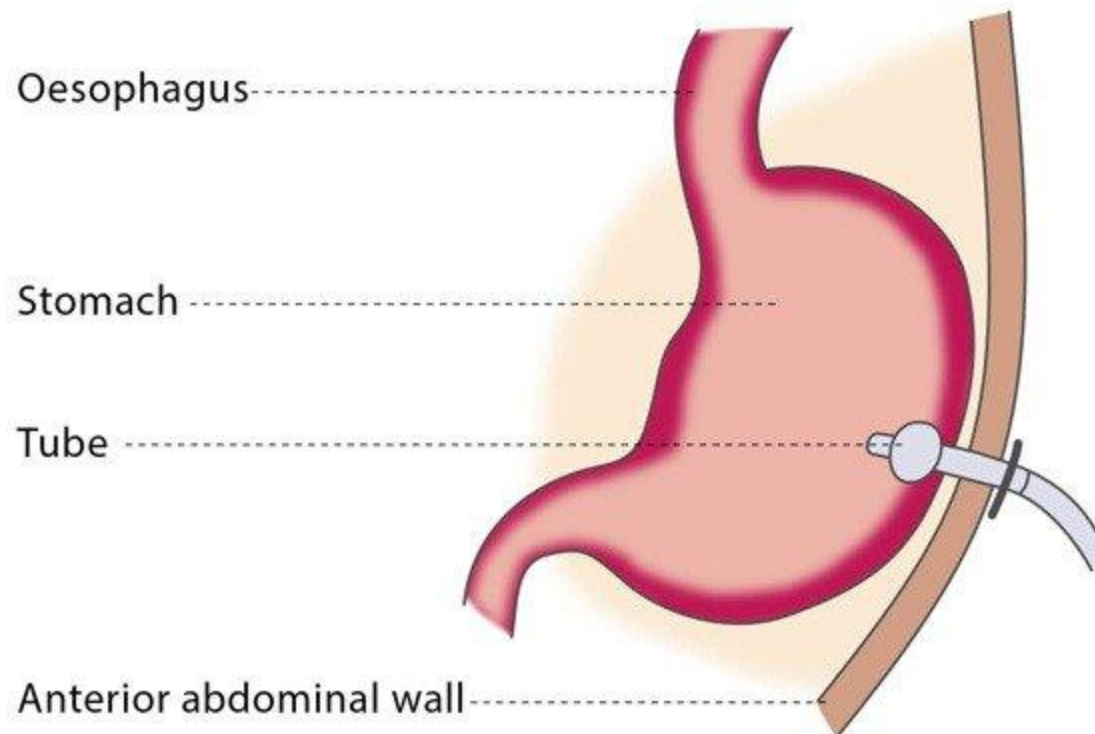
# GASTROSTOMY

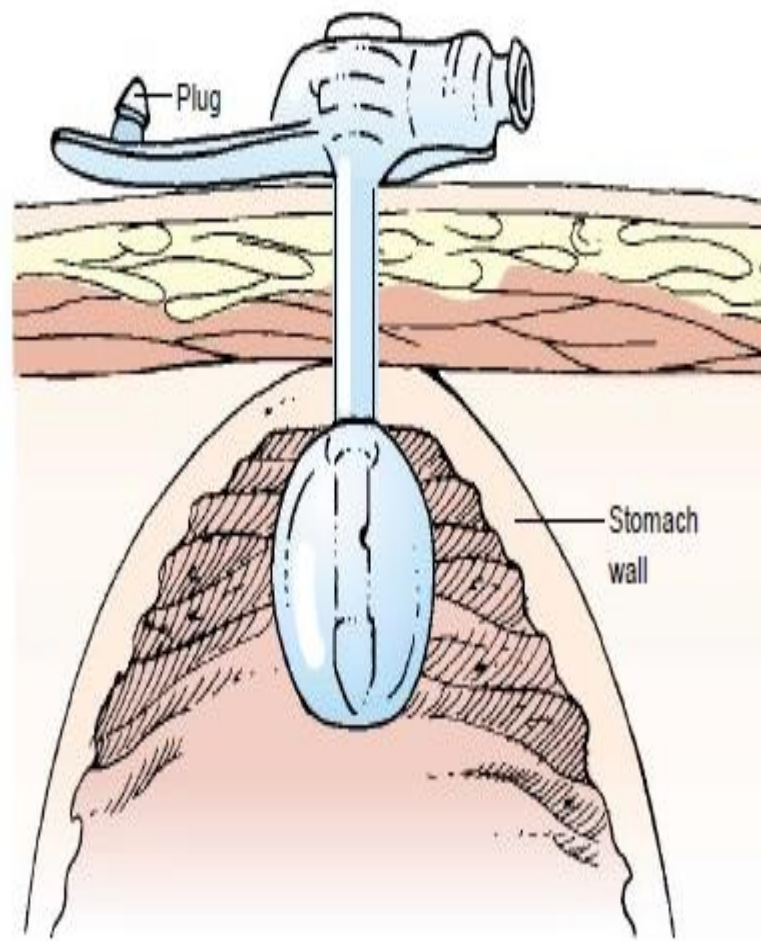
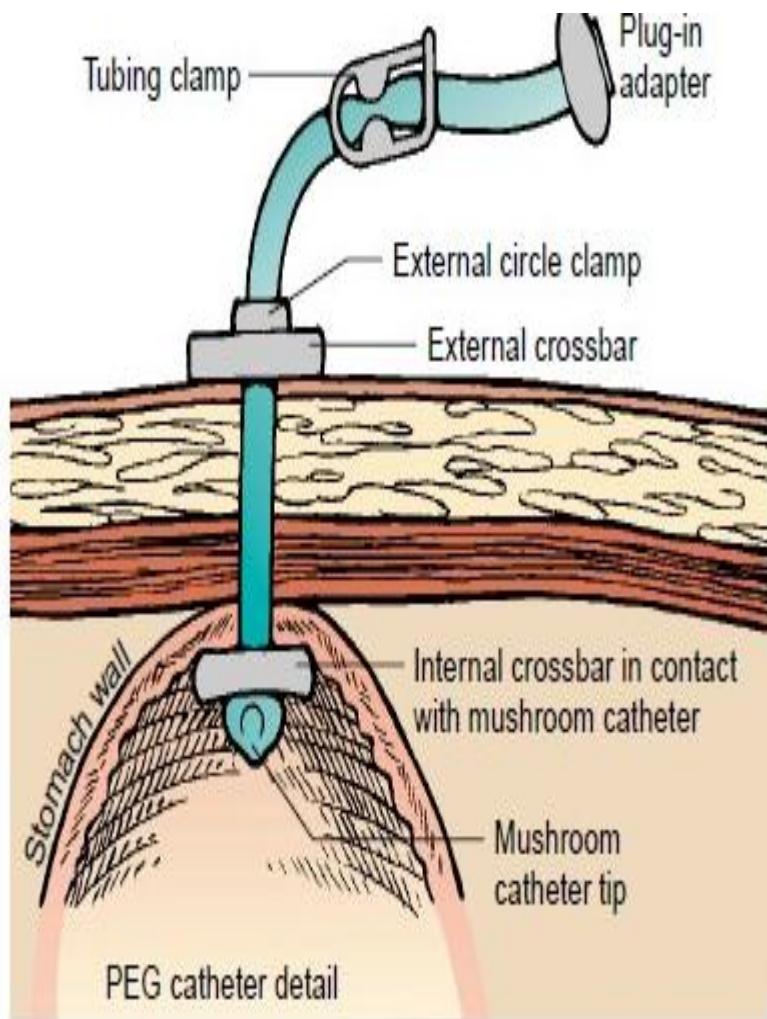
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- Indications:
- Complications:



## Gastrostomy





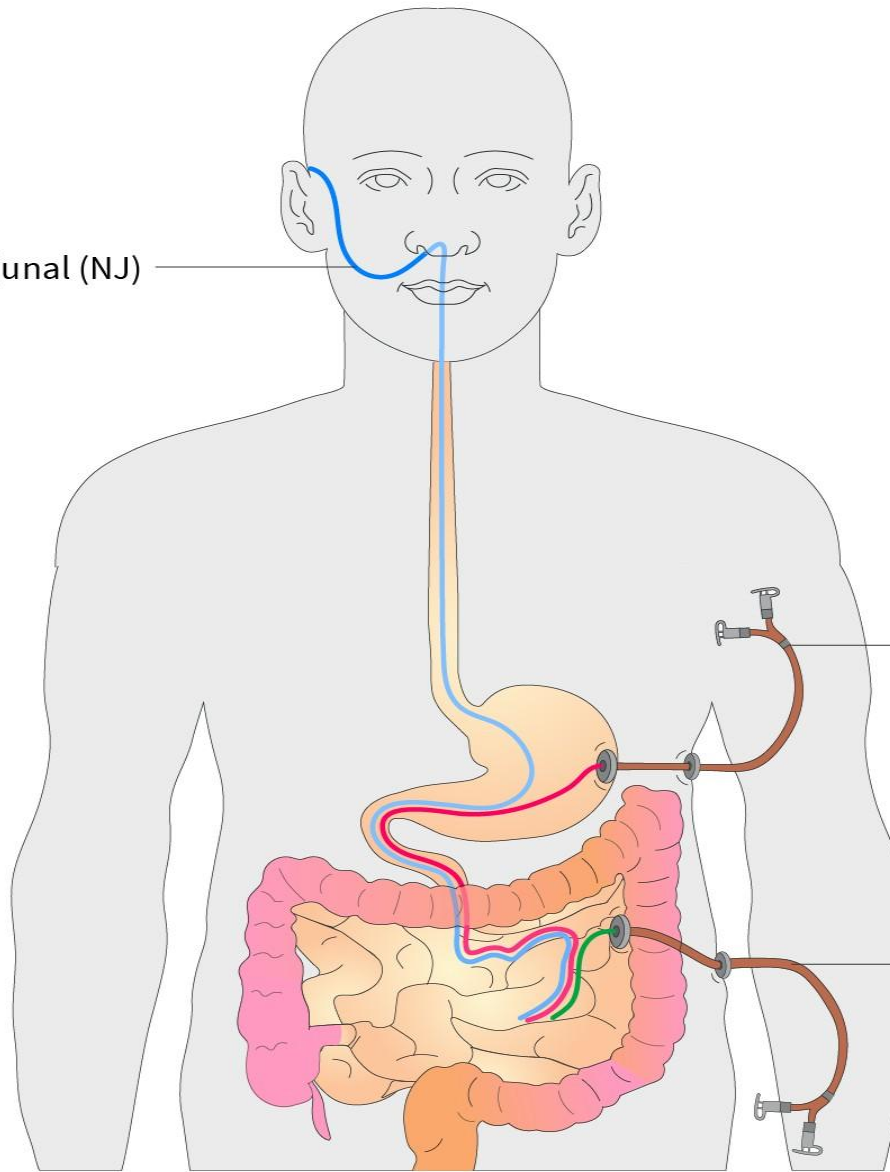


# JEJUNOSTOMY

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- Indications:
- Complications:

Nasojejunal (NJ)



Percutaneous  
endoscopic  
gastrojejunostomy  
(PEG-J)

Percutaneous  
endoscopic  
jejunostomy  
(PEJ)

# ILEOSTOMY

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- Indications:
- Complications:







# COLOSTOMY

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- Indications:
- Complications:



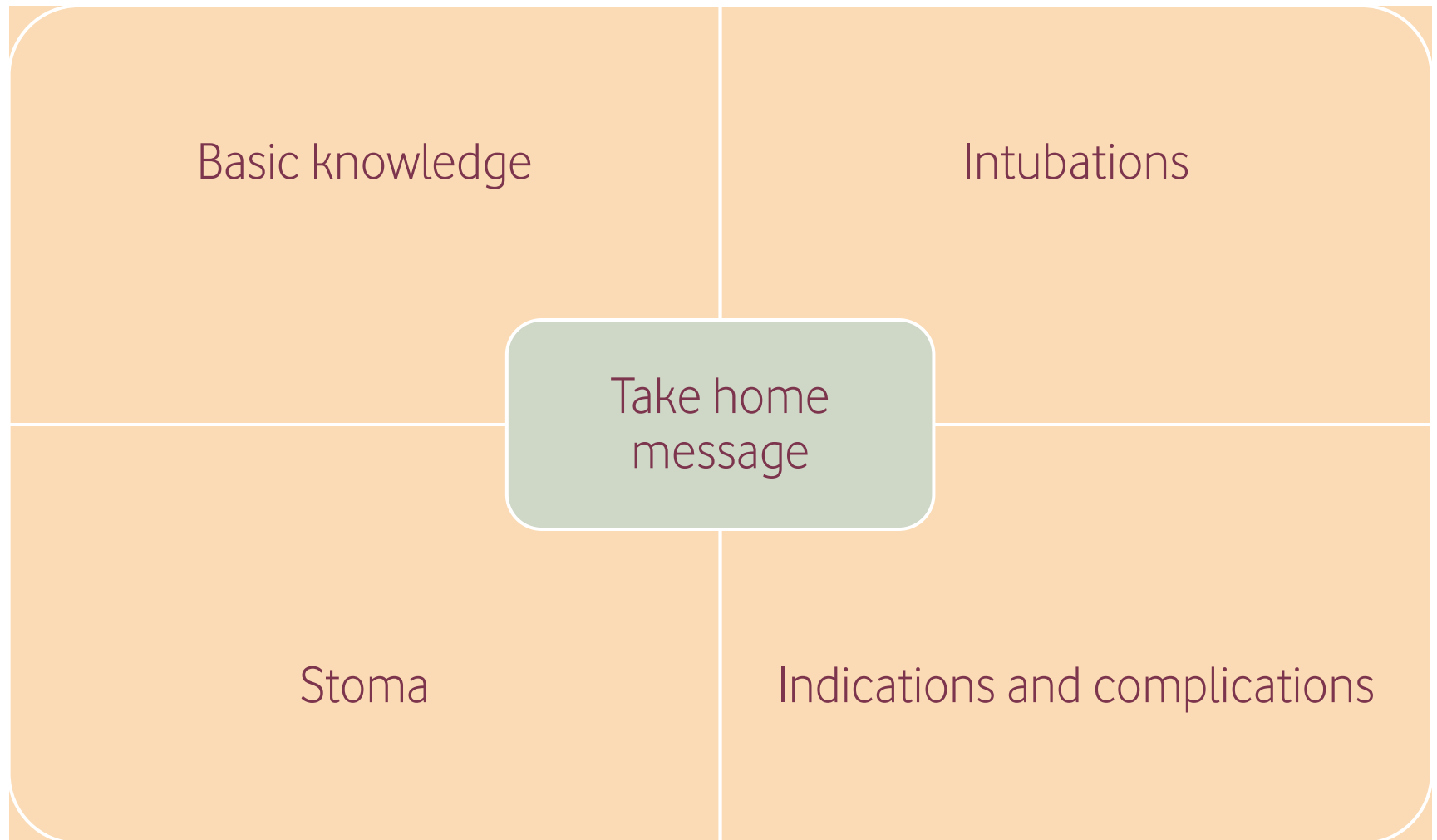


# ROLE OF NURSE

# ROLE OF NURSE

- The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery.
- Stoma patients require particularly intensive nursing care, especially dressing.
- Nurses are the primary effectors of many decisions that directly affect outcome.
- Their success or failure has a powerful psychological impact on the patient and his or her family.

# TAKE HOME MESSAGE



# DISCUSSION

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Questions



**Thank you**