

# Chapter 34

## Nursing Care of Patients With Lower Gastrointestinal Disorders

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## Objectives

1. Describe causes, signs and symptoms, therapeutic measures, nursing care, and teaching for constipation and diarrhea clients.
2. Describe pathophysiology, therapeutic measures, nursing care, and teaching for clients with inflammatory and infectious disorders of the lower gastrointestinal tract.
3. Describe causes, signs and symptoms, therapeutic measures, nursing care and teaching for clients with intestinal obstruction, abdominal hernia, absorption problems, anorectal problems, gastrointestinal bleeding, and colon cancer.
4. Plan nursing care and teaching for a client with an ostomy

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## Lower Gastrointestinal System

Small intestines

Large intestines

Rectum

Anus

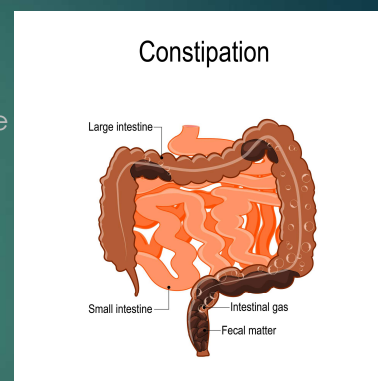
Most common problems:

- Constipation
- Diarrhea

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## Constipation

- ▶ Fecal mass held in rectum
- ▶ Feces become dry, hard
- ▶ Prevention
  - ▶ High-fiber diet, fluids, exercise
- ▶ Obstipation: Prolonged constipation
- ▶ Many causes, including
  - ▶ Medications
    - ▶ Narcotics, tranquilizers, antacids with aluminum
  - ▶ Hemorrhoids or fissures
  - ▶ Decreased mobility
  - ▶ Low intake of fiber and fluids



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## Constipation-Signs/Symptoms

- ▶ Abdominal pain
- ▶ Distention
- ▶ Indigestion
- ▶ Intestinal rumbling
- ▶ Rectal pressure
- ▶ Incomplete emptying
- ▶ Hard stool
- ▶ Headache
- ▶ Fatigue
- ▶ Decreased appetite
- ▶ Straining



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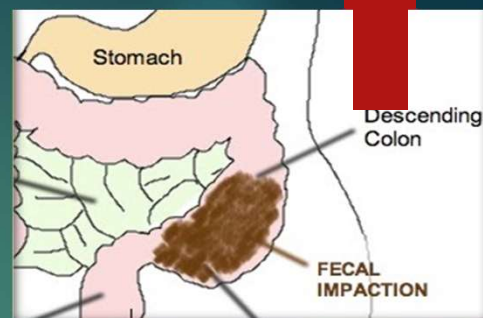
## Constipation-Complications

### Complications

- Hemorrhoids
- Impaction
- Ulcers
- Straining
- Megacolon

### Diagnostic tests

- Self-diagnosis
- History and physical with rectal examination



Idiopathic Megacolon

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# Constipation-Therapeutics

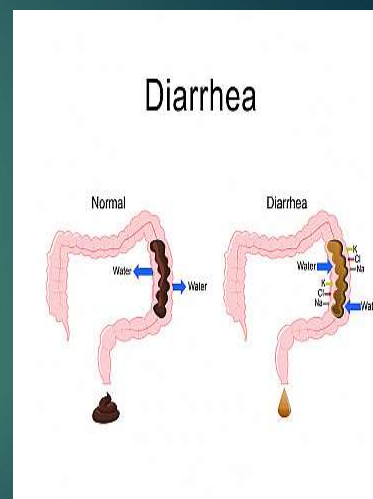
- High-fiber diet
- 2 to 3 liters fluid daily
- Over counter bulk-forming laxative-Metamucil
- Strengthen abdominal muscles
- Activity
- Bulk-forming agents
- Stool softeners
- Education



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# Diarrhea

- ▶ Fecal matter passes rapidly
- ▶ Decreased absorption of water, nutrients
- ▶ Decreases electrolytes and nutrients
- ▶ Causes
  - ▶ Bacterial/viral infection
  - ▶ Food allergies
- ▶ Prevention important



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## Diarrhea-Signs/Symptoms

- ▶ Fever
- ▶ Foul odor
- ▶ Abdominal cramping
- ▶ Distention
- ▶ Anorexia
- ▶ Intestinal rumbling
- ▶ Dehydration
  - ▶ Tachcardia
  - ▶ Hypotension
  - ▶ Decreased skin turgor
  - ▶ Weakness
  - ▶ Thready pulse
  - ▶ Dry membranes
  - ▶ oliguria



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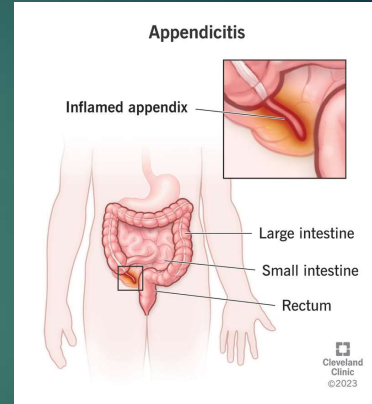
## Diarrhea-Therapeutics

- ▶ Identify cause.
- ▶ Replace fluids/electrolytes.
- ▶ Increase fiber/bulk.
- ▶ Assess for dehydration
- ▶ Medications
  - ▶ Diphenoxylate (Lomotil), loperamide (Imodium)
  - ▶ Probiotic (Lactinex) restores normal flora
  - ▶ Antimicrobial agents for infection

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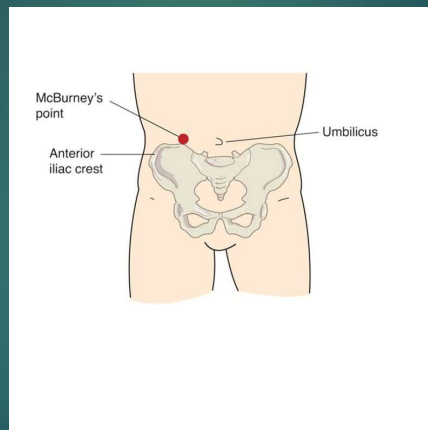
# Appendicitis

- ▶ Inflammation of the appendix
- ▶ Signs and symptoms
  - ▶ Fever, nausea/vomiting, anorexia
  - ▶ Pain right lower quadrant: McBurney point
- ▶ Diagnostic tests
  - ▶ Complete blood count (WBC)
  - ▶ Ultrasound, computed tomography (CT) scan, or magnetic resonance imaging (MRI)



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## Appendicitis- Pain at McBurney Point



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# Appendicitis- Therapeutics

- ▶ Nothing by mouth (NPO)
- ▶ Surgery
- ▶ Complications
  - ▶ Abscess
  - ▶ Peritonitis
  - ▶ **If the appendix ruptures-Maintain a Semi-flowers position to allow purulent drainage to stay in the abdomen!**
  - ▶ **Keeping drainage below diaphragm promotes lung expansion.**

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# Appendicitis-Overview


APPENDICITIS

- Peak incidence 10-12 years
- Begins as dull, steady pain in periumbilical area...  
Progresses over 4-6 hours & localizes to right lower quadrant
- Low grade fever
- Nausea
- Anorexia
- Sudden pain relief may indicate rupture of appendix (Leads to peritonitis)

**\*Diagnosis\***

- Clinical signs and symptoms
- ↑WBC
- Abdominal Sonogram
- Exploratory Lap

- Rebound Pain or Tenderness (RLQ) at McBurney's Point



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# Peritonitis



Inflammation/infection of  
peritoneum

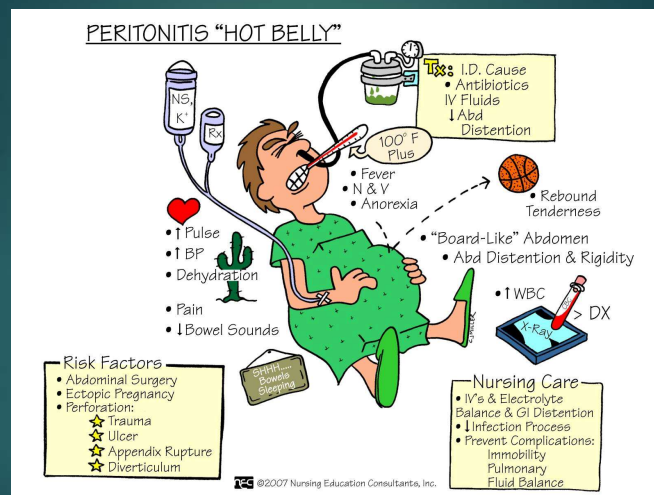


Causes

Ruptured appendix  
Peptic ulcer  
Pancreatitis  
Diverticulitis

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# Peritonitis



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## Peritonitis-Signs/Symptoms, Tests, Complications

### Signs and symptoms

- Abdominal pain
- Abdominal rigidity
- Nausea/vomiting
- Fever

### Diagnostic tests

- White blood cells
- Abdominal x-ray or C T scan
- Exploratory surgery

### Complication

- Intestinal obstruction
- Hypovolemia-Fluid shifts into peritoneal
- Sepsis

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## Peritonitis-Therapeutics

- ▶ Therapeutic interventions
  - ▶ **NPO!**
  - ▶ Fluid/electrolyte replacement
  - ▶ Nasogastric (NG) or orogastric tube
  - ▶ Antibiotics
  - ▶ Surgery
  - ▶ Pain management

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# Diverticulosis/Diverticulitis



## Diverticulum

Herniation or outpouching of bowel mucous membrane



## Diverticulosis

Multiple diverticula without evidence of inflammation



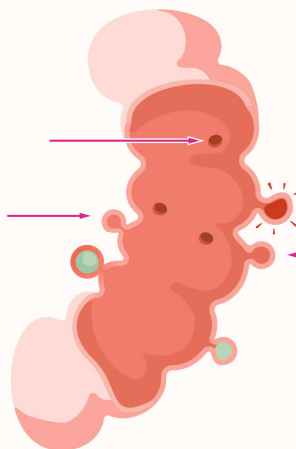
## Diverticulitis

Inflammation/infection of diverticulum  
Food and bacteria trapped in diverticulum  
• Inflammation and infection develops

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**diverticulum**  
seen from  
inside of colon

**diverticulum**



**diverticulitis**  
outpouching with  
infection/inflammation

**diverticulosis**  
outpouching  
without inflammation

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## Diverticulosis/Diverticulitis

### Causes

- Chronic constipation
- Increased pressure within colon
- Weakness in bowel wall
- **Decreased intake of dietary fiber**

### Risk factors

- Low-fiber and high animal-fat diet
- Obesity
- Sedentary lifestyle
- Smoking
- Medications

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## Diverticulosis/Diverticulitis- Signs/Symptoms, Tests

### Signs and symptoms

- No symptoms
- Constipation, possibly diarrhea
- Cramping
- Bleeding
- Abdominal tenderness

### Diagnostic tests

- Flexible sigmoidoscopy or colonoscopy
- C T scan

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## Diverticulosis/Diverticulitis- Therapeutics

Primary	Mild	Severe
<ul style="list-style-type: none"> <li>• Prevent constipation</li> </ul>	<ul style="list-style-type: none"> <li>• Tylenol, antibiotic, liquid diet</li> </ul>	<ul style="list-style-type: none"> <li>• Pain control</li> <li>• NPO</li> <li>• IV antibiotics</li> <li>• IV fluids/nutrition</li> <li>• Surgery</li> </ul>

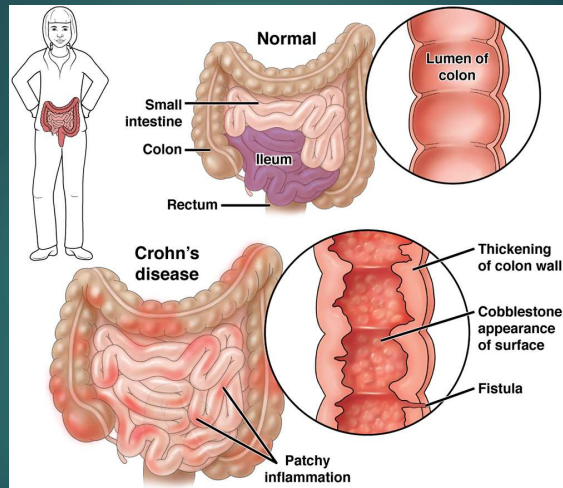
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## Crohn Disease

- ▶ Commonly called Crohn's disease
- ▶ Inflammation of GI Tract with **alternate healthy and inflamed areas**
- ▶ Can occur anywhere in GI Tract
  - ▶ End of Ileum or first part of large intestine-most common
- ▶ Autoimmune inflammatory bowel disease
- ▶ Involves any part of the intestine
- ▶ Cause
  - ▶ Unknown
  - ▶ More in women than men
  - ▶ Hereditary
  - ▶ Smoking increases risk!
- ▶ Remissions and exacerbations
  - ▶ Physical or psychological stress may trigger exacerbations

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# Crohn Disease



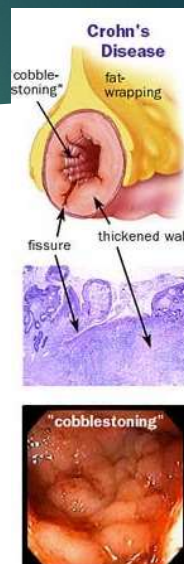
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## Crohn's Disease- Signs/Symptoms, Testing

- ▶ Signs and symptoms
  - ▶ Abdominal pain or cramping
  - ▶ Weight loss
  - ▶ Diarrhea
  - ▶ Fluid and electrolyte imbalance

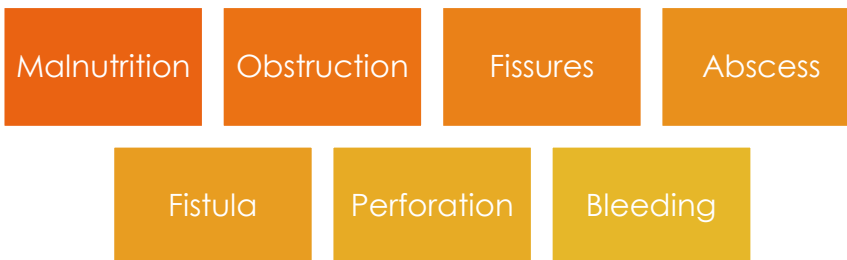
### Diagnostic Tests

- Endoscopy with biopsy
- Barium enema



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## Crohn Disease-Complications



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## Crohn Disease-Therapeutics

- ▶ Avoid malnutrition
- ▶ Medications
  - ▶ Anti-inflammatories
    - ▶ Corticosteroids
    - ▶ Immunosuppressants
    - ▶ Biologic response modifiers
  - ▶ Antidiarrheals
- ▶ Avoid offending foods
- ▶ Avoid smoking
- ▶ Surgery if needed
- ▶ Enteral feedings or TPN if required
- ▶ Support and education

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# Crohn's Disease

**LET'S SUM UP  
CROHN'S DISEASE**

- Familial Tendencies
- Peaks Ages 15-40 Yrs
- ? Autoimmune Factors
- Nausea & Vomiting
- Abdominal Pain and Distention
- Tenderness in RLQ
- Severe Diarrhea
- Low Grade Fever
- Bloody Stools
- Weight Loss
- Severe Malabsorption

**\* Later S & S's \***

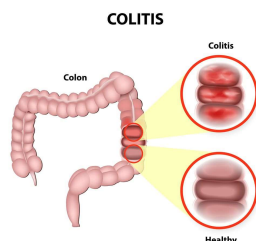
- Dehydration
- Electrolyte Imbalance
- Anemia

**\* Complications \***

- Intra-abdominal Abscesses
- Intestinal Fistulas
- Peritonitis
- Development of Fistulae

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# Ulcerative Colitis



- ▶ Inflammatory bowel disease
  - ▶ Affects large intestine and rectum
- ▶ Multiple ulcerations and inflammation in superficial mucosa and submucosa of colon
- ▶ Remissions and exacerbations occur
- ▶ Increases risk for colorectal cancer

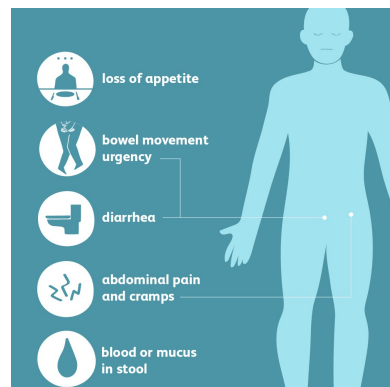
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## Ulcerative Colitis-Causes

- ▶ Exact cause unknown
- ▶ Infection, allergy, and autoimmune response possible causes
- ▶ Environmental
  - ▶ Pesticides
  - ▶ Tobacco
  - ▶ Radiation
  - ▶ Food additives may exacerbate
- ▶ Diet and psychological stress may trigger

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## Ulcerative Colitis-Signs/Symptoms



- ▶ Abdominal pain
- ▶ 5 to 10 liquid stools daily
- ▶ Rectal bleeding
- ▶ Fecal urgency
- ▶ Anorexia
- ▶ Weight loss
- ▶ Cramping
- ▶ Vomiting
- ▶ Fever
- ▶ Dehydration

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## Ulcerative Colitis-Complications

- ▶ Hemorrhage
- ▶ Toxic megacolon
- ▶ Perforation
- ▶ Peritonitis
- ▶ Osteoporosis
- ▶ Increased risk for colorectal cancer



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## Ulcerative Colitis-Tests

- ▶ Diagnostic tests
  - ▶ C B C
  - ▶ Stool specimen
  - ▶ Electrolytes
  - ▶ Protein level
  - ▶ Colonoscopy with biopsy
  - ▶ Leukocyte scintigraphy

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## Ulcerative Colitis-Therapeutics

Avoid offending foods.

### Medications

- Anti-inflammatory
- Antidiarrheals
- Biologic response modifiers
- Corticosteroids
- Immunosuppressants

Surgery if necessary

Enteral feedings or TPN if required

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## Crohn's Disease VS Ulcerative Colitis

### ▶ Crohn's Disease

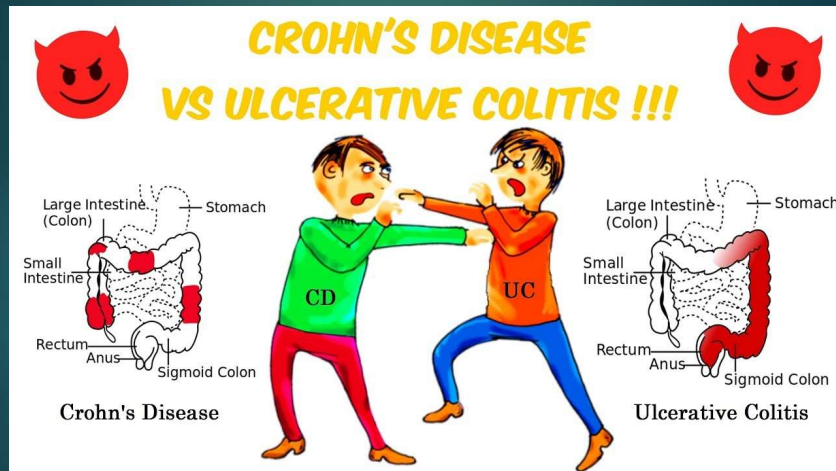
- ▶ Involves any part of GI tract
- ▶ Segmental
- ▶ Involves all layers of mucosa
- ▶ Steatorrhea frequent
- ▶ Strictures and fistulas common
- ▶ Slowly progressive
- ▶ Malignancy rare

### ▶ Ulcerative Colitis

- ▶ Involves colon, extends from rectum
- ▶ Continuous
- ▶ Involves mucosa and submucosa
- ▶ Steatorrhea absent
- ▶ Strictures and fistulas rare
- ▶ Remissions and relapses
- ▶ Malignancy common

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## Crohn's Disease VS Ulcerative Colitis



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## Irritable Bowel Syndrome

Not inflammation, ulceration, or perforation

It alters intestinal motility

- Bowel mucosa not changed

Colon muscle contracts:

- More easily
- Disorderly and violently
- Leads to bowel changes

Bowel patterns

- Irritable bowel syndrome (I B S) with diarrhea
- I B S with constipation
- I B S with mixed diarrhea and constipation

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# Irritable Bowel Syndrome

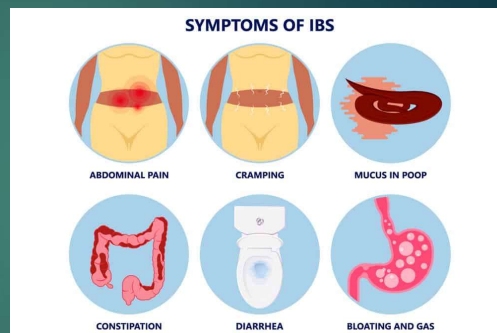
## ► Etiology

- More common in women
- Hereditary
- Bowel nerves more sensitive
- Triggers
  - Psychological stress/food intolerances
  - Infection
  - Menstruation

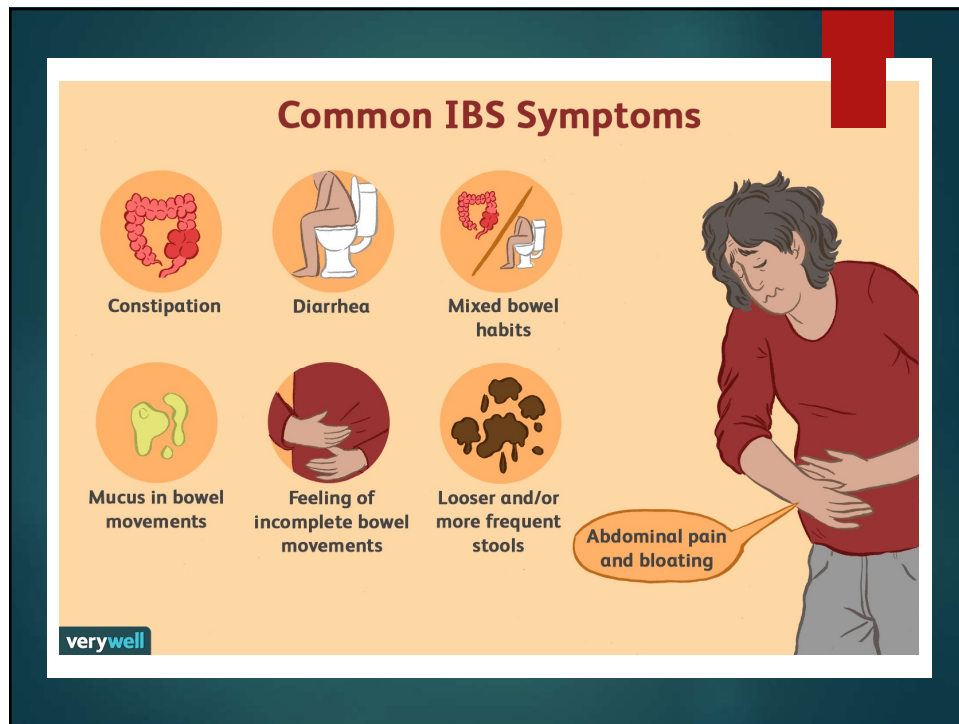
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# Irritable Bowel Syndrome- Signs/Symptoms

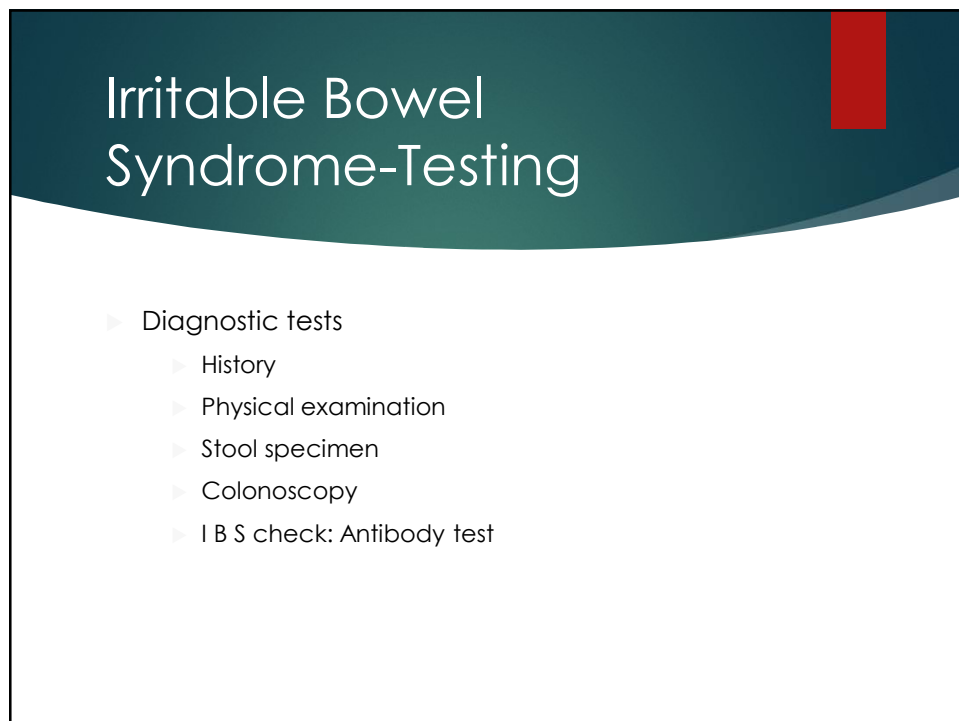
- Gas
- Bloating
- Constipation
- Diarrhea
- Abdominal pain
- Depression, anxiety



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# Irritable Bowel Syndrome- Therapeutics

- ▶ Therapeutic interventions
  - ▶ Low F O D M A P diet
  - ▶ Diet high in fiber and bran
  - ▶ Avoid trigger foods.
  - ▶ Smaller, frequent meals
  - ▶ Medications
  - ▶ Stress management
    - ▶ Behavioral therapy
    - ▶ Exercise
    - ▶ Medications depend on type of I B S

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## Low FODMAP Diet

LOW FODMAP DIET					
FOOD	VEGETABLES	FRUITS	PROTEINS	FATS	STARCHES, CEREALS & GRAINS
<b>EAT</b>	 lettuce, carrot, cucumber	 strawberries, pineapples, grapes	 chicken, eggs, tofu	 oils, butter, peanuts	 potatoes, tortilla chips, popcorn
<b>AVOID</b>	 garlic, beans, onion	 blackberries, watermelon, peaches	 sausage, battered fish, breaded meats	 almonds, avocado, pistachio	 beans, gluten-based bread, muffins

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# Irritable Bowel Syndrome-Therapeutics

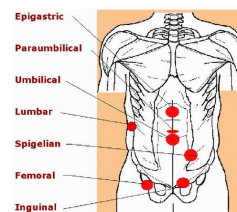
- ▶ Medications
  - ▶ IBS with constipation
    - ▶ Selective serotonin reuptake inhibitors
      - ▶ Paroxetine hydrochloride (Paxil), fluoxetine (Prozac, Sarafem)
    - ▶ Increase fluid secretion into bowel
  - ▶ IBS with diarrhea
    - ▶ Low-dose tricyclic antidepressants
    - ▶ Antispasmodics
    - ▶ Antibiotics

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# Abdominal Hernias

- ▶ **Pathophysiology**
  - ▶ Protrusion of organ or structure through weakness or tear in wall of abdomen
- ▶ **Cause**
  - ▶ Weakness in abdominal wall with increased intra-abdominal pressure
  - ▶ Coughing, straining, heavy lifting

**Hernia:** The protrusion of tissue through a defect in fascial and/or muscular layer(s) that normally contain it.

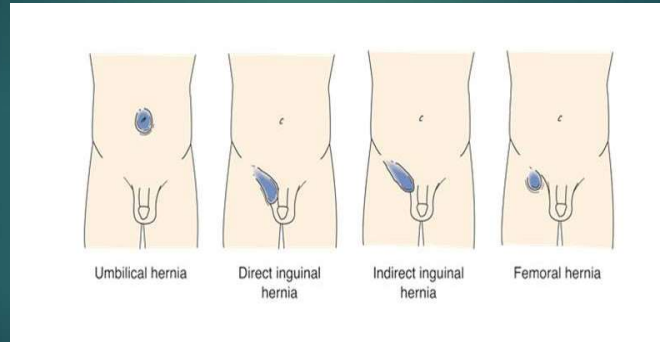


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# Abdominal Hernias

## ► Types

- Umbilical
- Inguinal: Direct, indirect
- Femoral



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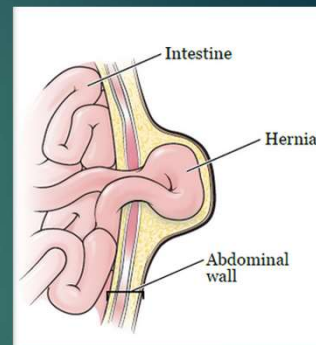
# Abdominal Hernias-Signs/Symptoms, Complications

## ► Signs and symptoms

- None
- Bulging

## ► Complications

- **Strangulated incarcerated hernia**
  - Blood and intestinal flow cut off!
    - Lead to obstruction
    - Gangrene and bowel perforation



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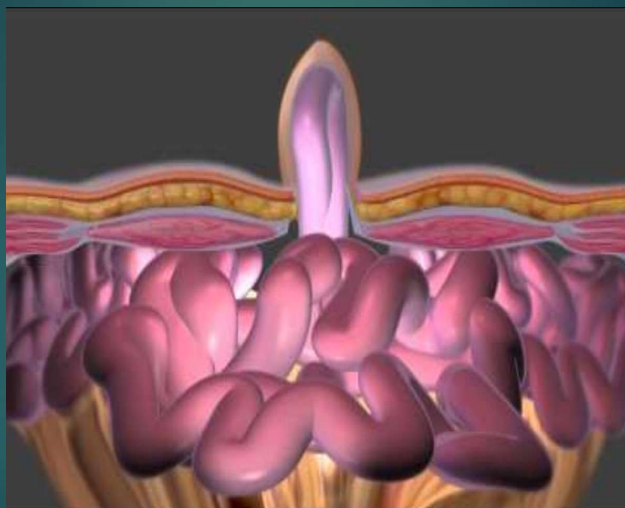


## Abdominal Hernias-Therapeutics

- ▶ Therapeutic interventions
  - ▶ None/Observation
  - ▶ Support devices
  - ▶ Surgery
    - ▶ Herniorrhaphy
      - Small hernias
        - ▶ Put sac content back, sew weak tissues, close incision
    - ▶ Hernioplasty
      - Put hernia back into abdomen
        - ▶ Reinforce weakened muscle wall with wire, fascia, or mesh

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## Repairing a Hernia with Surgery



<https://www.youtube.com/watch?v=pLw3AjZx3NQ>

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## Abdominal Hernias-Nursing Care

### Education

- No coughing or lifting
- Complication signs
  - Strangulation=pain at hernia site, nausea and vomiting, abdominal pain
- Support garments

### Postoperative

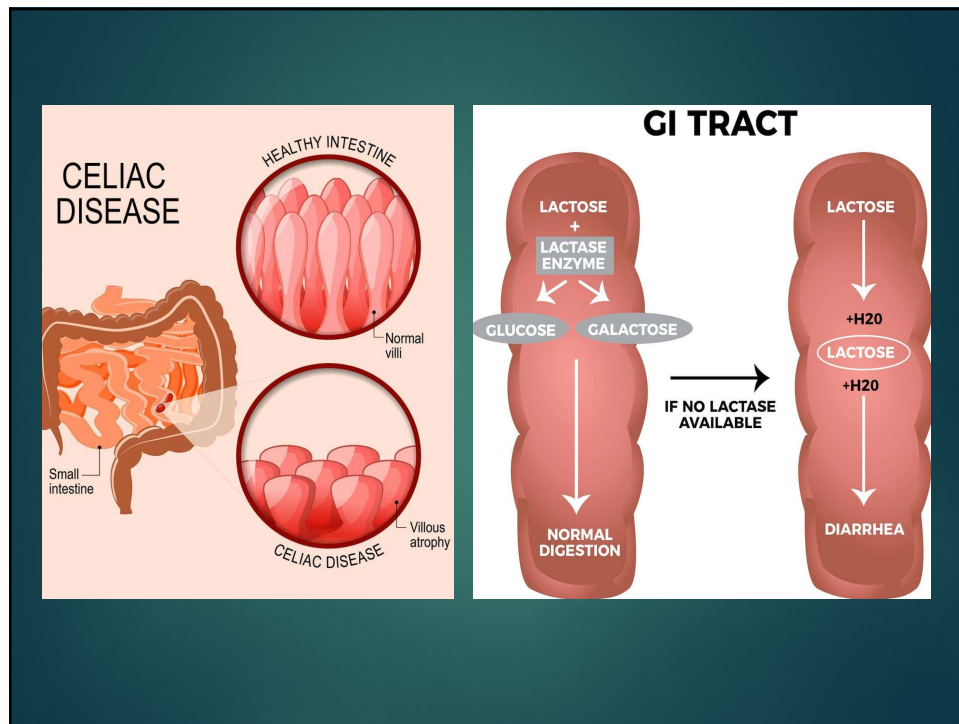
- No coughing or lifting
- Activity limits
- Ice pack to and elevate the scrotum
- Education
  - Deep breathing to clear lungs (no coughing)
  - Changing dressing
  - Report problems urinating, bleeding, signs of infection

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## Absorption Disorders

- ▶ Inability to absorb one or more major nutrients
  - ▶ Carbohydrates, fats, or proteins
- ▶ Causes
  - ▶ Ileus dysfunction, jejunal diverticula, parasitic disease, enzyme deficiency
- ▶ Types
  - ▶ **Celiac disease**
    - ▶ Gluten sensitivity
      - Malabsorption of protein in wheat, barley, and rye
  - ▶ **Lactose intolerance**
    - ▶ Lactase deficiency
      - Malabsorption of lactose in milk products

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## Absorption Disorders- Signs/Symptoms

- ▶ Related to malabsorption
  - ▶ Weight loss
  - ▶ Weakness, Fatigue
  - ▶ **Celiac Disease**
    - ▶ None, frequent loose, bulky, foul stools
    - ▶ Gray in color
    - ▶ Increased fat content
  - ▶ **Lactose intolerance**
    - ▶ Abdominal cramping, excessive gas, loose stools after eating milk products

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## Absorption Disorders- Complications

### Vitamin K deficiency

- Hypoprothrombinemia
- Increases risk of bleeding

### Calcium deficiency

- Bone pain and neuromuscular hyperirritability, tetany

### Folic acid, vitamin B12, and iron deficiency

- Glossitis, stomatitis, anemia, dry, rough skin

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## Absorption Disorders- Therapeutics

- ▶ Nursing care
  - ▶ Monitor
    - ▶ Fluids, electrolytes, nutritional status
    - ▶ Daily weight
    - ▶ Intake and output
  - ▶ Education
  - ▶ **Celiac Disease**
    - ▶ High protein, high calorie, gluten-free diet
  - ▶ **Lactose Intolerance**
    - ▶ Avoid dairy products, Lactaid when dairy cannot be avoided

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# Intestinal Obstruction

## Flow of intestinal contents is blocked

- Partial or complete blockage

## Mechanical

- Blockage occurs within the intestine
- Bowel sounds high-pitched/tinkling
  - Adhesions, twisting of bowel, strangulated hernia

## Nonmechanical

- Peristalsis impaired
- Bowel sounds absent
  - Abdominal surgeries, trauma, mesenteric ischemia, infection

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# Intestinal Obstruction

## Small Bowel Obstruction

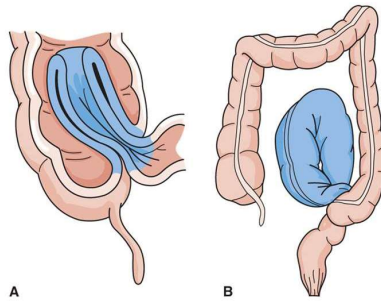
- Collection of intestinal contents, gas, fluids proximal to obstruction

## Causes

- Post abdominal surgery
  - Loops of intestine adhere to areas in abdomen that are not healed
- Adhesions or bands of scar tissue
  - Most common cause
  - Acquired from previous surgery or inflammation
- Hernias, neoplasms, inflammatory bowel disease, foreign bodies, strictures, volvulus, intussusception

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## Mechanical Bowel Obstructions



▶ A. Intussusception

▶ B. Volvulus

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## Intestinal Obstruction- Signs/Symptoms

- ▶ Signs and symptoms
  - ▶ Wave-like abdominal pain
  - ▶ Blood and mucus per rectum
  - ▶ Feces and flatus cease
  - ▶ Fecal vomiting may occur:
    - ▶ **Stops as the obstruction becomes worse**
  - ▶ Abdominal distention
  - ▶ Fluid/electrolyte imbalance

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## Intestinal Obstruction- Tests

- ▶ Diagnostic tests
  - ▶ Abdominal x-ray
  - ▶ C T scan
  - ▶ C B C and electrolytes

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## Intestinal Obstruction- Therapeutics

N P O with frequent oral care

N G tube

- Decompress bowel

Fluid and electrolyte replacement

Medications

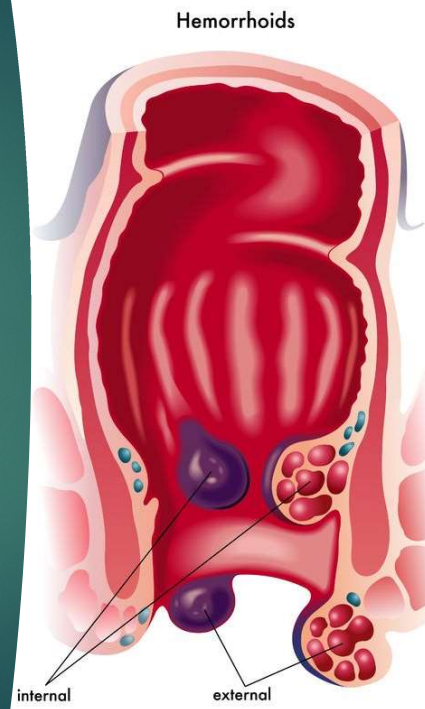
- Antibiotics
- Antiemetics
- Analgesics

Surgery

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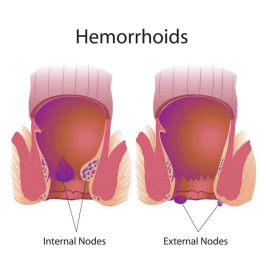
## Anorectal Problems- Hemorrhoids

- ▶ Hemorrhoids
  - ▶ Enlarged veins within the anal tissue
  - ▶ Causes
    - ▶ Increased pressure in veins/intraabdominal pressure
    - ▶ Straining during bowel movements
    - ▶ Chronic constipation
    - ▶ Pregnancy
    - ▶ Prolonged sitting or standing
    - ▶ Obesity
    - ▶ Portal hypertension related to liver disease



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## Anorectal Problems- Hemorrhoids



- ▶ Hemorrhoids
  - ▶ Internal
    - ▶ Occur above internal sphincter
    - ▶ Usually not painful unless prolapse
    - ▶ May bleed during bowel movements
  - ▶ External
    - ▶ Occur below anal sphincter
    - ▶ Inflammation and edema occur with thrombosis
    - ▶ Severe pain and possible infarction of skin and mucosa over hemorrhoids

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## Anorectal Problems- Hemorrhoids Therapeutics

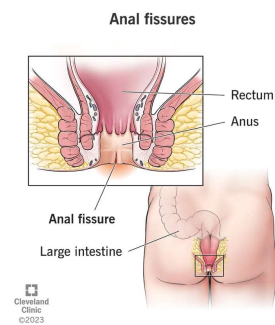
### Prevention

- ▶ Constipation, straining, increase fluids, stool softeners, standing long times
- ▶ Sitz baths increase circulation
- ▶ Astringents –witch hazel
- ▶ Anti-inflammatory medications
  - ▶ Steroid creams
  - ▶ suppositories
- ▶ Alternating ice and heat
  - ▶ Relieves edema and pain related to thrombosed hemorrhoids

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## Anorectal Problems- Anal Fissures

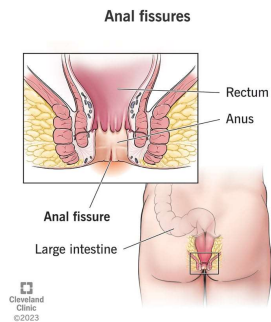
- ▶ Cracks or ulcers in lining of anal canal
- ▶ Cause
  - ▶ Constipation/stretching of anus with passage of hard stool
  - ▶ Crohn's Disease
- ▶ Signs and symptoms
  - ▶ Bright red bleeding
  - ▶ Pain delay defecation/constipation



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## Anorectal Problems- Anal Fissures- Therapeutics

- ▶ Therapeutic Care
  - ▶ Stool softeners
  - ▶ Sitz baths
  - ▶ Anesthetic suppositories
  - ▶ Non-opioid analgesics
  - ▶ Surgical excision



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## Gastrointestinal Bleeding- Signs/Symptoms



Vital signs!  
Monitor vital signs  
frequently



Signs and symptoms  
Occult blood, melena,  
bright-red stools



Treat cause

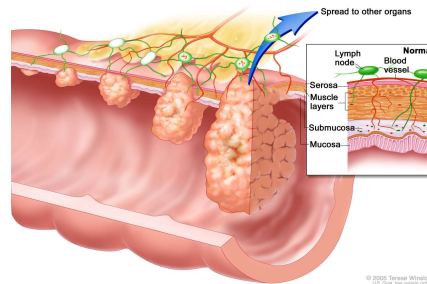


Nursing care  
Monitor stools/bleeding  
Vital signs  
Shock signs  
Diagnostic prep

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# Colon Cancer

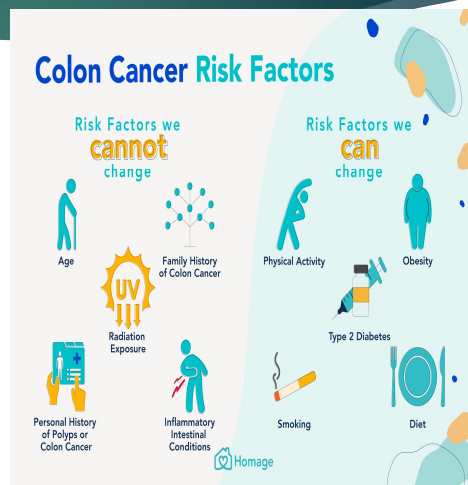
- ▶ Colorectal Cancer
- ▶ Major cause: Lack of dietary fiber
- ▶ Signs and symptoms
  - ▶ Change in bowel habits
  - ▶ Blood or mucus in stools
  - ▶ Abdominal or rectal pain
  - ▶ Weight loss
  - ▶ Anemia
  - ▶ Obstruction



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# Colon Cancer

- ▶ Risk Factors
  - ▶ Low fiber diet
  - ▶ History of colon polyps
  - ▶ History of ulcerative colitis
  - ▶ Smoking
  - ▶ Obesity
  - ▶ Age
  - ▶ Low activity levels



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## Colorectal Cancer- Testing

- ▶ Diagnostic tests
  - ▶ Colonoscopy with biopsy
  - ▶ Sigmoidoscopy with biopsy
  - ▶ Proctosigmoidoscopy
  - ▶ C T scan
  - ▶ Abdominal and rectal examination
  - ▶ Immunological tests
  - ▶ Fecal occult blood
  - ▶ Carcinoembryonic antigen

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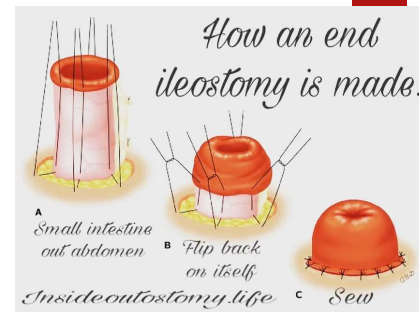
## Colorectal Cancer- Therapeutics

- ▶ Therapeutic interventions
  - ▶ Surgery
    - ▶ Resection
    - ▶ Abdominoperineal resection
    - ▶ Colostomy
    - ▶ Postoperative care
  - ▶ Radiation
  - ▶ Chemotherapy
  - ▶ Monoclonal antibody therapy
  - ▶ Analgesics
  - ▶ Parenteral nutrition as necessary
  - ▶ Support and education

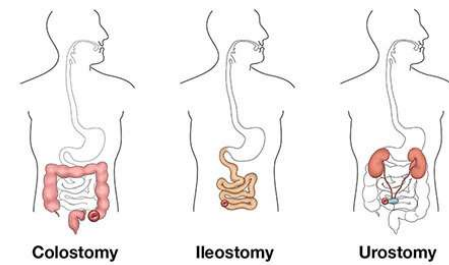
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## Client with Ostomy

- ▶ Ostomy
  - ▶ Surgically created opening diverts stool or urine to outside of body
- ▶ Stoma
  - ▶ Portion of bowel sutured onto abdomen
- ▶ Abdominal ostomies
  - ▶ Ileostomy
  - ▶ Colostomy
  - ▶ Urostomy

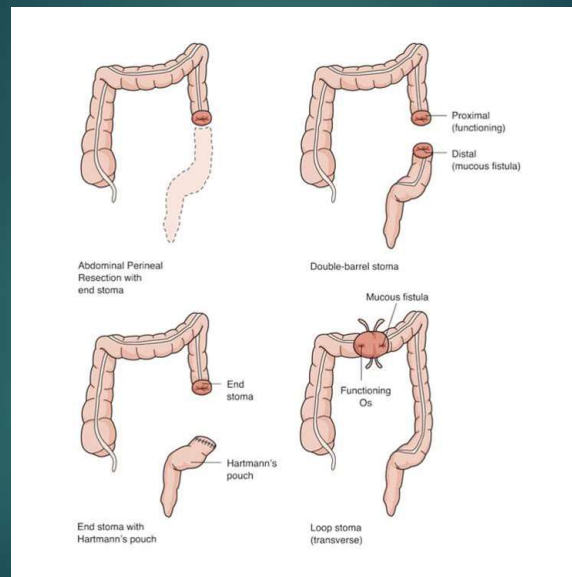


### The 3 Types of Ostomies

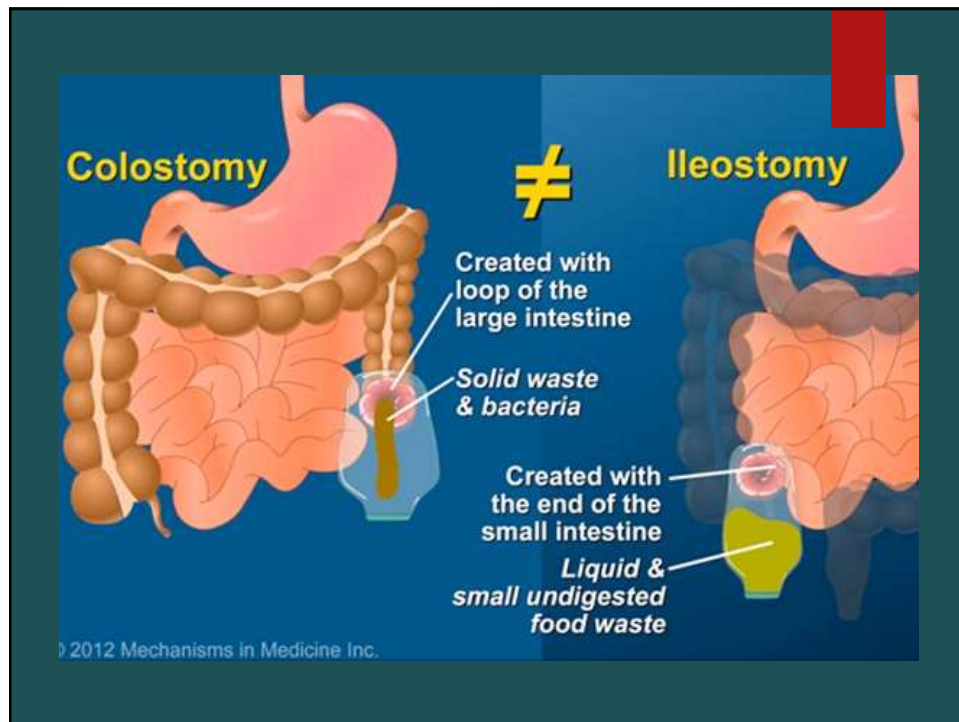


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## Types of Stomas



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## Ileostomy

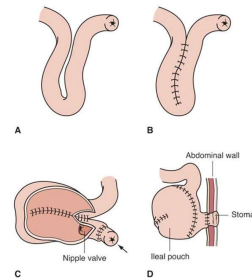
- ▶ Terminal ileum to abdominal wall after total colectomy
- ▶ Teach drink 8-10 glasses of fluid per day to prevent dehydration!
- ▶ Types
  - ▶ **Conventional ileostomy**
    - ▶ Small stoma in right lower quadrant
    - ▶ Continuous flow of liquid

The diagram shows a conventional ileostomy. It labels the **Damaged/impaired section of colon**, the **Stoma** (the protruding part of the small intestine), the **Products of digestion** (liquid waste), and the **Ileostomy bag** (the collection device). The source is cited as Mechanisms in Medicine Inc.

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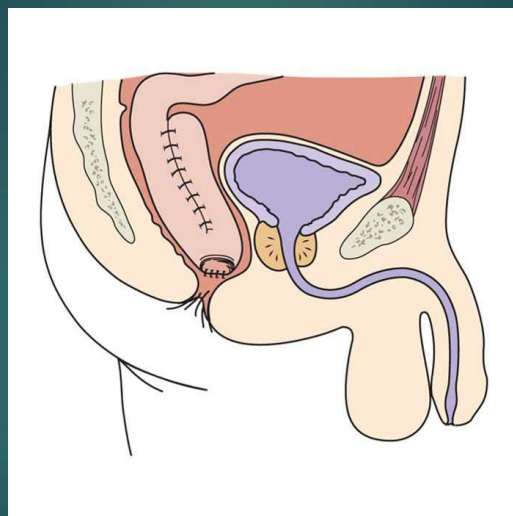
# Ileostomy

- ▶ Type
- ▶ **Continent ileostomy: Kock pouch**
  - ▶ Internal reservoir with a nipple valve
  - ▶ Empty reservoir 3 to 4 times daily



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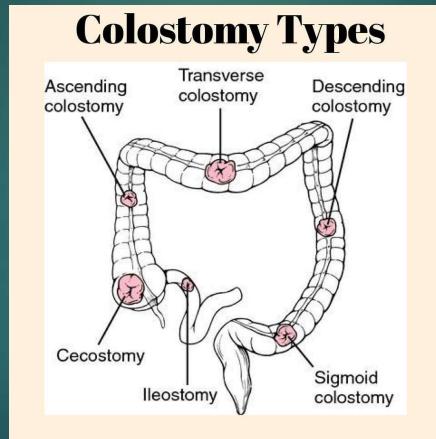
## Ileoanal Anastomosis: J Pouch



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# Colostomy

Effluent becomes less liquid and more solid as location of ostomy becomes more distal in colon.



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## Colostomy Types



### End stoma

Proximal bowel end brought to abdominal wall



### Loop stoma

Loop of bowel outside abdomen with bridge under it

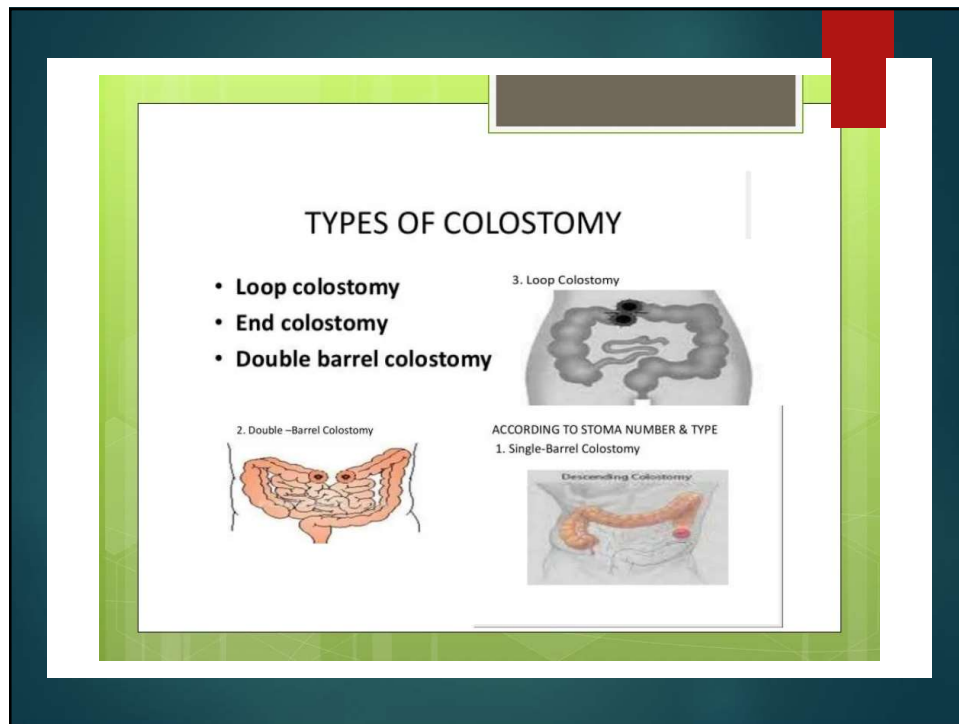


### Double-barrel stoma

Temporary ostomy  
Both ends of colon outside abdominal wall, form two stomas  
Proximal stoma is functioning stoma  
Distal stoma is mucous fistula

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## Postoperative Ostomy Care

- ▶ Data collection
  - ▶ Vital signs
  - ▶ Stoma
    - ▶ Pink to red, moist = normal
    - ▶ Bluish = inadequate blood supply
    - ▶ Black = necrosis



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## Postoperative Ostomy Care

- ▶ Data collection
  - ▶ Skin around stoma monitored for irritation
  - ▶ Stoma shrinks over weeks
- ▶ Ostomy care
  - ▶ Appliance change
  - ▶ **Appropriate size of collection bag is essential-too small can cause edema at stoma!**
  - ▶ Teaching



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## Review Question

Which of these interventions should the nurse contribute to the plan of care for constipation prevention? **Select all that apply.**

1. High-fiber diet
2. Fluids
3. Exercise
4. High-carbohydrate diet
5. Low-protein diet

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## Review Question

What findings would be consistent with a client experiencing an appendicitis? **Select All That Apply**

1. Fever
2. Nausea/vomiting
3. Anorexia
4. Pain at McBurney's point

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## Review Question

Which of these signs/symptoms would the nurse expect during data collection for a patient with ulcerative colitis? **Select all that apply.**

1. Anorexia
2. Calf pain
3. 5 to 20 stools daily
4. Rectal bleeding
5. Urinary urgency

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## Review Question

Which of below would a client with celiac disease want to avoid? **Select all that apply.**

1. Bean burrito in flour tortilla
2. Bran cereal with barley
3. Grilled cheese sandwich on wheat bread
4. Reuben sandwich on rye bread

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## Review Question

The nurse understands that which of these occurs with a mechanical bowel obstruction? **Select all that apply.**

1. Blockage occurs within the intestine.
2. Peristalsis decreases or stops.
3. Bowel sounds are high pitched.
4. Diarrhea occurs.
5. Bowel sounds are absent.

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## Review Question

Which stoma color indicates an inadequate blood supply and is a priority for the nurse to report?

1. Black
2. Bluish
3. Pink
4. Red

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## Review Question

**The nurse is caring for a client with colon cancer. Which statement by the client would indicate more education is required?**

1. "My history of ulcerative colitis may have put me at risk for colon cancer."
2. "I always feared the colon polyps 10 years ago may lead to colon cancer."
3. "My wife always told me that I needed to stop smoking before it lead to cancer...I suppose she may have been right all along."
4. "I only I had eaten a high fiber diet more...I may not have had colon cancer."