

Nursing care of patients with intestinal diseases-. (Crohn's disease and diverticulosis of the intestine)

Performed by:

Adriana

Kowalczyk Kamil

Sułkowski Kamil

Wojdacz Łukasz

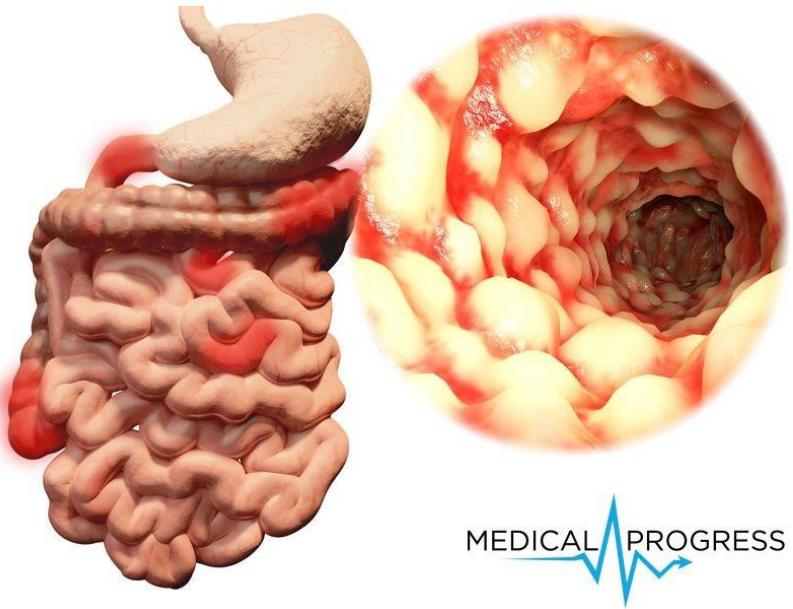
Paszkot

Nikoleta Kuryś-

Gadaj Wojciech

Górecki

Crohn's disease



It is included (along with ulcerative colitis) among inflammatory bowel diseases. It is a chronic inflammatory process of the mucosa and submucosa of the intestine, with lesions that can occur in any section of the gastrointestinal tract - from the mouth to the rectum. However, inflammatory infiltrates are most often localized in the terminal small intestine and initial large intestine, involving the entire thickness of the intestinal wall, causing fistulas and strictures (intestinal obstruction) and inflammatory tumors. The disease process is ongoing with periods of exacerbation and improvement. Unfortunately, as of today, the etiology as well as effective treatment of the disease is unknown.

Symptoms



The onset of the disease is most often uncharacteristic with a slow course, but sometimes it progresses acutely, with a dramatic course and the formation of toxic rectal distension caused by deep damage to the intestinal wall.

Major gastrointestinal symptoms:

- ▶ Chronic diarrhea (sometimes nocturnal), usually without blood in the stools
- ▶ Abdominal pain often located in the right lower abdomen

Intestinal obstruction

Development of lesions like fistulas, fissures, abscesses

Lumpy resistance in abdomen

Extraintestinal symptoms include:

Pale coatings skin

Skin lesions, such as erythema nodosum, pyoderma gangrenosum

Emaciation, fatigue, weakness

Arthritis, bile ducts

Changes in the organ of vision-eyes

Recognition

The diagnosis of Crohn's disease is based on:

- ▶ Colonoscopy z downloading materials for tests histopathological
- ▶ Contrast infusion into the colon
- ▶ Research laboratory- elevated ESR, anemia, CRP to control disease activity
- ▶ Study w towards antibodies ANCA, ASCA- allow diagnosis of inflammatory bowel diseases
- ▶ Differentiation z ulcerative inflammation colitis



Complications



Local complications of the disease include:

- ▶ Internal-intestinal fistulas, which occur in 30-40% of patients
- ▶ External-intestinal-cutaneous fistulas
- ▶ Abscesses between intestinal loops
- ▶ Perianal lesions- abscesses, fistulas
- ▶ Intestinal hemorrhages
- ▶ Colorectal cancer
- ▶ Rarely, bowel perforation with formation of abscesses or acute distention of the colon

Extraintestinal complications of the disease include:

- ▶ Cholelithiasis
- ▶ Inflammations-pancreatitis, myocarditis, pericarditis, optic nerve, conjunctivitis, kidney (glomerular and interstitial), arthritis
- ▶ Anemia
- ▶ Demyelinating diseases
- ▶ Autoimmune livers inflammation liver, steatosis
- ▶ Osteoporosis and osteopenia
- ▶ Skin diseases- psoriasis, gangrenous dermatitis, erythema nodosum

Treatment

Unfortunately, there are no known ways to effectively treat Crohn's disease. Conservative pharmacological and surgical treatment is used, but even excision of the involved bowel segment does not exclude the appearance of lesions in another segment.

- ▶ Pharmacological treatment- is based on the use of corticosteroids, aminosalicylates, immunosuppressants but also biological drugs (use of antibodies monoclonal antibodies recombinant or derived from living organisms). In case of complications- abscesses and other perianal lesions, surgical wound infections, sepsis, etc. antibiotics are used.





- ▶ In surgical treatment, indications for elective and emergency surgery are distinguished. Elective surgery is performed when intestinal obstruction gradually develops, the patient's condition does not improve despite pharmacotherapy, fistulas are present that will not be closed by drug treatment, and in patients living with the disease for many years. Emergency indications are intestinal obstruction, perforation of the gastrointestinal tract, the presence of an inflammatory focus, tumor or abscess. The presence of inflammatory foci and significant strictures causing obstruction may involve resection of a section of the intestine, the creation of a bypass anastomosis or a stoma.

Surgical procedures used

The treatment of Crohn's disease includes:

- ▶ Right hemicolecction (excision of the right segment of the intestine with the lesion and fusion of the healthy fragments)
- ▶ **S**ectional resections
- ▶ Plasticity of intestinal strictures, dilatation of strictures with balloons
- ▶ Treatments to eliminate perianal fistulas
- ▶ Fabrication of bypass anastomosis, emergence of stoma
- ▶ Colectomy, Proctocolectomy with or without intestinal reservoir formation

Nursing care of a patient with Crohn's disease

Nursing problem:

Patient weakness due to impaired absorption of nutrients

Objective:

- ▶ Restoration of adequate nutritional status
- ▶ Prevention of exacerbation of intestinal inflammation

Nursing activities:

Control of basic parameters-body temp, blood pressure, once a day at a fixed time measurement of body weight. Documentation of measurements.

Keeping constant observation for increased muscle defense, stool retention, gas, enlarging abdominal girth (obstruction), peritonitis

Adaptation of physical activity to the patient's capacity

Educating the patient about the need for diet and lifestyle changes

Participation in drug treatment according to the order sheet

Determination of blood electrolytes (on doctor's order)

In the presence of water-electrolyte deficiencies- administration of more fluids orally or intravenous rehydration according to the Order.

Introduction of liquid diet or parenteral nutrition in a situation of significant exacerbation of the disease (for doctor's order)

Nursing problem:

Recurring pains abdomen resulting from increased intestinal contractility

Objective:

- ▶ Elimination of pain
- ▶ Prevention of dehydration
- ▶ Normalize intestinal peristalsis
- ▶ Maintenance of patient's body hygiene

Nursing activities:

- ▶ Observation of the number, frequency and nature of bowel movements
- ▶ Paying attention to the intensity of pain, administering diastolic and analgesic drugs according to the order



Observation for dehydration of the body (tachycardia, thready pulse, increase in hematocrit)

Keeping a fluid balance, replenishing fluids and electrolytes

Reducing the feeling of dryness in the mouth- rinsing the mouth and its frequent toilet

Make the patient aware of the need to change their diet

Taking care of the patient's hygiene, assisting with toileting if necessary, using bedsores prophylaxis

Provide the patient with intimacy and a sense of security

Nursing problem:

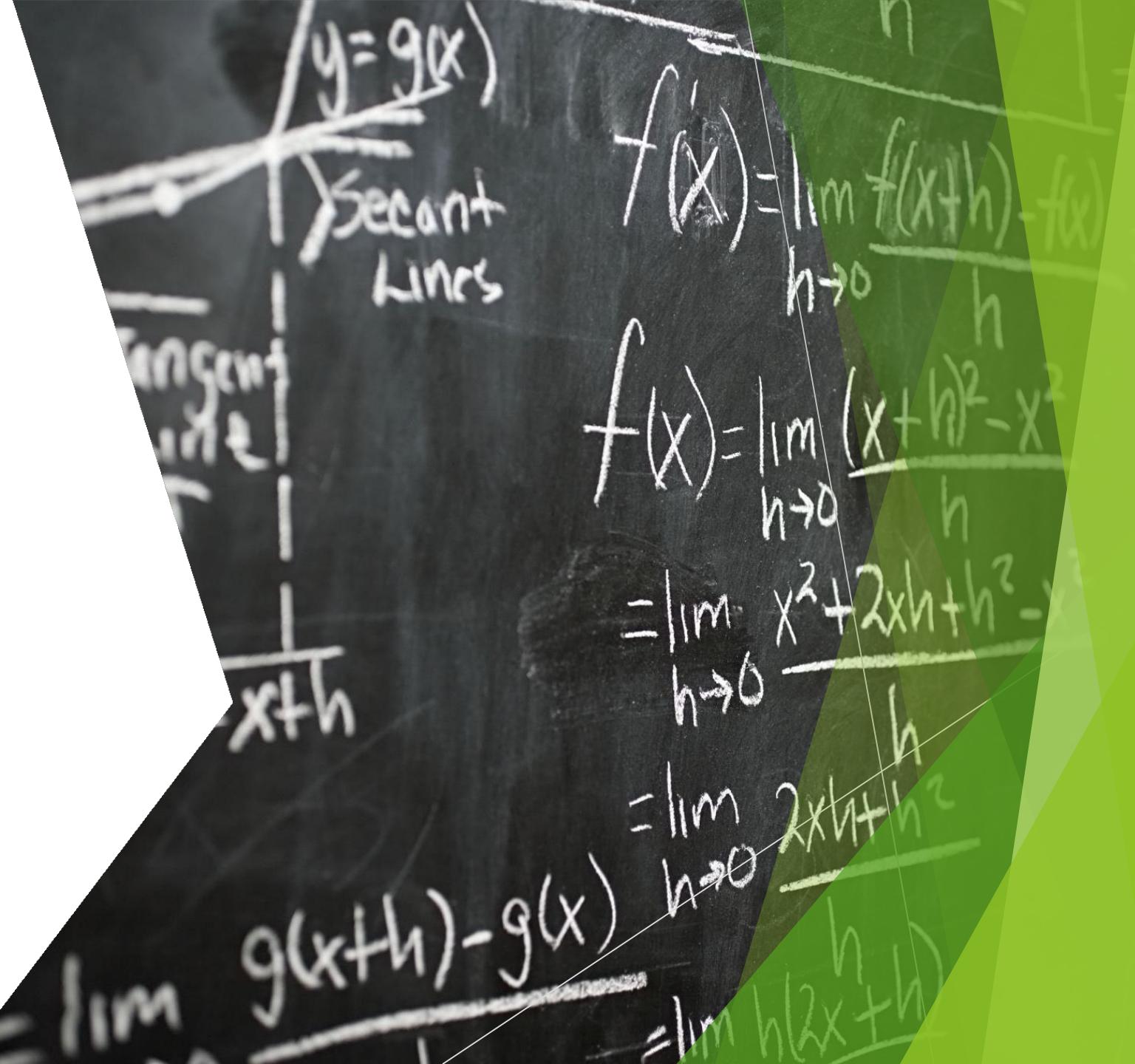
Anxiety related to the disease and its possible complications (stoma removal), lack of knowledge about the disease

Objective:

- ▶ Reducing the patient's anxiety
- ▶ Supplemental knowledge, patient education

Nursing activities:

- ▶ Providing answers to Questions that are bothering the patient
- ▶ Education on living with the disease
- ▶ Showing mental support and willingness to help
- ▶ Provide patient comfort and a sense of security



Nursing care after intestinal stoma removal surgery

The nurse's job is to care for the patient before and after the procedure. She prepares the patient for diagnostic tests as well as the procedure itself.

Nursing problem:

Postoperative wound pain

Objective:

Elimination or removal of ailments, improvement of patient comfort

Nursing activities:

- ▶ Controlling the severity of the ailment
- ▶ Observation of postoperative wound for wound infection, suture separation
- ▶ Observation secretion flowing throughstrainers i drains z cavity post-operative
- ▶ Reduce soreness by positioning the patient from a position that reduces tension on the surgical wound
- ▶ Administration of pain medication as ordered

Nursing problem:

Nuisance nausea and vomiting

Objective:

Prevention of nausea and vomiting

Nursing activities:

- ▶ Limiting stimuli (e.g., odors) that can increase nausea, airing the room
- ▶ Giving the patient a glass of water to drink in small sips
- ▶ In case of vomiting, position the patient on his side (risk of choking)
- ▶ Administration of antiemetic drugs as ordered
- ▶ Frequent oral hygiene
- ▶ Provide the patient with peace and restful conditions

Nursing problem:

Risk of thromboembolic complications

Objective:

Preventing complications from occurring

Nursing activities:

- ▶ Use of thromboprophylaxis: mechanical methods,
- ▶ Use of perioperative pharmacological thromboprophylaxis
- ▶ Early patient mobilization after surgery
- ▶ Patient education
- ▶ Observation of the patient w towards possible complications
thrombotic embolism (pain, swelling, cord-like hardening of the vessel)

Nursing problem:

- ▶ Inability to take food by mouth
- ▶ Disruption of digestive processes
- ▶ Discomfort caused by pathological changes in the oral mucosa-dryness, plaque on the tongue, bad breath

Objective:

- ▶ Maintaining adequate patient nutrition
- ▶ Restoring balance to digestive processes
- ▶ Reduce discomfort

Nursing activities:

- ▶ Use of parenteral nutrition
- ▶ Control of the patient occurrence of from for possibility of metabolic, embolic, septic complications
- ▶ Use of enteral nutrition
- ▶ Return to oral nutrition- expansion of diet, assessment of the degree of gastrointestinal tolerance to the introduction of nutrition by the dosage route
- ▶ Observation of return of intestinal peristalsis after surgery
- ▶ Preventing constipation-flaxseed, fiber

Nursing problem:

Anxiety and shame related to stoma removal, deficiency of patient's knowledge about further management

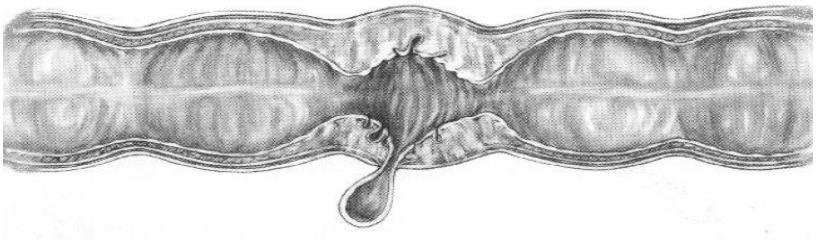
Objective:

- ▶ Maintaining proper stoma hygiene
- ▶ Patient education
- ▶ Assistance in adapting to a new life situation

Nursing activities

- ▶ Prevention of peristomal hernia formation
- ▶ Assessment of stoma viability and function
- ▶ Ostomy care
- ▶ Teaching patient the principles of management with stoma-hygiene measures, selection of appropriate bags, their replacement
- ▶ Make the patient aware of the need to change their diet
- ▶ Calming the patient's anxiety-explaining that living with a stoma does not affect the significantly affect the comfort of life
- ▶ Serving the patient with support and willingness to help

Diverticulosis of the intestine



Diverticulosis of the intestine is the presence of pathological diverticula, or bag-like protrusions of the intestine, most commonly found in the sigmoid colon. They are almost always acquired and, according to epidemiological studies, a diet with insufficient amounts of vegetable fiber plays a major role in their formation. Increased intestinal transit time and excessive contractions of the colon lead to hypertrophy of the colonic muscle layer and an increase in intraluminal pressure, under the influence of which the mucosa is pushed outward and a diverticulum forms.

Sympto ms

In most cases, diverticulosis of the intestine is asymptomatic and the presence of diverticula is detected incidentally during rectal infusion or during colonoscopy. The clinical form with ailments that occur are called *Diverticular disease*, while the main ones are:

- ▶ Increasing pain in the left hip fossa after meals and subsiding after bowel movements
- ▶ Change in the rhythm of bowel movements
- ▶ Flatulence, constipation or constipation alternating with diarrhea
- ▶ Periodic retention of stool and gas

Recognition

The presence of intestinal diverticula is diagnosed by colonoscopy and radiological examination- rectal infusion. Tests helpful in the diagnosis of diverticulosis are routine urine and blood tests, ultrasound and CT scan (to evaluate pus reservoirs), vascular or isotopic examination (to determine the source of bleeding). Patients with bladder irritation may develop microscopic hematuria. Diverticular disease is differentiated from Crohn's disease, colorectal cancer, ischemic/acute infectious colitis, functional bowel disorders, ovarian cancer, cystitis.

Complications

Some patients with diverticula develop complications, such as:

- ▶ Diverticulitis- 10-25% of patients
- ▶ Intestinal obstruction
- ▶ Perforation of the intestine
- ▶ Circumferential abscess
- ▶ Hemorrhage
- ▶ Fistula formation to bladder, ureter, vagina, small bowel, uterus, skin fistula

Complications are more common in obese patients, Those who follow a low-fiber diet, smoke tobacco and use nonsteroidal anti-inflammatory drugs.

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It is limited to outpatient treatment. Very important for patients with the uncomplicated form of diverticulosis is the consumption of large amounts of oat bran, which regulates bowel movements and reduces pain. They are introduced gradually, regularly increasing the intake to as much as 6-10 tablespoons a day. Pharmaceuticals with a smooth muscle relaxant effect are also used.

Treatment of patients with diverticulitis



If it is uncomplicated inflammation, the patient does not have a fever, does not suffer from other serious comorbidities and his general condition is satisfactory he can be treated on an outpatient basis. Of course, the prerequisite is adequate care at home by family members, caregivers. Treatment is based on a liquid diet and antibiotic therapy with broad-spectrum drugs for 7-10 days. Inpatient treatment applies to the elderly, with serious concomitant diseases, feverish, with weakened immunity. In this case, therapy is also continued for 7-10 days, with a zero diet and a supply of fluids and drugs exclusively by intravenous route. If conservative treatment does not improve the patient's condition, further diagnosis for complications of diverticulitis is required.

Surgical treatment of complications

Emergency surgical treatment is required for complications such as free perforation, bowel obstruction or intra-abdominal abscess. For abscess complications, the most common procedure is the Hartmann procedure, which involves excision of the lesion, closure of the rectal stump, and a temporary stoma made from the proximal sigmoid colon. After 3-6 months, bowel continuity is restored, while the temporary stoma is removed. Some patients are operated on because of recurrent diverticulitis or palpation. Hemorrhages from diverticula, 80% of which stop spontaneously, in cases of massive blood loss are tamed by ad hoc endoscopic methods (injection, clips, thermal method) or by administration of vasopressin by interventional arteriography.

Nursing care of patients with diverticulosis of the intestine

Nursing problem:

Pain in the left hip fossa worsening after meals

Objective:

Elimination or reduction of pain

Nursing activities:

- ▶ Placing the patient in a position that reduces discomfort
- ▶ Control and documentation of frequency and nature of bowel movements
- ▶ Administration of diastolic drugs (on doctor's orders).
- ▶ In case of diverticulitis, zero diet, supply of fluids and antibiotics by intravenous route (as ordered by the doctor)
- ▶ Preparing the patient for colonoscopy (if ordered).

Nursing problem:

Reluctance to eat due to a feeling of distension in the abdominal cavity

Objective:

- ▶ Improving gastrointestinal motility
- ▶ Elimination of flatulence
- ▶ Education as to the patient's recommended diet

Nursing activities:

- ▶ Familiarizing the patient with the new diet, mobilizing him to follow it
- ▶ Education about the need to change lifestyles, increase physical activity and maintain a healthy body weight
- ▶ Educate the patient about non-pharmacological ways to improve bowel function: eating dairy products with natural bacteria, fiber (in moderation- too much increases bloating), using infusions of herbs (e.g., mint), spices
- ▶ Use of drugs that normalize bowel function (spasmolytic, anticholinergic, reducing bloating)

Nursing problem:

Possibility occur complications z due to improper emptying of diverticula

Objective:

- ▶ Normalization of bowel movements
- ▶ Prevention of complications

Nursing activities:

- ▶ Control of bowel movements and documentation of observations
- ▶ Discuss with the patient the possibility of complications and characteristic symptoms
- ▶ Convincing the patient of the need to follow the doctor's recommendations (treatment, diet), frequent medical visits and prompt contact in case of worrying symptoms
- ▶ Preparing the patient for surgery in case of complications such as perforation, abscess, peritonitis, heavy bleeding

Thank you for your attention :)