

Nursing care of a patient with gastroduodenal ulcer disease

Gastroduodenal ulcer disease

 For more information see *Gastroduodenal ulcer disease*.

Gastroduodenal ulcer disease is a disease of the stomach and duodenum, characterized by the presence of a mucosal defect. It is a frequent disease, the onset of which is very often stress. It occurs at any age regardless of gender, most often in individuals over 40 years of age.

Causes of origin

The formation of an ulcer is conditioned by an imbalance between the protective and aggressive factors of the gastroduodenal mucosa.

- **Protective factors** - mucin (mucus), saliva, blood supply of both organs, alkaline mechanisms of gastric juice, prostaglandins, hormones;
- **aggressive factors** - *Helicobacter pylori*, increased production of HCl (due to the use of caffeine, concentrated alcohol and smoking), use of risky pharmacological preparations (NSA, corticoids, cardiotonics, salicylates), reflux bile from the duodenum, stress etc.

Symptoms

1. Stomach ulcer:
 - pain depending on food (in 10-60 min after eating) located in the epigastrium,
 - dyspeptic symptoms - pyrosis (burning heartburn), regurgitation, constipation, nausea, vomiting (with subsequent relief), loss of appetite.
2. Duodenal ulcer:
 - pain especially when fasting, wakes up at night, subsides after food and antacids,
 - dyspeptic problems same as stomach problems,
 - increased appetite.

Complications arise from ulcer bleeding, mucosal perforation and subsequent leakage of HCl into the abdominal cavity or penetration of surrounding organs (pancreas).



Gastric ulcer

Diagnostics:

- anamnesis (lifestyle, genetic predispositions, symptoms),
- examination methods (gastroscopy, X-ray with contrast, ultrasound),
- evidence of "Helicobacter pylori" (breath tests - presence of urease).

Treatment

The result of the treatment should be the neutralization of HCl or the reduction of its production and the destruction of *Helicobacter pylori*.

1. Modify mode:
 - smoking ban and alcohol restriction,
 - dietary measures (non-spicy and low-fat foods, limit the intake of milk proteins and drinks with caffeine and teine),
 - regular and quality sleep, adequate physical activity, relaxation.
2. Pharmacotherapy:
 - antacids (reduce the acidity of gastric juice by neutralizing HCl; aluminum hydroxide and magnesium hydroxide),
 - proton pump inhibitors (used together with ATB to eliminate *Helicobacter pylori*; omeprazole),
 - gastroprotectants (bismuth salts),
3. surgical solution (only for complications).

Nursing care

If there are no complications, the patient is treated at home and is only dispensary. If the condition worsens, hospitalization in the surgical department is necessary. Follow-up nursing care:

- **Introduction of PŽK** - regular inspection of the patency and condition of the area around the injection, dressing as needed, replacement after 72 hours.

- **Monitoring dyspeptic complaints**
 - Vomiting - we notice the color and content (blood - hematemesis, mucus, undigested food), amount, smell; we will notify the doctor immediately! Place the patient in Fowler's position. We will provide the emission bowl and the pulp. No income per person until canceled by the doctor. Medication according to the doctor's office. We record everything in the documentation.
 - Stool – we observe regularity (preventing constipation – adherence to diet and exercise regimen), appearance (presence of digested blood – melena), consistency. We record everything in the documentation.
- **Pain Monitoring**
 - Very important communication with the patient = ongoing detection of the presence of pain and its strength, location and conditions of occurrence, duration, character;
 - we inform the doctor, we follow the prescribed surgeries, we record everything in the documentation.
- **Ensuring quality sleep and rest.**
- **Dietary Precautions**
 - The patient is prescribed a sparing diet (No. 2), we monitor whether the patient follows it;
 - we will arrange a consultation with a nutritional therapist who will educate the patient in the field of nutrition;
 - we monitor the patient's weight.
- The patient is mostly self-sufficient, if necessary, we will provide assistance.
- **Psyche of the patient**
 - We have a positive effect on the patient's motivation to follow the doctor's instructions on the treatment side – the patient wants to be cured;
 - we will explain the necessity of a lifestyle change;
 - the need to eliminate stress.

Links

References

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