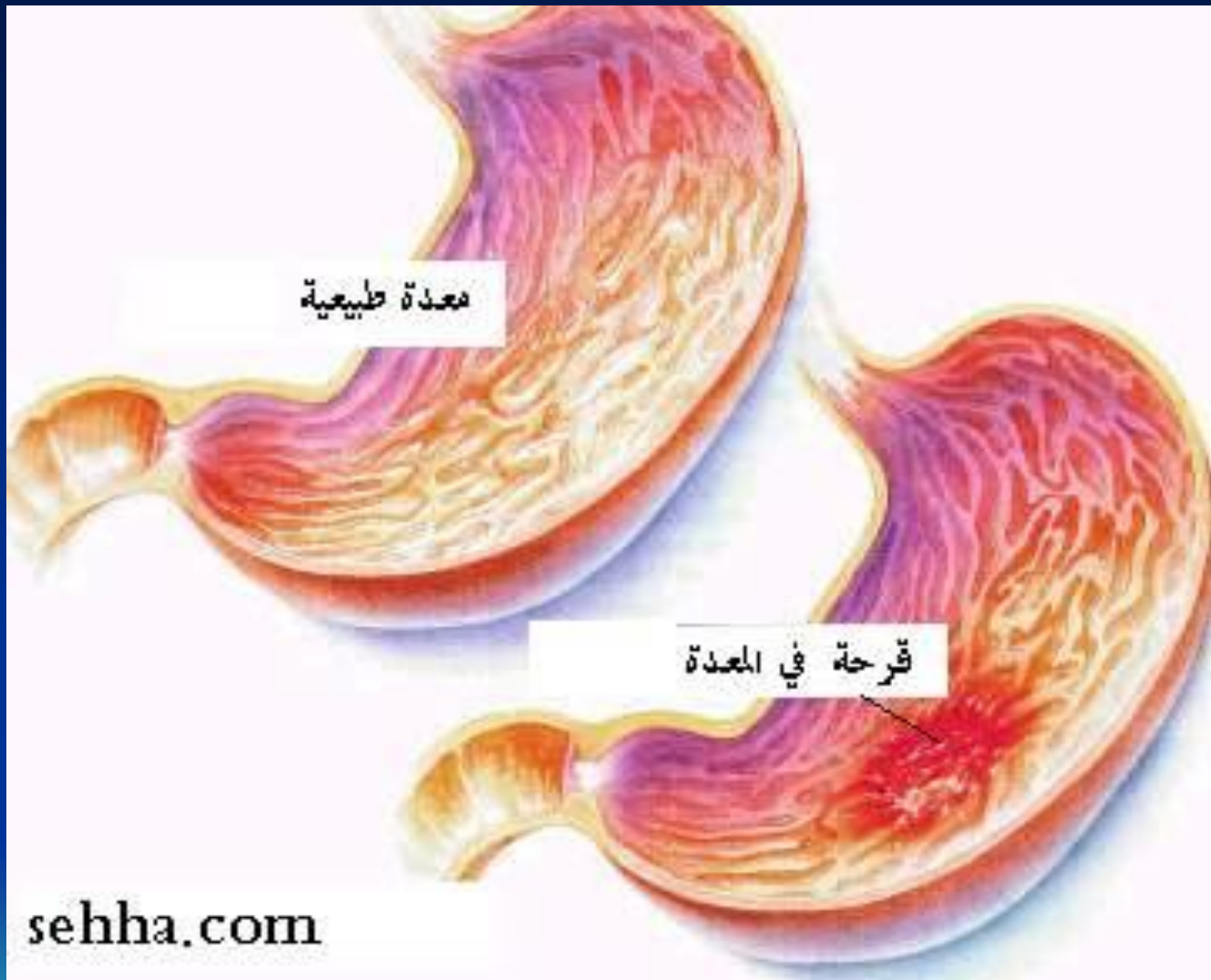


Peptic Ulcer Disease



Gastric ulcer (peptic ulcer)

Erosion of mucosal lining of the stomach

Etiology

- Alcohol abuse
- Stress
- Drug- induced: salicylates, steroids, indomethacin, reserpine.
- Smoking
- Gastritis
- Zollinger- Ellison syndrome

- **Clinical manifestation**
- Left epigastric pain 1 to 2 hours after eating.
- Weight loss
- Nausea and vomiting
- Hematemesis
- Melena
- Anorexia
- Relief of pain after administration of antacids.
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- **Diagnostic test**
- Hematology: decreased Hgb, Hct, PT, PTT.
- Blood chemistry: increased sodium.
- Gastric analysis: normal for ulcer
- Upper GI: location of ulcer.
- Barium swallows: ulceration of gastric mucosa.
- Fecal occult blood: positive
- Serum gastrin: normal or increased

Medical management

- Transfusion therapy : packed RBCs.
- Anticholinergics: propantheline bromide (pro-Banthine), dicyclomine hydrochloride (Bentyl)
- Antacids: magnesium and aluminum hydroxide (Maalox), aluminum hydroxide gel (ALternaGEL)
- Histamine antagonists: cimetidine (Tagamet), ranitidine (Zantac), nizatidine (Axid).
- Prostaglandin: misoprostol (Cytotec)
- Mucosal barrier fortifier: sucralfate (Carafate)
- Endoscopic laser
- Photocoagulation
- Hormone: vasopressin (Pitressin)

- **Surgical interventions**

- Vagotomy: surgical ligation of the vagus nerve to decrease the secretion of gastric acid.
- Pyloroplasty: surgical dilatation of the pyloric sphincter to increase the rate of gastric emptying.
- Gastroduodenostomy (Bilroth I): surgical removal of the lower portion of the stomach with anastomosis of the remaining portion of the stomach to the duodenum.
- Gastrojejunostomy (Bilroth II): surgical removal of the antrum and distal portion of the stomach and duodenum with anastomosis of the stomach to the jejunum.



- **Nursing intervention and responsibilities**
- Maintain the patient`s diet with small frequent feedings
- Assess respiratory and cardiovascular status
- Maintain position, patency, and low suction of NG tube if gastric decompression is ordered.
- Keep the patient in semi-Fowler`s position.
- Monitor and record VS.
- Administer medication as prescribed.
- Allay the patient`s anxiety.
- Provide nares and mouth care.
- Minimize environmental stress.
- Maintain a quiet environment.
- Irrigate the NG tube.
- Monitor the consistency, color, amount, and frequency of stools



- Complications
- Hemorrhage
- Perforation
- Chemical peritonitis
- Intestinal obstruction



Thank You

