

LESSON 12

Digestive Disorders 2



7. Dumping Syndrome

Dumping syndrome is common after gastric surgery. It is a group of symptoms that may result from having part of your stomach removed or other surgery involving the stomach. The symptoms range from mild to severe and often subside with time. Although you may find dumping syndrome alarming at first, it is not life threatening. You can control it by making changes in what and how you eat. By controlling dumping syndrome, you will also be avoiding the foods that tend to make you gain weight.

Causes of Dumping Syndrome

After gastric surgery, it can be more difficult to regulate movement of food, which dumps too quickly into the small intestine. Eating certain foods makes dumping syndrome more likely. For example, refined sugars rapidly absorb water from the body, causing symptoms. Symptoms may also occur after eating dairy products and certain fats or fried foods.

Dumping Syndrome: Symptoms of the Early Phase

An early dumping phase may occur about 30 to 60 minutes after you eat. Symptoms can last about an hour and may include:

- A feeling of fullness, even after eating just a small amount
- Abdominal cramping or pain
- Nausea or vomiting
- Severe diarrhea
- Sweating, flushing, or light-headedness
- Rapid heartbeat

Dumping Syndrome: Causes of the Early Phase

Symptoms of an early phase occur because food is rapidly "dumping" into the small intestine. This may be due to factors such as these:

- The small intestine stretches.
- Water pulled out of the bloodstream moves into the small intestine.
- Hormones released from the small intestine into the bloodstream affect blood pressure.

Dumping Syndrome: Symptoms of the Late Phase

A late dumping phase may occur about one to three hours after eating. Symptoms may include:

- Fatigue or weakness
- Flushing or sweating
- Shakiness, dizziness, fainting, or passing out
- Loss of concentration or mental confusion
- Feelings of hunger

- Rapid heartbeat

Dumping Syndrome: Causes of the Late Phase

The symptoms of this late phase may occur due to a rapid rise and fall in blood sugar levels. The cause of this rapid swing in blood sugar may be due to eating sweets or other simple carbohydrates.

Many people find that taking steps like these greatly reduces symptoms of dumping syndrome.

Foods to avoid. Avoid eating sugar and other sweets such as:

- Candy
- Sweet drinks
- Cakes
- Cookies
- Pastries
- Sweetened breads

Also avoid dairy products and alcohol. And avoid eating solids and drinking liquids during the same meal. In fact, don't drink 30 minutes before and 30 minutes after meals.

Foods to eat. To help with symptoms, also try these tips:

- Use fiber supplements, such as psyllium (Metamucil or Konsyl), methylcellulose (Citrucel), or guar gum (Benefiber).
- Use sugar replacements, such as Splenda, Equal, or Sweet'N Low, instead of sugar.
- Go for complex carbohydrates, such as vegetables and whole-wheat bread, instead of simple carbohydrates, such as sweet rolls and ice cream.
- To prevent dehydration, drink more than 4 cups of water or other sugar-free, decaffeinated, noncarbonated beverages throughout the day.
- To maintain or gain weight, eat extra servings of meat and fat.
- To lose weight, decrease servings of fat.

How to eat. Here are some other ways to lessen symptoms of dumping syndrome:

- Eat five or six small meals or snacks a day.
- Keep portions small, such as 1 ounce of meat or 1/4 cup of vegetables.
- Cut food into very small pieces. Chew well before swallowing.
- Combine proteins or fats along with fruits or starches. (For example, combine fruit with cottage cheese.)
- Stop eating when you first begin to feel full.
- Drink liquids 30 to 45 minutes after meals.
- Reclining after eating may help prevent light-headedness or fainting.

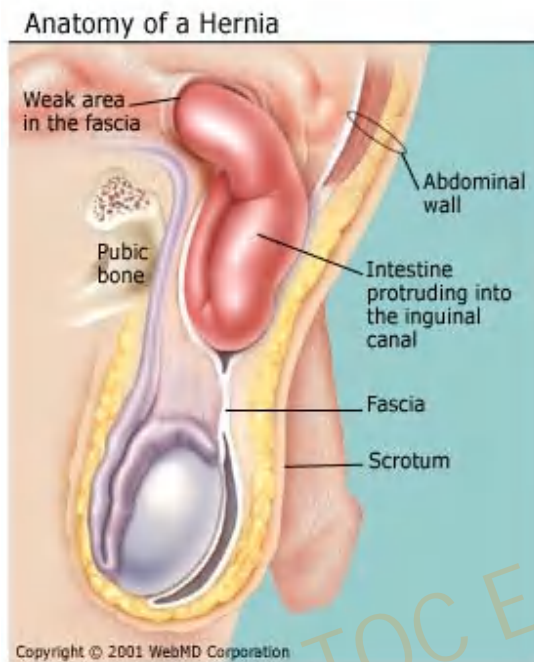
When to Call the Doctor About Dumping Syndrome

It is important to manage dumping syndrome so you stay well nourished and don't lose too much weight. Talk to your health care provider about what else you can do. In some cases, medication or surgery may help correct the symptoms of dumping syndrome.

8. Understanding Hernia -- the Basics

What Is a Hernia?

A hernia occurs when an organ or fatty tissue squeezes through a weak spot in a surrounding muscle or connective tissue called fascia. The most common types are inguinal (inner groin), incisional (resulting from an incision), femoral (outer groin), umbilical (belly button), and hiatal (upper stomach).



In an inguinal hernia, the intestine or the bladder protrudes through the abdominal wall or into the inguinal canal in the groin. About 80% of all hernias are inguinal, and most occur in men because of a natural weakness in this area.

In an incisional hernia, the intestine pushes through the abdominal wall at the site of previous abdominal surgery. This type is most common in elderly or overweight people who are inactive after abdominal surgery.

A femoral hernia occurs when the intestine enters the canal carrying the femoral artery into the upper thigh. Femoral hernias are most common in women, especially those who are pregnant or obese.

In an umbilical hernia, part of the small intestine passes through the abdominal wall near the navel. Common in newborns, it also commonly afflicts obese women or those who have had many children.

A hiatal hernia happens when the upper stomach squeezes through the hiatus, an opening in the diaphragm through which the esophagus passes.

What Causes Hernias?

Ultimately, all hernias are caused by a combination of pressure and an opening or weakness of muscle or fascia; the pressure pushes an organ or tissue through the opening or weak spot. Sometimes the muscle weakness is

present at birth; more often, it occurs later in life. Poor nutrition, smoking, and overexertion all can weaken muscles and make hernias more likely. Anything that causes an increase in pressure in the abdomen can then cause a hernia, including obesity, lifting heavy objects, diarrhea or constipation, or persistent coughing or sneezing.

9. Diverticulitis - Topic Overview



What is diverticulitis?

Diverticulosis happens when pouches (diverticula) form in the wall of the colon . If these pouches get inflamed or infected, it is called diverticulitis. Diverticulitis can be very painful.

What causes diverticulitis?

Doctors aren't sure what causes diverticula in the colon(diverticulosis). But they think that a low-fiber diet may play a role. Without fiber to add bulk to the stool, the colon has to work harder than normal to push the stool forward. The pressure from this may cause pouches to form in weak spots along the colon.

Diverticulitis happens when feces get trapped in the pouches (diverticula). This allows bacteria to grow in the pouches. This can lead to inflammation or infection.

What are the symptoms?

Symptoms of diverticulitis may last from a few hours to a week or more. Symptoms include:

- Belly pain, usually in the lower left side, that is sometimes worse when you move. This is the most common symptom.
- Fever and chills.
- Bloating and gas.
- Diarrhea or constipation.
- Nausea and sometimes vomiting.
- Not feeling like eating.

How is diverticulitis diagnosed?

Your doctor will ask about your symptoms and will examine you. He or she may do tests to see if you have an infection or to make sure that you don't have other problems. Tests may include:

- Blood tests, such as a complete blood count (CBC).
- Other tests, such as an X-ray or a CT scan.

How is it treated?

The treatment you need depends on how bad your symptoms are and whether you have an infection. You may need to have only liquids at first, and then return to solid food when you start feeling better.

If you have an infection, your doctor may prescribe antibiotics. Take them as directed. Do not stop taking them just because you feel better.

For mild cramps and belly pain:

- Use a heating pad, set on low, on your belly.
- Relax. For example, try meditation or slow, deep breathing in a quiet room.
- Take medicine, such as acetaminophen (Tylenol, for example).

You may need surgery only if diverticulitis doesn't get better with other treatment, or if you have problems such as long-lasting (chronic) pain, a bowel obstruction, a fistula, or a pocket of infection (abscess).

How can you prevent diverticulitis?

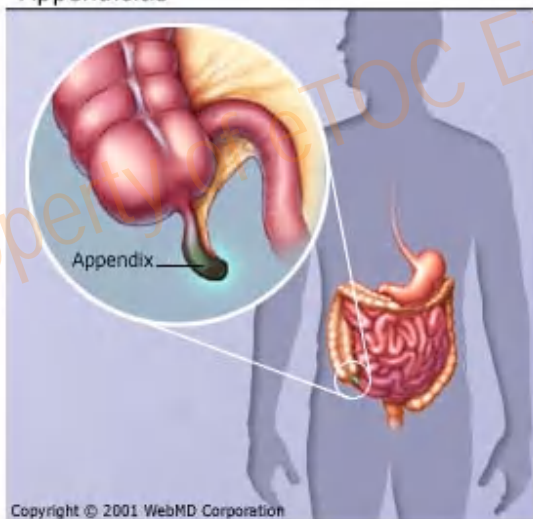
You may be able to prevent diverticulitis if you drink plenty of water, get regular exercise, and eat a high-fiber diet. A high-fiber diet includes whole grains, fresh fruits, and vegetables.

10. Appendicitis

Appendicitis is an inflammation of the appendix, a 3 1/2-inch-long tube of tissue that extends from the large intestine. No one is absolutely certain what the function of the appendix is. One thing we do know: We can live without it, without apparent consequences.

Appendicitis is a medical emergency that requires prompt surgery to remove the appendix. Left untreated, an inflamed appendix will eventually burst, or perforate, spilling infectious materials into the abdominal cavity. This can lead to peritonitis, a serious inflammation of the abdominal cavity's lining (the peritoneum) that can be fatal unless it is treated quickly with strong antibiotics.

Appendicitis



Sometimes a pus-filled abscess (infection that is walled off from the rest of the body) forms outside the inflamed appendix. Scar tissue then "walls off" the appendix from the rest of the abdomen, preventing infection from spreading. An abscessed appendix is a less urgent situation, but unfortunately, it can't be identified without surgery. For this reason, all cases of appendicitis are treated as emergencies, requiring surgery.

In the U.S., one in 15 people will get appendicitis. Although it can strike at any age, appendicitis is rare under age 2 and most common between ages 10 and 30.

What Causes Appendicitis?

Appendicitis occurs when the appendix becomes blocked, often by stool, a foreign body, or cancer. Blockage may also occur from infection, since the appendix swells in response to any infection in the body.

What Are the Symptoms of Appendicitis?

The classic symptoms of appendicitis include:

- Dull pain near the navel or the upper abdomen that becomes sharp as it moves to the lower right abdomen. This is usually the first sign.
- Loss of appetite
- Nausea and/or vomiting soon after abdominal pain begins
- Abdominal swelling
- Fever of 99-102 degrees Fahrenheit
- Inability to pass gas

Almost half the time, other symptoms of appendicitis appear, including:

- Dull or sharp pain anywhere in the upper or lower abdomen, back, or rectum
- Painful urination
- Vomiting that precedes the abdominal pain
- Severe cramps
- Constipation or diarrhea with gas

If you have any of the mentioned symptoms, seek medical attention immediately since timely diagnosis and treatment is very important. Do not eat, drink, or use any pain remedies, antacids, laxatives, or heating pads, which can cause an inflamed appendix to rupture.

How Is Appendicitis Diagnosed?

Diagnosing appendicitis can be tricky. Symptoms of appendicitis are frequently vague or extremely similar to other ailments, including gallbladder problems, bladder or urinary tract infection, Crohn's disease, gastritis, intestinal infection, and ovary problems.

The following tests are usually used to make the diagnosis.

- Abdominal exam to detect inflammation
- Urine test to rule out a urinary tract infection
- Rectal exam
- Blood test to see if your body is fighting infection
- CT scans and/or ultrasound

How Is Appendicitis Treated?

Surgery to remove the appendix, which is called an appendectomy, is the standard treatment for appendicitis.

If appendicitis is even suspected, doctors tend to err on the side of safety and quickly remove the appendix to avoid its rupture. If the appendix has formed an abscess, you may have two procedures: one to drain the abscess of pus and fluid, and a later one to remove the appendix.

Appendectomy: What to Expect

Antibiotics are given before an appendectomy to fight possible peritonitis. General anesthesia is usually given, and the appendix is removed through a 4-inch incision or by laparoscopy. If you have peritonitis, the abdomen is also irrigated and drained of pus.

Within 12 hours of surgery you may get up and move around. You can usually return to normal activities in two to three weeks. If surgery is done with a laparoscope (a thin telescope-like instrument for viewing inside the abdomen), the incision is smaller and recovery is faster.

After an appendectomy, call your doctor if you have:

- Uncontrolled vomiting
- Increased pain in your abdomen
- Dizziness/feelings of faintness
- Blood in your vomit or urine
- Increased pain and redness in your incision
- Fever
- Pus in the wound

Can Appendicitis Be Prevented?

There is no way to prevent appendicitis. However, appendicitis is less common in people who eat foods high in fiber, such as fresh fruits and vegetables.

11. What Is Gastritis?

Gastritis is an inflammation, irritation, or erosion of the lining of the stomach. It can occur suddenly (acute) or gradually (chronic).

What Causes Gastritis?

Gastritis can be caused by irritation due to excessive alcohol use, chronic vomiting, stress, or the use of certain medications such as aspirin or other anti-inflammatory drugs. It may also be caused by any of the following:

- *Helicobacter pylori* (*H. pylori*): A bacteria that lives in the mucous lining of the stomach. Without treatment the infection can lead to ulcers, and in some people, stomach cancer.
- Pernicious anemia: A form of anemia that occurs when the stomach lacks a naturally occurring substance needed to properly absorb and digest vitamin B12.
- Bile reflux: A backflow of bile into the stomach from the bile tract (that connects to the liver and gallbladder).
- Infections caused by bacteria and viruses.

If gastritis is left untreated, it can lead to a severe loss in blood and may increase the risk of developing stomach cancer.

What Are the Symptoms of Gastritis?

Symptoms of gastritis vary among individuals, and in many people there are no symptoms. However, the most common symptoms include:

- Nausea or recurrent upset stomach
- Abdominal bloating
- Abdominal pain
- Vomiting
- Indigestion
- Burning or gnawing feeling in the stomach between meals or at night
- Hiccups
- Loss of appetite
- Vomiting blood or coffee ground-like material
- Black, tarry stools

How Is Gastritis Diagnosed?

To diagnose gastritis, your doctor will review your personal and family medical history, perform a thorough physical evaluation, and may recommend any of the following tests.

- Upper endoscopy. An endoscope, a thin tube containing a tiny camera, is inserted through your mouth and down into your stomach to look at the stomach lining. The doctor will check for inflammation and may perform a biopsy, a procedure in which a tiny sample of tissue is removed and then sent to a laboratory for analysis.
- Blood tests. The doctor may perform various blood tests such as checking your red blood cell count to determine whether you have anemia, which means that you do not have enough red blood cells. He or she can also screen for *H. pylori* infection and pernicious anemia with blood tests.
- Fecal occult blood test (stool test). This test checks for the presence of blood in your stool, a possible sign of gastritis.

What Is the Treatment for Gastritis?

Treatment for gastritis usually involves:

- Taking antacids and other drugs to reduce stomach acid, which causes further irritation to inflamed areas.
- Avoiding hot and spicy foods.
- For gastritis caused by *H. pylori* infection, your doctor will prescribe a regimen of several antibiotics plus an acid blocking drug (used for heartburn).
- If the gastritis is caused by pernicious anemia, B12 vitamin shots will be given.
- Eliminating irritating foods from your diet such as lactose from dairy or gluten from wheat.

Once the underlying problem disappears, the gastritis usually does, too.

You should talk to your doctor before stopping any medicine or starting any gastritis treatment on your own.

What Is the Prognosis for Gastritis?

Most people with gastritis improve quickly once treatment has begun.



12. Hemorrhoids: Topic Overview

What are hemorrhoids?

Hemorrhoids are swollen veins in the anal canal. This common problem can be painful, but it's usually not serious.

Veins can swell inside the anal canal to form internal hemorrhoids. Or they can swell near the opening of the anus to form external hemorrhoids. You can have both types at the same time. The symptoms and treatment depend on which type you have.

See a picture of hemorrhoids .

Many people have hemorrhoids at some time.

What causes hemorrhoids?

Too much pressure on the veins in the pelvic and rectal area causes hemorrhoids.

Normally, tissue inside the anus fills with blood to help control bowel movements. If you strain to move stool, the increased pressure causes the veins in this tissue to swell and stretch. This can cause hemorrhoids.

Diarrhea or constipation also may lead to straining and can increase pressure on veins in the anal canal.

Pregnant women can get hemorrhoids during the last 6 months of pregnancy. This is because of increased pressure on the blood vessels in the pelvic area. Straining to push the baby out during labor can make hemorrhoids worse.

Being overweight can also lead to hemorrhoids.

What are the symptoms?

The most common symptoms of both internal and external hemorrhoids include:

- Bleeding during bowel movements. You might see streaks of bright red blood on toilet paper after you strain to have a bowel movement.
- Itching.
- Rectal pain. It may be painful to clean the anal area.

Internal hemorrhoids

With internal hemorrhoids, you may see bright red streaks of blood on toilet paper or bright red blood in the toilet bowl after you have a normal bowel movement. You may see blood on the surface of the stool.

Internal hemorrhoids often are small, swollen veins in the wall of the anal canal. But they can be large, sagging veins that bulge out of the anus all the time. They can be painful if they bulge out and are squeezed by the anal muscles. They may be very painful if the blood supply to the hemorrhoid is cut off. If hemorrhoids bulge out, you also may see mucus on the toilet paper or stool.

External hemorrhoids

External hemorrhoids can get irritated and clot under the skin, causing a hard painful lump. This is called a thrombosed, or clotted, hemorrhoid.

How are hemorrhoids diagnosed?

Your doctor can tell if you have hemorrhoids by asking about your past health and doing a physical exam.

You may not need many tests at first, especially if you are younger than 50 and your doctor thinks that your rectal bleeding is caused by hemorrhoids. Your doctor may just examine your rectum with a gloved finger. Or your doctor may use a short, lighted scope to look inside the rectum.

Rectal bleeding can be a sign of a more serious problem, such as colon, rectal, or anal cancer. So if the first exam does not show a clear cause of your problems, your doctor may use a lighted scope (sigmoidoscope) to look at the lower third of your colon. Or your doctor may use another kind of scope (colonoscope) to look at the entire colon to check for other causes of bleeding.

How are they treated?

For most external hemorrhoids, home treatment is all you need. This includes slowly adding fiber to your meals, drinking more water, and using over-the-counter ointments for a limited time to stop itching. You also may use stool softeners. The same home treatment can be used for most internal hemorrhoids.

If your internal hemorrhoids are severe, you may need other treatment. The doctor may tie off the hemorrhoids with rubber bands or scar the tissue around the hemorrhoids. These treatments reduce the blood supply to the hemorrhoids so that they shrink or go away.

Surgery to remove hemorrhoids may be done if other treatments don't work.

Healthy habits can help you prevent hemorrhoids or keep them from getting worse. Eat foods that have lots of fiber, such as fruits, vegetables, and whole grains. Also, drink plenty of water, and get plenty of exercise.



Reference:

<http://www.webmd.com>