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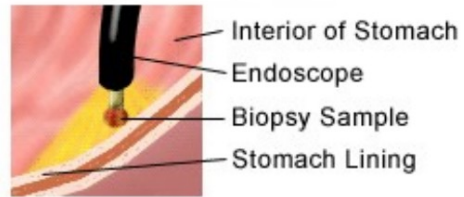
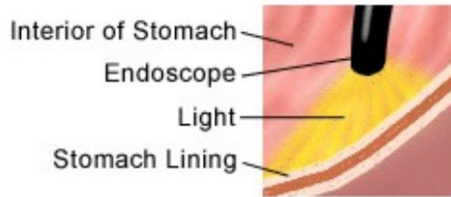
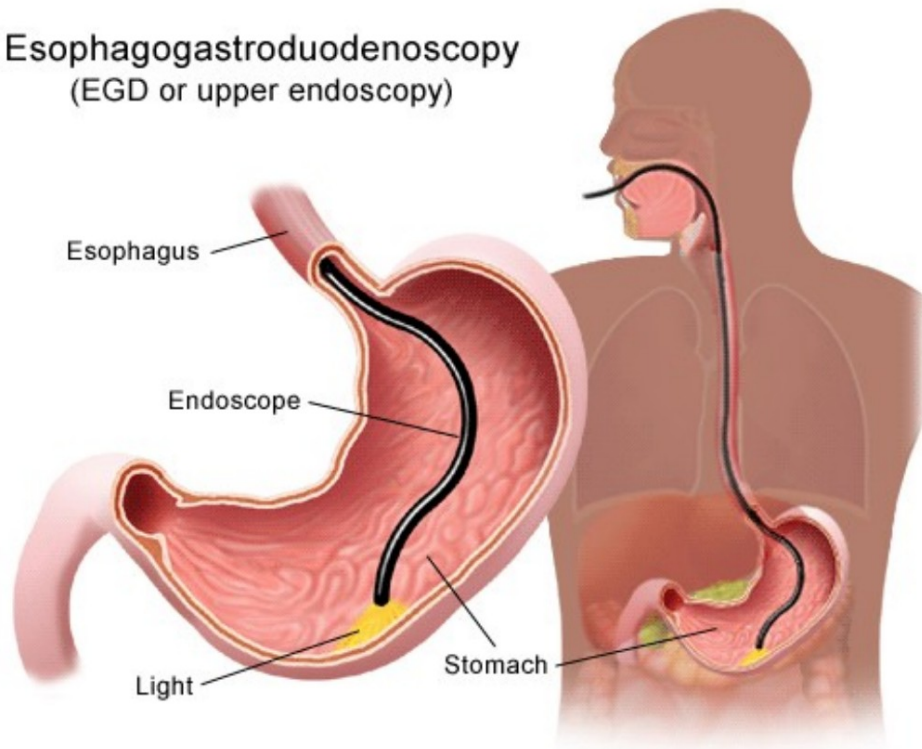
Gastric and duodenal ulcers continue to be a medical problem major. They cause severe pain and digestive disorders at approx 10 percent of people in certain periods of their lives, and after some severe complications, such as, for example, hemorrhage, can constitute, even in days ours, the cause of a premature death.

Until 1976, the only radical ulcer treatment, meant to last under control the gastric acid secretion, was the surgical treatment, in the various his variants. Surgical interventions were not always successful, the patient often remaining a cripple, unable to feed himself normally.

Twenty years ago, British researchers discovered a new one class of drugs (histamine H2 receptor antagonists), which have changed the lives of ulcer sufferers. Administered in the form of tablets, these drugs could control gastric acid secretion, causing the rapid disappearance of symptoms. However, the latter they reappeared if the patients did not take a small dose every night.

Ulcer patients often think of their disease as a condition the minor When I start to feel heartburn, I swallow a few tablets antacids or drink a glass of milk. They don't realize that the ulcer can become a very serious disease.

Esophagogastroduodenoscopy (EGD or upper endoscopy)



DEFINITION

Gastro-duodenal ulcer is a lesion of the digestive mucosa from the level of the stomach or duodenum, going from a slight injury, up to perforation of the digestive tube wall from this level throughout thickness. Damage to the stomach lining is called a gastric ulcer, and damage to the mucosa of the duodenum produces a duodenal ulcer.

CHAPTER I

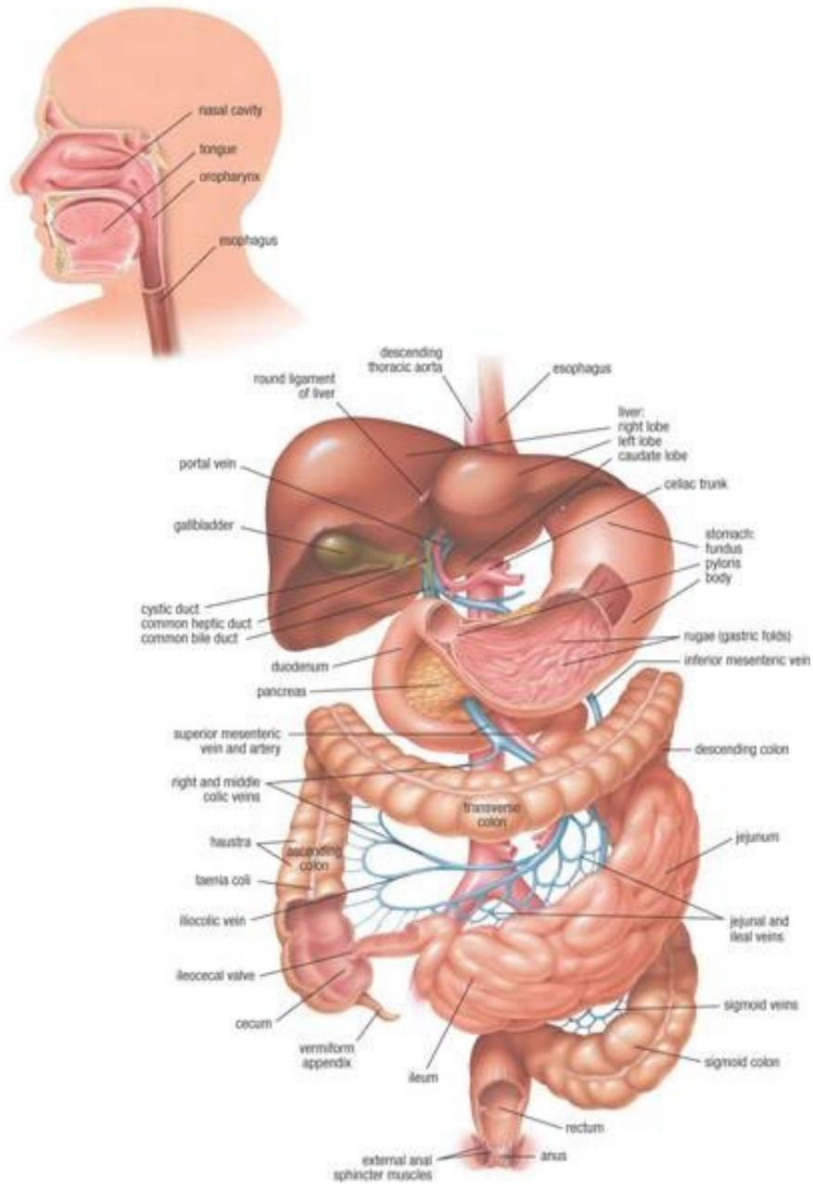
Notions of anatomy and physiology

of the stomach and duodenum

1.1 Anatomy of the stomach and duodenum

The digestive system includes a group of organs whose function the main one is digestion. The segments of the digestive tract are: the oral cavity, pharynx, esophagus, stomach, small intestine and large intestine. Beside these segments, the digestive system also includes a series of accessory glands, all whose secretions help the digestion and absorption of food: salivary glands, liver and pancreas. The digestive or gastrointestinal tract resembles a tube, whose portions differ in size, structure and function.

DIGESTIVE SYSTEM (ANTERIOR VIEW)



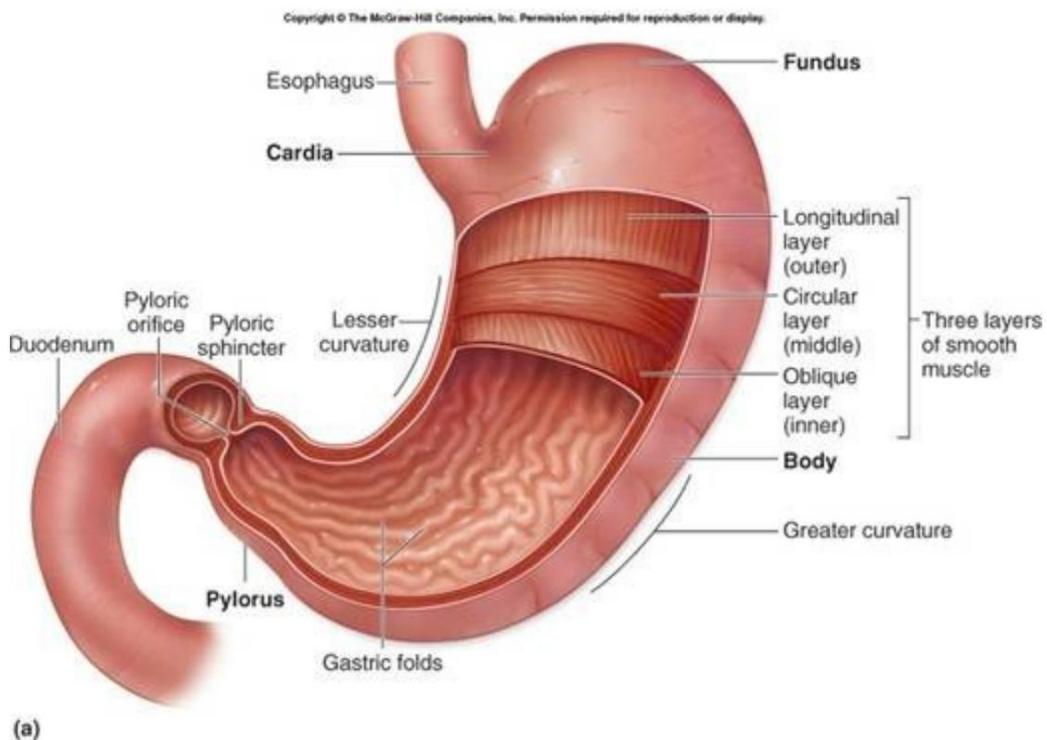
Digestive tract

The digestive tract can be divided into three parts: the ingestive part, above the stomach, serving only to transport food, portion digestive tract, consisting of the stomach and the small intestine, where the food is

prepared to be absorbed and the ejected portion, formed by the intestine thick where the digestive remains are eliminated.

The stomach

The stomach is an abdominal organ of the digestive tube, located between esophagus and duodenum. It is located in the upper floor of the abdominal cavity, between the diaphragm, liver, transverse colon and the abdominal wall, occupying the lodge gastric.



Stomach

The projection area of the stomach to the abdominal wall occupies one side from the epigastrium and most of the left hypochondrium. In orthostatism, at the radiological examination, the stomach has the shape of a hook with a long portion, vertical and a short, horizontal portion, oriented to the right.

The stomach has 2 faces, 2 edges and 2 extremities:

• the faces of the stomach are one anterior and one posterior, oriented in the frontal plane.

• the edges of the stomach - straight or small curvature, with concavity to the right and upper, left or great curvature, with the convexity to the left and lower.

• the extremities of the stomach - upper, cardia hole and lower, the pyloric orifice through which it continues with the duodenum.

Anatomically-functionally, the stomach has 2 portions:



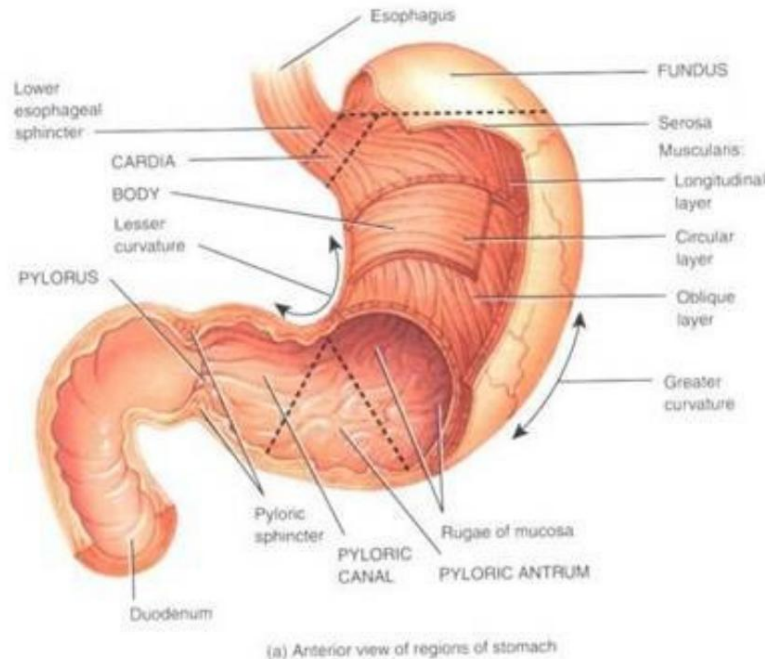
vertical or digestive which is divided into:

- the bottom or fornix of the stomach, located above the plane horizontal that passes through the cardia. This portion of the stomach it represents the chamber with air, which is not filled with food.
- body of the stomach - up to the angular incision.



horizontal or exhaust which includes:

- pyloric antrum
- the pyloric canal



The separation between the two portions is indicated by the angular incision and the depression given by the sphincter of the antrum. The first is a depression anatomy well visible in any circumstance during the radiological examination, and the the second is a functional depression, made from the action of the fibers oblique muscles of the stomach. The vertical portion is more voluminous, saccular and includes approximately 2/3 of the stomach, and the horizontal portion it is narrower, tubular and includes 1/3 of the stomach.

In terms of dimensions, in a moderately full state, the stomach has a length of 25 cm, maximum width between the two curves 12 cm, measured thickness between the two walls 8 cm. The average stomach capacity is 1300cm³. In certain circumstances, especially in pathological states, the capacity to be able to change - an obstacle at the level of the cardia will make it difficult penetration of food into the stomach, which will lead to shrinkage its capacity, and an obstacle at the level of the pyloric region will prevent it

the evacuation of the gastric chyme in the duodenum and thus will cause growth gastric capacity.

The stomach, from the point of view of the means of fixation, is maintained at its place by the pressure exerted by the contraction of the muscles of the walls abdominal, through the anatomical structure of its continuity between the esophagus and duodenum, through the vasculo-nervous pedicles, through different peritoneal structures which connects it to the neighboring organs and through the adhesion of the posterior face a the bottom of the stomach to the posterior wall of the abdomen.

The structure of the stomach includes the 4 tunics found at the tube digestive:

• serous - represented by the visceral peritoneum

• muscular - made up of smooth muscle fibers arranged in 3

layers: longitudinal, external, circular, middle, which at the level of the pylorus forms the internal pyloric and oblique sphincter. muscles the stomach prints two types of movements on its walls:

- peristolic, through which the food spreads on the walls stomach and are arranged in layers
- peristalsis, of advancing the gastric contents towards the pylorus.

• submucosa - which contains the vascular network of the stomach and Meissner vegetative nerve plexus.

• mucosa - which lines the internal surface of the stomach, having a thickness of about 2 mm.