

Case study diverticular disease health and social care essay

[Health & Medicine](#), [Disease](#)



\n[[toc title="Table of Contents"](#)]\n

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1. [Case survey](#) \n \t
2. [Diagnostic Modalities](#) \n \t
3. [Discussion](#) \n \t
4. [Result](#) \n \t
5. [A](#) \n

\n[/toc]\n \n

The big bowel is about 1.5m in length and is made up of 4 chief parts the cecum, ascending colon, transverse colon, descending colon, sigmoid colon and the rectum. Its chief map is to transport waste out of the organic structure and to absorb H₂O from the waste before it leaves. It is made up of three beds, the outermost bed muscularis, in-between bed the mucous membrane and innermost layer the mucous membrane. The mucous membrane is where all the re-absorption takes topographic point whilst the muscularis is responsible for peristaltic motions. Diverticular disease is most common in the sigmoid colon part. A diverticulum (diverticulosis) is a pouch like pouch which is formed from the mucous membrane and undertakings through the colon wall. This happens as a consequence of there being a failing in the wall and at many diverticula can show at any one clip. They are besides vascular and have a rich blood supply. A failing in the wall can so be accompanied by an addition in force per unit area of the intestine due to the patient going constipated. If there is a deficiency of fiber and H₂O in the diet the stools become dry and little, and the enteric musculuss must contract with greater

force to go through the stools along, bring forthing a higher force per unit area in the big bowels. The extra force per unit area leads to weak musculature in the colon walls that finally pouch out and organize pouches called diverticula. Most frequently, the pouches signify in the sigmoid colon, which is the lower left portion of the colon that connects to the rectum. This country of the colon is capable to the highest sum of force per unit area because it is the narrowest part of the big bowel (EHealthMD) . Diverticula vary in size but tend to be between 5 -10mm and in extremes instances can make up to 20mm (WGO) .

Diverticulitis is a status in which diverticuli in the colon rupture. The rupture consequences in infection in the tissues that surround the colon (Medicinenet. com) . Diverticular disease is many symptomless as mentioned earlier and many people who have it are non ever aware that they have the status. Many patients experience symptoms similar to cranky intestine syndrome and complain of bloating and hurting in the lower left abdominal part. One of the most common causes of lower gastrointestinal hemorrhage is due to diverticular disease shed bleeding which can happen because of the cutting of the bowel wall. The hemorrhage is by and large painless but does affect big volumes of blood (Gastrointestinalatlas) .

Case survey

I have chosen my instance survey to be on a 45 twelvemonth old male who I will mention to as Mr X. I will be discoursing the patients chief symptoms, associated medical history, household history, trials and intervention of jobs found.

Mr X visited his G. P in January 2010 complaining of a crampy hurting over the left iliac pit. He besides complained of bloating and had non opened his bowels decently for a hebdomad. Mr X told the G. P that he had noticed a alteration in his intestine wont over the last 2 months and was sing episodes of irregularity which would be followed by short episodes of diarrhoea. He had besides noticed a alteration in the visual aspect of his stool explicating that they appeared to be smaller and had a pellet like visual aspect. Coloring material of his stool was described as being normal but he would detect a little darkish visual aspect every now and once more. No history of emesis and he was eating and imbibing usually with the exclusion of sing a bloating esthesis after a repast. He besides complained of experiencing unenergetic and did n't experience rather every bit active as he was earlier. Mr X 's critical marks were recorded BP 145/86, PR 88 and temperature 37. 5. Apart for being somewhat pyrexia vital organs marks were normal for this patient. On scrutiny Mr X was found to be rather stamp in the lower left of his venters and on percussion there were obvious marks of difficult stool. Initial diagnosing made by the G. P was cranky intestine syndrome and irregularity caused by a hapless diet. The G. P expressed concern about Mr X complaining of his stool looking dark on a few occasions. The G. P advised the patient to imbibe plentifulness of H₂O, addition fiber in his diet and to get down exerting on a regular basis to seek and convey his weight down. Mr X was given lactulose solution for his irregularity to be taken twice daily. The G. P asked the patient for a blood sample to govern out the possibility of anemia. Mr X was told a dark visual aspect of the stool may bespeak an

upper GI bleed due to an ulcer but could also be due to nutrient he had eaten. The fact that Mr X had a history of suspension hernia meant that it should be investigated. Mr X was asked to come back and see the G. P in a hebdomad 's clip.

Mr X has a history of high blood pressure and lower back hurting. He smokes 20 coffin nails a twenty-four hours and consumes 20 units of intoxicant a hebdomad. He is considered to be over weight at 18 rock and does non exert on a regular basis. His diet consists chiefly of saturated nutrient ; he enjoys microwave repasts and chows fast nutrient on a regular basis. Mr X works a security guard in the retail industry and works long displacements. He is married and has four kids. He is on Altace and lipid-lowering medicines for his high blood pressure and 20mg ezomeprazole for his suspension hernia. His male parent passed off from prostatic malignant neoplastic disease at the age of 78 and his female parent has history of lung malignant neoplastic disease.

Mr X has taken over the counter medicines to seek and alleviate his irregularity with small consequence. He suffers with a moderate sum of emphasis and anxiousness due to his fiscal state of affairs but has no jobs go throughing piss. He has no loss of appetency and says he normally gets a good dark slumber. Apart from the job he is kicking of there is no other associated ailments.

Mr X returned to his G. P a hebdomad after his first audience and was still kicking of the same job. The lactulose had small consequence but he still felt

hurting and was stamp over his left iliac pit. An internal scrutiny concluded his stool still felt difficult. His observations were still reasonably much the same and his blood trial for anemia came back as normal. The G. P decided to mention Mr X for farther trials to set up the exact cause of Mr X 's symptoms.

Diagnostic Modalities

Once the G. P had refereed patients with symptoms similar to Mr X is common for them to hold a big intestine scrutiny called Barium clyster. The patient is asked non to eat any solids 24 hours prior to the process and is given strong laxatives called picolax to take (London xray. com) . With the usage of X raies the doctor runs Ba into the patient 's intestine through a catheter surfacing the liner of the intestine. The intestine is distended utilizing an inflating balloon and the patient is so moved about in different places whilst a series of images are taken. The Ba is radiopaque which shows up the features of the intestine rather nicely. This type of scrutiny is besides peculiarly utile in governing out other possible causes of the symptoms the patient has such as Crohn 's disease or even a carcinoma. Barium enemas attractively demonstrate diverticula and the mucous membrane of the big intestine. Below is an image taken from a Ba survey showing diverticular disease? A chiseled diverticulum can be seen in the Centre of the image.

Figure 1 Library image

Other modes can be used to name diverticular disease such as colonoscopy and sigmoidoscopy but Ba enemas seem to be the preferable pick of doctors.

In an article called Barium clyster versus colonoscopy the usage of these Scopess is compared to barium clyster and the advantage and disadvantages are mentioned. A colonoscopy and sigmoidoscopy is clip devouring and is really seldom completed under an hr. It can turn out rather painful for patients and sedation is required for the process. It is a desirable method for patients who complain of chronic hemorrhage which is overseen by Ba clyster. Barium clyster are normally painless ; no sedation is required and is completed normally within 10-15 proceedings.

A gastroscopy is a trial where the physician looks into the upper portion of the GI piece of land by infixing a thin flexible telescope called an endoscope down the gorge. The upper intestine consists of the gorge, tummy and duodenum. Gastroscopy is normally done as a twenty-four hours instance. The doctor may blunt the dorsum of your pharynx by spraying on some local anesthetic. The patient can besides be given a ataractic if preferred. The tip of the endoscope contains a visible radiation and a bantam camera which allows the doctor to see inside the G. I piece of land. The endoscope besides has a side channel which enables the doctor to go through assorted instruments which can be manipulated by the doctor for illustration to take biopsies. (patient. co. uk) . this process is a coveted manner of diagnosing Oesophagitis, Duodenal or tummy ulcers and gastritis. Figure 2 below shows a bleeding duodenal ulcer.

Figure 2 (image hkmas. org)

If the patient complains of dark stool so there is a high possibility of there being a duodenal bleed or a bleed from the upper G. I piece of land.

(medlineplus)

Discussion

As mentioned before most of the instances of diverticular disease be given to be symptomless unless patients start to see alteration in there bowel wont. Normal stools which are big and soft theodolite rather easy and on a regular basis. A survey published in the Lancet volume 313 studies the prevalence of symptom less diverticular disease of the colon is related to the ingestion of dietetic fiber in vegetarians and non-vegetarians. Vegetarians had a significantly higher average fibers intake (41A·5 g/day) than non-vegetarians (21A·4 g/day) . Diverticular disease was commoner in non-vegetarians (33 %) than in vegetarians (12 %) . Comparison of topics with and without diverticular disease in the vegetarian and non-vegetarian groups provided some farther grounds that a low consumption of cereal fiber is associated with the presence of diverticular disease. These figures clearly show that a fibre deficient diet is linked to diverticular disease.

Surveies show low fiber in the diet makes the stool harder and smaller doing irregularity, nevertheless a survey published in the British medical diary suggests every bit good as alleviating the symptoms of diverticular disease a high-fibre diet may besides forestall the status from developing. Forty patients with diverticular disease treated with wheat bran 24g/day for at least six months. Thirty-three patients showed a really satisfactory clinical response. Sixty per cent of all symptoms were abolished, and a farther 28 %

were relieved. After intervention the theodolite times accelerated in patients whose initial times were slower than 60 hours and slowed down in those whose initial theodolite times were faster than 36 hours. Stool weight increased significantly. The figure of intracolonic high force per unit area moving ridges decreased, particularly during and after eating. Once once more overpowering grounds proposing a high consumption of fiber is indispensable to avoid developing the disease.

The Journal of clinical gastroenterology hypothesises that fibre lack non merely leads to diverticula formation but besides causes a alteration in the micro ecology which consequences in reduced colon immune response and permits a low-grade chronic inflammatory procedure that precedes a matured ague diverticulitis. However the hypothesis goes on to state that complications do non happen until there is micro-perforation through the wall of the diverticulum into the pericolic tissue which would take to abscesses and fistulous witherss being formed. In some instances, perforation of diverticulum becomes an acute medical exigency and requires immediate intercession. The mortality rate can be every bit high as 35 % (Porrett & A ; Daniel 1999) .

Treatment for diverticular disease does non be as such. Educating the patients about the possible hazards of a hapless diet is overriding. Physicians should promote patients to eat a diet high in fruit and veggies, with at least 2 liters of H₂O a twenty-four hours. Patients should be encouraged exercising on a regular basis and to describe any reoccurrence of symptoms or rectal hemorrhage. Reoccurring symptoms or rectal hemorrhage will

necessitate a referral for trials. Some people live with chronic diverticular disease or IBS, which is closely related to diverticular disease. These people are advised to avoid cut down fatty nutrients and to avoid drinks incorporating caffeine and intoxicant (WebMD) .

Treatment for acute diverticulitis requires an exigency colcetomy. In the yesteryear this type of surgery for diverticulitis was ever done as an unfastened process in which a big scratch was made in the venters. But as laparoscopic surgery has become more popular, more sawboness are now utilizing this method for acute exigencies (WebMD2) .

Result

Mr X was referred to the infirmary for a Ba clyster and gastroendoscopy due to him holding a history of a suspension hernia. The Ba clyster showed that Mr X had diverticulosis in his sigmoid colon. The adviser advised anti-spasmodic drugs for abdominal hurting in his study but suggested there was n't any demand for surgery. No other pathology was observed on the images.

The images taken from the Gastroendoscopy showed no important pathology. There were some indicants of redness at the lower terminal of the oesophagus proposing mild esophagitis. It was advised to increase the dosage of esomperzole from 20mg to 40mg if the patient presented with farther symptoms of indigestion. No marks of shed bleeding or ulcers were observed.

Since holding these trials Mr X has been sing the pattern dietician one time every two hebdomads. He has been given a diet to follow and his aim is to lose weight and eat a balanced diet. After talking to Mr X he tells me that he is eating plentifulness of fruit and veggies and wheaten staff of life. He had increased his fibre consumption and is besides imbibing plentifulness of H₂O.

He has noticed that he is non acquiring constipated every bit much as he used to be and opens his bowels more often. He has taken out a gym rank and has lost half a rock.

Mr X will likely hold diverticular disease for the remainder of his life but every bit long as he lives by his new life style he will be able to command his symptoms and live a normal healthy life.

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