

H. pylori

[UREA breath Test]

# Peptic Ulcer Disease

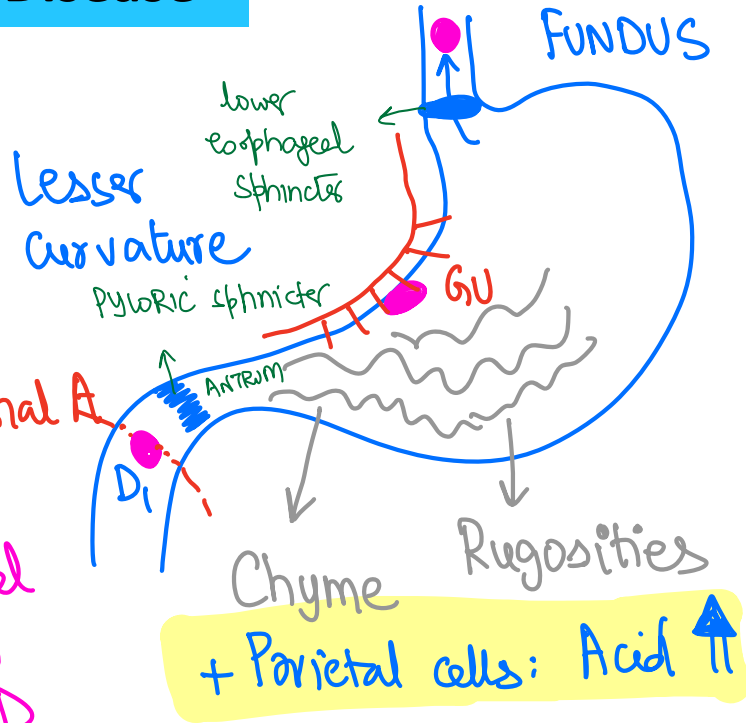
Definition: Ulcer in any of following sites

1. STOMACH: GU
2. DUODENUM: DU:MC site
3. Esophagus

Leading complications

1. Bleeding
2. PERFORATION: spill over into peritoneal cavity

MCC of Hematemesis  $\Rightarrow$  PUD  
 // // Hemoptysis  $\Rightarrow$  viral bronchitis



" " Marine " ⇒ IB

MC site of Duodenal ulcer

↳ Duodenal cap: D1

MC site of gastric ulcer →

LESSER CURVATURE

## EROSIVE GASTRITIS

### Causes

1. H. PYLORI

2. Smoking

3. Steroids

4. NSAID abuse

5. Stress: Burns/ Raised ICP

← HYPERCHLORHYDRIA

→ MUCUS ↓

COX-1 ⊖: MUCUS ↓

↳ Cushing ULCER

↓  
CURLING ULCERS

] MUCUS ↓

# Nursing Assessment

1. Gnawing and sharp : epigastric Pain

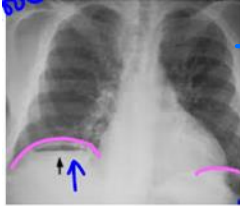
food intake

30-60 minutes: GU , wt loss

1.5 to 3 hours:

DU

"HUNGER pain" : wt gain



X Ray standing  
gas under diaphragm

1. BP value ↓↓

2. Rebound tenderness

↑↑  
↳ guarding, Rigidity of Ant Abdominal wall

PERFORATION  
Pneumo-  
peritoneum

# Nursing interventions : PUD

Pulse : ↑

BP ↓

1. Vitals
2. Bland diet
3. PPI
4. Antacids
5. Sucralfate
6. Avoid smoking alcohol, NSAIDS

used sparingly

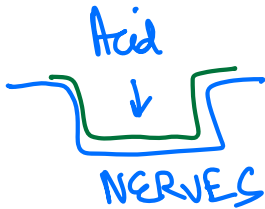
Compliance:

Pantoprazole  
(empty stomach)

\* Vonoprazon

Potassium competitive  
acid blocker

MUCIFINE gel: Oxethazone  
- LA -



Surface protective-agent / acid mucosa contact  
Time ↓

\*

## Managing a client with Vomiting of blood

Treatment of choice for bleeding peptic ulcer disease  $\Rightarrow$  Endoscopic ligation of bleeder

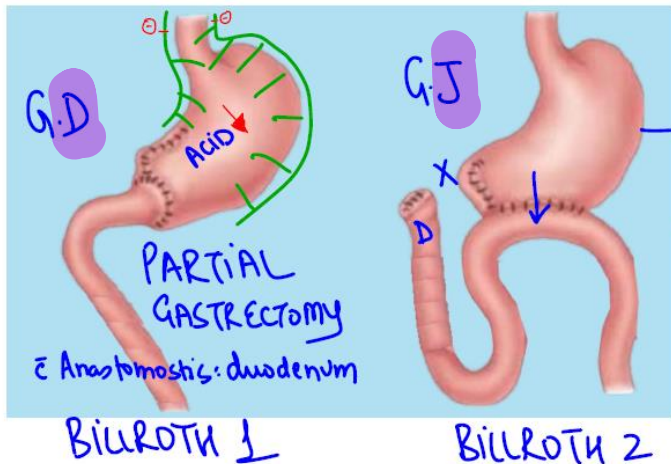
First line intervention for bleeding PUD

1. Vitals P+++ BP  $\downarrow\downarrow$  < 90/60 mm Hg
2. NPO plus put gray cannula 16G 3x Hb
3. Start crystalloids and take sample for BG and CM, CBC and hematocrit
4. Start MT 6 PRBC, 6 FFP, 6 PRP bld group  $\rightarrow$  1:1:1
5. Check details on bag with cross reference of patient
6. Prepare for taking to endoscopy unit and take informed consent

☹️ Triad of death  $\Rightarrow$  Hypothermia, Coagulopathy, M. acidosis

# Surgical interventions for peptic ulcer disease

1. Total gastrectomy
2. \* Vagotomy ← HIGHLY SELECTIVE
3. Antrectomy



DJ

Partial gastrectomy  
+ Jejunostomy

LEAKAGE from Anastomosis  
\* TERTIARY PERITONITIS

# Post op care of client after Bilroth surgery

1. Vitals

2. Semi fowler position



3. IO monitoring for urine output

AD GT  
B1 B2

ADVEATE HYDRATION

4. Bowel sounds

POST-OP PARALYTIC ILEUS

5. NG suction \*

No irrigation and don't remove due to risk of disruption of sutures

6. NPO---- Sips of water ----- soup ---- 6 bland meals as bowel sounds return

Bowel activity + + +

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## Complications of Billroth surgery

1. Hemorrhage

2. Diarrhea

3. B12 deficiency

IF ↓ : Parietal cells mass in stomach ↓

4. Dumping syndrome

Rush of osmotic contents into small bowel

Bloating, palpitations, dizziness and vertigo after meals

Rx: Avoid sugar, milk and salt, take small meal portions and avoid fluid with meals

H. PYLORI Rx :

Tetracycline

Metronidazole

PPI

Bismuth = anti H. pylori  
surface protective agent

Quadruple Therapy

Clarithromycin, amoxicillin, PPI = Triple Therapy

↳ not recommended