# Lower GI, gallbladder and pancreas

## IBD, diverticulitis, obstruction and NG tubes, appendicitis, ostomies, cholecystitis, pancreatitis

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## 1 AT A GLANCE

Lower GI problems range from colitis flares to a ruptured appendix, and many clients go home with a stoma. The gallbladder and pancreas both help digest fat, and both can flare with severe, sudden belly pain.

### Ulcerative colitis or Crohn's disease

| | Ulcerative colitis | Crohn's disease |
|---|---|---|
| **Where** | Colon only | Anywhere in the gut |
| ★ **Pattern** | Spreads **evenly up from the rectum** | Jumps, with **skip lesions** |
| ★ **Stool** | **Bloody diarrhea with mucus** | Diarrhea, usually not bloody |
| **Pain** | Often on the left | Right lower belly |
| **Also** | Removing the colon can cure the bowel symptoms | Weight loss, fistulas, abscesses and narrowing |

**Both:** Fever, a fast heart rate and dehydration; both flare and settle. Diarrhea drains potassium and magnesium; blood loss causes anemia. Drugs are individualized: mesalamine for selected colitis, not Crohn's, plus steroids, immune modifiers and biologics. Many raise the risk of infection.

### IBD nursing care

- Track intake and output, stools, daily weight, potassium and magnesium.
- ★ Fever, a rising pulse, more pain or a rising white count can mean **perforation**.
- Severe flare: IV fluids or parenteral nutrition may be needed.
- In a flare, avoid dairy, caffeine, alcohol, and high-fat and high-fiber foods.
- Teach: no anti-inflammatory pain relievers; regular colonoscopies for cancer risk.

### Diverticulitis

- Pouches where the colon wall is weak. Often silent, but they can bleed.
- ★ Inflamed: **left lower belly pain**, fever, nausea, a high white count.
- ★ A CT scan confirms it. Colonoscopy waits **6 to 8 weeks**: it could perforate the colon.
- Bowel rest, fluids, antibiotics, pain control: NPO in hospital, clear liquids at home.
- ★ **No fiber during the flare**; once it settles, a high-fiber diet helps prevent more pouches.

### Bowel obstruction

- Contents back up; the bowel swells and leaks fluid: dehydration, electrolyte loss and, if blood flow fails, perforation.
- ★ Pain, distension, vomiting that may **smell like stool**. No gas, and no stool or only liquid stool.
- Bowel sounds may be loud early, then quiet or absent later.
- Potassium falls with vomiting. A high white count or lactic acid suggests necrosis or perforation.
- NPO, IV fluids, electrolytes, walking, fewer opioids. Some need surgery, which may create a stoma.
- Signs of improvement: **bowel sounds return and the client passes gas**.

### NG decompression (Salem sump)

- Decompresses the stomach, prevents vomiting and measures the output.
- Large double-lumen tube; drains by gravity or suction, as ordered.
- ★ The **blue pigtail is the vent: never instill anything through it**.
- Check placement before using the tube. Document drainage amount and color every shift.
- ★ **Turn the suction off** before listening for bowel sounds.
- Suction drains sodium, potassium and magnesium: watch the labs. Frequent mouth care; check the skin where the tube rests.

### Appendicitis or peritonitis

| | Appendicitis | Peritonitis |
|---|---|---|
| **Cause** | Appendix blocked, often by hardened stool, and it swells | Inflamed belly lining: perforation, rupture, or infection after surgery |
| ★ **Pain** | Starts all over, then **moves to the right lower belly**; rebound tenderness | Very tender, worse with movement; may feel firm, **like a board** |
| **Other signs** | Loss of appetite, nausea and vomiting, fever | Fever, chills, a racing heart, nausea; little gas, stool or urine; curls up and guards the belly |
| **Care** | CT preferred (ultrasound for children and in pregnancy). Surgery; until then, NPO, IV fluids, antibiotics | An emergency: surgery, antibiotics, or both |

**Before appendectomy:** Urgent evaluation comes first: comfort measures like ice must not delay care, and heat is avoided. No enemas or laxatives. Rupture risk rises sharply 24 to 36 hours after symptoms start: report a change in pain or vital signs.

**Educational use only.** Not a substitute for clinical judgment, your facility's policy or the provider's orders. Where practice varies, follow facility policy and state law. No patient information.

# Lower GI, gallbladder and pancreas

## 1 AT A GLANCE, CONTINUED

### Ostomy care

| | Care and teaching |
|---|---|
| **Colostomy** | Colon through the belly wall, usually on the left; soft stool. Temporary (reconnected after about 12 weeks) or permanent |
| **Ileostomy** | End of the small intestine; watery output, so dehydration comes easily |
| **Healthy stoma** | Pink or red, moist, a little shiny. Swollen after surgery, shrinks over weeks; may bleed a little when cleaned |
| ★ **Report** | Stoma turns **purple, black or white**, or pulls in below the skin. Frequent leaks, raw skin, foul discharge, bulging around it |
| ★ **Pouch** | **Empty at one third to one half full.** Change per the system, the skin and the ostomy nurse's plan; at once for itching or leaks |
| **Skin and fit** | Mild soap and water, pat dry; no alcohol or oily products. Size the opening close to the stoma, not touching it |
| **Ileostomy teaching** | Follow the prescribed fluid plan; monitor urine and output; oral rehydration when indicated. Chew well: nuts, seeds, popcorn, corn and raw pineapple can block the stoma |

### Gallbladder or pancreas?

| | Cholecystitis | Acute pancreatitis |
|---|---|---|
| ★ **Pain** | **Right upper belly**, sometimes into the back or shoulder; trouble with fatty food | **Upper middle (epigastric), often into the back** |
| ★ **Key finding** | Ultrasound shows stones. Murphy's sign: the breath stops short as the right upper belly is pressed | **High lipase and amylase** |
| **Causes** | Gallstones | Gallstones and heavy alcohol use |
| ★ **Treatment** | Most need removal, usually by laparoscopy. Selected duct stones may come out first by ERCP | Monitored IV fluids, pain relief and **early feeding, not prolonged NPO** |

### After gallbladder surgery

- Low-fat diet before and soon after surgery.
- Right shoulder pain after laparoscopy is common, from the gas. Walking helps; it eases within 2 to 3 days.
- ★ **Report jaundice**: yellow eyes, light stools or dark urine can mean a stone was left behind.

### Pancreatitis

- ★ Mild: low-fat solid food usually within **24 to 48 hours**, in small, frequent meals. Can't eat: nutrition by tube.
- Chronic: greasy, foul-smelling stools and weight loss; diabetes can develop. Give enzyme pills and vitamins A, D, E and K.
- ★ Teach every client to **stop alcohol completely**, even after a mild attack, and to stop smoking.

## 2 PRIORITY AND SAFETY CALLS

★ Day after colostomy surgery, the stoma is **dark purple**: report it to the surgeon now. Swelling is expected; a color change isn't.

★ Suspected appendicitis, and he asks for a heating pad: **no heat**; urgent evaluation comes first.

Sudden cramping, a swollen stoma, vomiting and very watery output can mean a blockage.

Pancreatitis with worsening pain, breathlessness or jaundice can mean infection or blockage, which can be fatal.

## 3 EXAM ANCHORS

1. Colitis is even and bloody; Crohn's skips and forms fistulas.
2. Diverticulitis: bowel rest and no fiber in a flare; fiber afterward.
3. Traps: heat for appendicitis, laxatives before surgery, fiber in a flare, calling a purple stoma normal.
4. Cholecystitis: right upper pain after fat, Murphy's sign. After surgery, jaundice is reported.
5. Pancreatitis: epigastric pain to the back, high lipase, IV fluids, early feeding. Routine prolonged NPO is a trap.

## 4 SELF-QUIZ

1. Ulcerative colitis spreads evenly up from the _____.
2. After a diverticulitis flare, colonoscopy waits 6 to _____ weeks.
3. Appendicitis rupture risk rises sharply _____ to 36 hours after symptoms start.
4. Empty an ostomy pouch at one third to one _____ full.
5. Acute pancreatitis raises serum lipase and _____.

**ANSWER KEY** 1. rectum · 2. 8 · 3. 24 · 4. half · 5. amylase

## 5 SOURCES


1. Open RN, Nursing: Health Alterations, 11.11 Inflammatory Bowel Disease. wtcs.pressbooks.pub/healthalts/chapter/11-11-inflammato…
2. NIDDK, Ostomy surgery of the bowel: after surgery. niddk.nih.gov/health-information/digestive-diseas…
3. Open RN, Nursing: Health Alterations, 11.6 Cholecystitis. wtcs.pressbooks.pub/healthalts/chapter/11-6-cholecystitis
4. NIDDK, Treatment for Pancreatitis. niddk.nih.gov/health-information/digestive-diseas…


**Built from RN PocketPal course lessons:** Lower GI disorders and ostomies (c13-l02); Gallbladder and pancreas (c13-l04). Every line on this sheet comes from those lesson scripts.

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