MEDSURG : OESOPHAGEAL DISORDER- GERD

Study guide & notes on : definitions, Aetiology, pathophysiology, clinical manifestations, diagnosis, nursing interventions, medical treatments, complications of related pathology.

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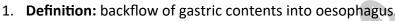
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GERD

STOMACH

ACID REFLUX



HEALTHY

STOMACH

- 2. Aetiology: weak lower sphincter.
- 3. Risk factors
- a. Eating spicy food/ diary/fried food or having largenegate could be having connective tissue disorders like certain the spice of the spic
- 4. Pathophysiology
- Lower oesophagea Schronic regurgitation \rightarrow inflammation \rightarrow metaplasia Lumiter incompeter 5. Clinical Particulation
 - Pyrosis (AKA- Heartburn) a.
 - i. Description : is a burning , tight sensation felt beneath the lower sternum and spreading upwards the throat; may occur twice a week or specially at night

Globus sensation

i. Description : sense of a lump in the troat –(feel like choaking)

Dyspepsia

- d. Wheezing
- e. Cough
- f. If related to oesophagitis (inflammation of oesophagus): may feel dysphagia (difficulty in swallowing)

6. Diagnostic procedures

- a. Upper endoscopy (AKA : esophagogastroduodenoscopy)
 - i. How is this test done? : After the patient is sedated, an endoscope (a flexible tube like instrument with a light) is passed down the oesophagus to view the gastric wall and the surrounding gastric structures.
- b. Ambulatory acid probe test

COLOUR CODES: Main topic; Clinical manifestation; Nursing interventions; Note well (N.B), drug names. NOTES BY POORNIMA



