

## Anorexia: lack of appetite; malnutrition

- **S/S:**
  - ↓ sense of smell
  - nausea
- **nurse manage:**
  - daily weight
  - calorie count
  - sm serving size
  - encourage eating in company of others
  - nutritional supps
- **tx:**
  - short-term: none (antiemetic - nausea related)
  - **diagnostic**
    - ↓ Hgb, ↓ CBC

## GERD: lower esophageal sphincter insufficiency

- gastric contents reurgitate → back flow from stomach into esophagus
- **cause:**
  - abnormality in LES (surgery, gastric intubation, ulcers)
  - prolonged vomiting
- **S/S:** can be sudden or gradual
  - epigastric pain, burning (moves up & down) - common **after** meals
  - dysphagia
- **diagnostic:** **NO carbonated drinks**
  - based on S/S
  - radiographic study
  - endoscopy w/ biopsy
- **tx:**
  - antacids, H<sub>2</sub> receptor blocker, PPIs, prokinetics
  - stretta procedure

## Esophageal cancer:

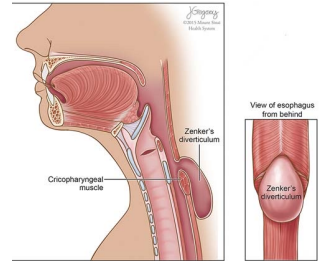
- men > women
- squamous cell carcinoma
- not common - **NO** known cause
  - ↳ correlation: smoking, alc abuse, chronic trauma, poor oral hygiene, spicy food eaters
- **S/S:** poor prognosis dit no symptoms til disease has progressed to interfere w/
  - ✦ **swallowing** → weight loss
    - substernal pain
    - epigastric pain
    - neck/back pain
    - sore throat
    - choking
- **tx:** palliative measures
  - surgery

## Cancer of oral cavity: linked to smoking & tobacco

- **squamous cell** - most common
- **HPV** infection is most common cause of oropharyngeal cancer
- **S/S:**
  - tongue irritation/pain
  - loose teeth
  - ulcerations
  - leukoplakia (**hard white spots**)
- **tx:** GI intubation?
- ↓ appetite - weight loss
- hemoptysis

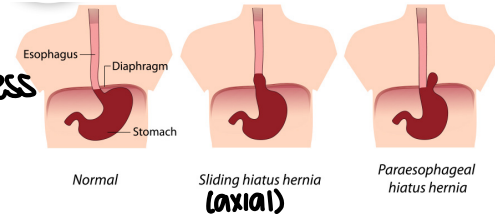
## Esophageal diverticulum: Zenker's diverticulum (pharyngeal-esophageal junction)

- **pouch** - congenital or acquired esophageal wall weakness
- **S/S:**
  - difficult swallowing
  - bad breath
- **diagnostic:**
  - barium swallow
  - esophagoscopy
- **tx:**
  - diet - bland, soft, semi-soft, liquid
  - surgical excision of diverticulum

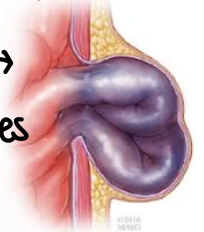


## Hiatal Hernia: diaphragm defect - part of stomach & lower esophagus protrudes up through diaphragm into chest

- **S/S:**
  - asymptomatic → fullness
  - dysphagia
  - regurgitation
- **diagnostic:**
  - barium swallow
  - esophagoscopy



- **tx:**
  - stretch narrowed esophagus endoscopically
  - antacids, H<sub>2</sub> receptor blockers
  - avoid intra abd pressure
- **complications:** → **strangulated hernia** (hiatal hernia that becomes trapped w/ **blood flow**)
  - ulcerations
  - bleeding
  - aspiration



- **NG:**
  - no food/liquid 2-3 before bed
  - ✦ **wooden blocks** under top of bed (**4 in blocks**)
  - monitor wt
  - sm frequent meals, no fatty foods, ETOH, spicy foods