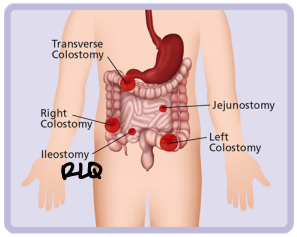
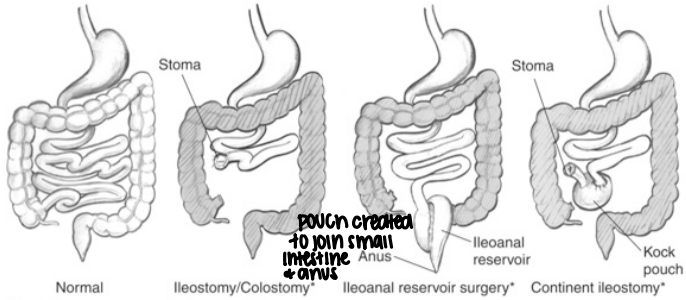
Liver Biopsy:
- pre: consent, coagulation studies
- during: position supine, right arm behind head, w/ pad under right chest
  - *pt takes deep breath & holds during puncture
  - *sample of liver tissue aspirated for study
- post: pressure dressing over puncture
  - *assess for bleeding
  - *pt stay on right side for 2hrs to maintain pressure* & prevent bleeding
  - *bed rest 8-12 hrs

Ostomies:
- pre-op:
  - taper & d/c prednisone - avoid neg affects on tissue healing
  - pre-op "stress dose" of IV steroid: prevent adrenal crisis
  - d/c immunosuppressive agents - avoid neg affects on tissue healing
  - d/c aspirin to ↓ risk of bleeding
- post-op:
  - rectal pack: absorbs drainage; promotes gradual healing (5-7 days)
  - irrigations: promote healing (500-1000 mL WARM water above ostomy; cramping: STOP fluid; same time every day!)
  - NG tube: GI decompression
  - IV fluids

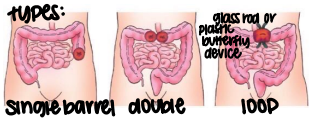
Colostomy vs Ileostomy
- colostomy: connect colon to abd wall
- ileostomy: last part of sm intestine (ileum) to abd wall





Colostomy:
- large intestine

types:



double: proximal & distal stomas; usually temp w/ plan for reversal

Ileoanal anastomosis:
- clients: UC
- preserves innervation of male genitalia → bladder & erectile dysfunction unlikely
- First stage: temp ileostomy
  - → continued discharge of mucus from anus (teach use of squirt bottle)
  - → frequent discharge of fecal matter from ileostomy (uncontrollable, watery)
- second stage: 2-3 mo. later
  - → closes temp ileostomy
  - → reunites 2 sections of ileum
  - → fecal matter expelled; stronger anal sphincter (control)

Continent ileostomy:
internal reservoir for storage of GI effluent
- → reservoir is formed w/ portion of terminal ileum; nipple valve
- → temporary catheter insertion
  - *connect stoma cath to low intermittent suction; check for obstruction
  - *adm irrigations of ileal cath - saline solution
- perineal area pack: remains for 1 week - reinforce perineal packing
- pt should wear medical alert bracelet

draining cont ileostomy
- supply: cath (#28), irrigating solution & syringe
- lubricate cath & insert in stoma - resistance felt when reaches nipple valve (2in past stoma)
- pt bear down; roll cath btw fingers & advance into pouch
  - → once in, gas & fecal matter will drain; continues ~10 mins
  - → if drainage is too thick, instill 30 cc normal saline & gently aspirate (DO NOT do unless necessary as it may dislocate nipple valve)
  - → when drainage stops, quickly remove cath
  - → place guaze over stoma to absorb secretions

GI intubation: tube inserted into stomach to deliver feedings or to keep tract empty (decompression)
- tubes are passed through nose (NG)
- Blakemore tube: use to control bleeding (for esophageal varices to occlude bleeding)
- Gastrostomy tube: placed through abd wall
- Dobhoff: small tube used to deliver feedings into duodenum

↓

Tube feedings: delivered by gravity flow or by infusion pump
** critical to confirm tube is in duodenum before administering feedings
- * → radiographic confirmation is most reliable
  - → observation of aspirated material & pH - reliable
  - → placement checked every shift
  - → Fowler position to ↓ chance of aspiration
- * → assess for residual volume before each feeding
- obtain correct formula
- tube feedings may be diluted when first started
- stop feeding if pt has nausea or pain
- *rinse tube after each bolus feeding (30 cc); give extra prescribed water
- * dumping syndrome may occur w/ rapid feeding of concentrated formula (emergency) (weakness, diaphoresis, diarrhea 90 min after eating)
  - → lie down for short time after feeding
  - → restrict carbs
  - → several small meals daily @ intervals
- assist to fowlers to ↓ risk aspiration
  - → pt remains up at least 30° during continuous feeding

ADMINISTRATION:
- remove plunger
- pinch tube while inserting syringe to avoid stomach content leak
- hold barrel ~12 inches above stomach & allow gravity to infuse
- flush after bolus

(teach cleanse anus w/ warm soapy water) → DRY area well

Complications:

- fluid & electrolyte imbalances
  - ↑ fluid intake (3000 ml/day)
- skin breakdown risk
  - → clean well
  - → ½ in bigger than stoma

diet post-op:

- 4-6 weeks - NO high fiber/gassy foods
  - no green leafy veggies
  - no dairy/eggs
- NO hard to digest foods
  - popcorn, seeds, nuts