



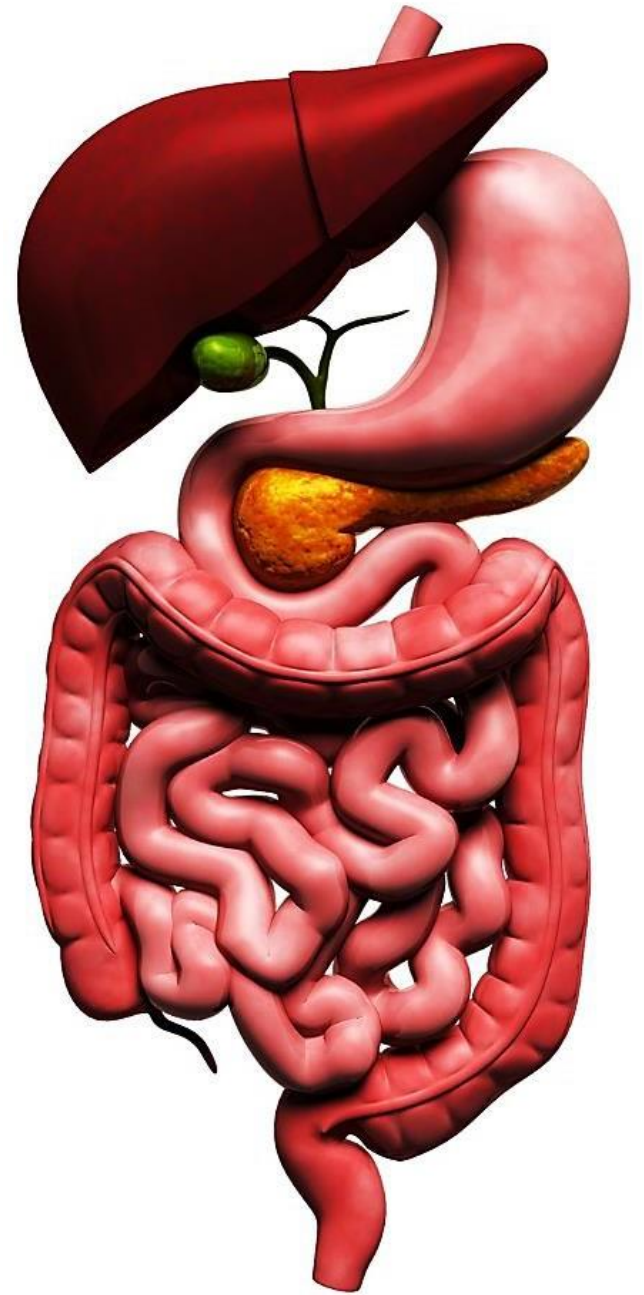
Child with Gastrointestinal Dysfunction

Dr . Reda Elfeshawy

**Assistant professor
of pediatric nursing**

Outline

- Definition
- Signs and symptoms
- Causes
- Complication
- Assessment and diagnostic evaluation
- Therapeutic management
- Nursing diagnosis
- Nursing care management

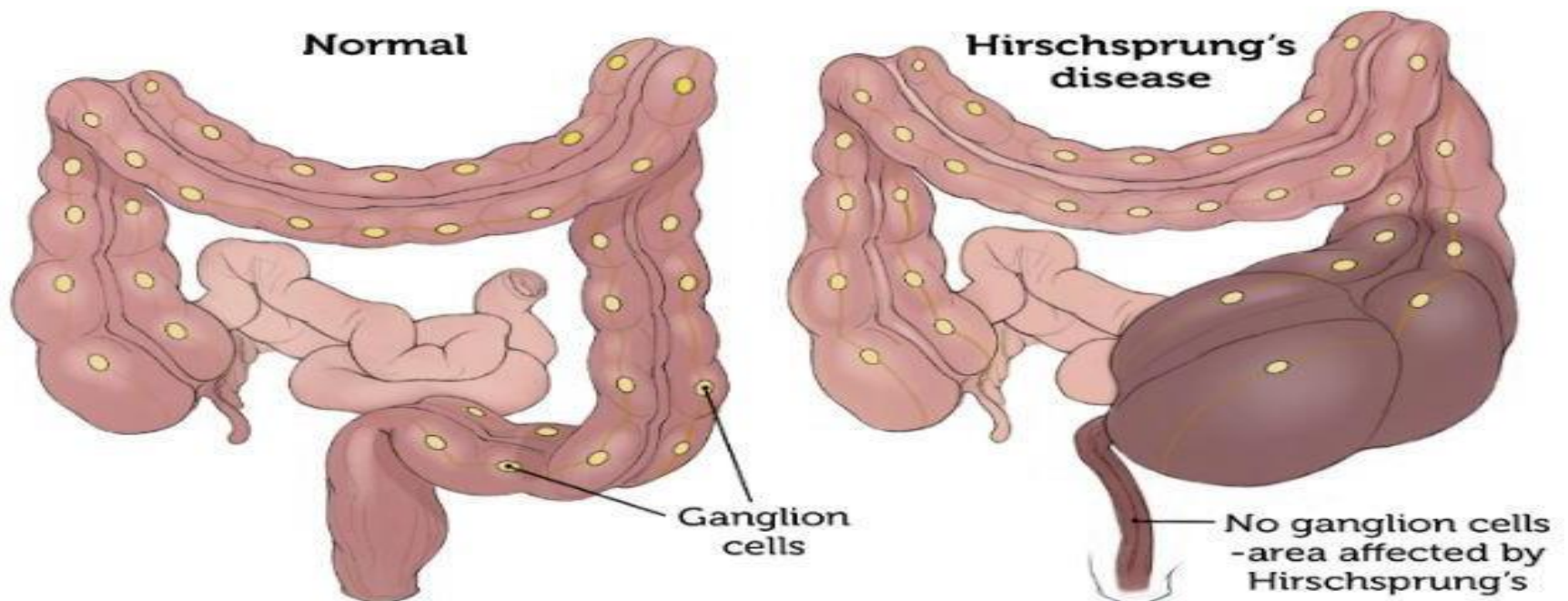




Hirschsprung Disease

HIRSCHSPRUNG'S DISEASE (HD)

- Is the most common cause of neonatal intestinal obstruction. The disease is characterized by **Failure to pass meconium (First stool)** in the first 24 hours of life with increased abdominal distension due to a **lack of ganglion cells** in the bowel, which causes inadequate motility in part of the intestine.



In Hirschsprung's disease, **certain types of nerve cells (called ganglion cells) are missing from a part of the bowel.** In areas without such nerves, the muscle within the bowel wall does not contract to push material through, which causes a blockage.

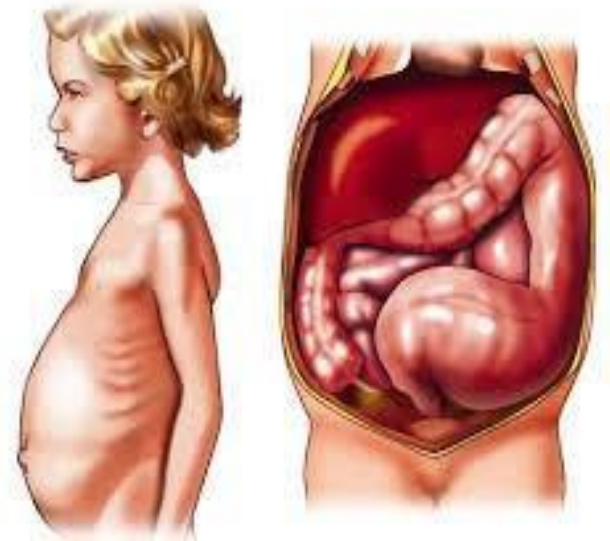
These nerves are called ganglion cells. They **make the colon contract so stool can move easily through the digestive system .**

Clinical manifestation of HD

- Failure to pass meconium within 24 to 48 hours after birth
- Refusal to feed
- Bilious vomiting
- Abdominal distention
- Failure to thrive (Poor weight gain)
- Ribbon-like or watery stools
- Visible peristalsis
- Easily palpable fecal mass

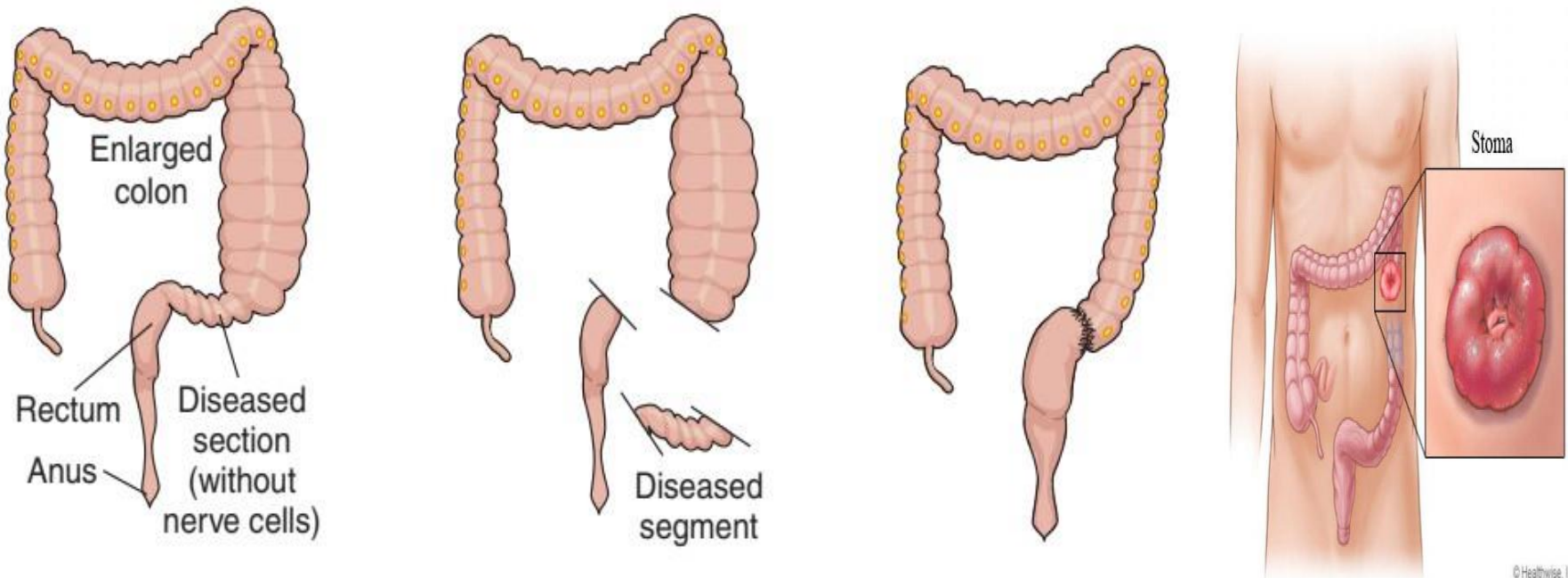


Enterocolitis can be life-threatening **Complication** and requires immediate treatment.



Therapeutic Management Of HD

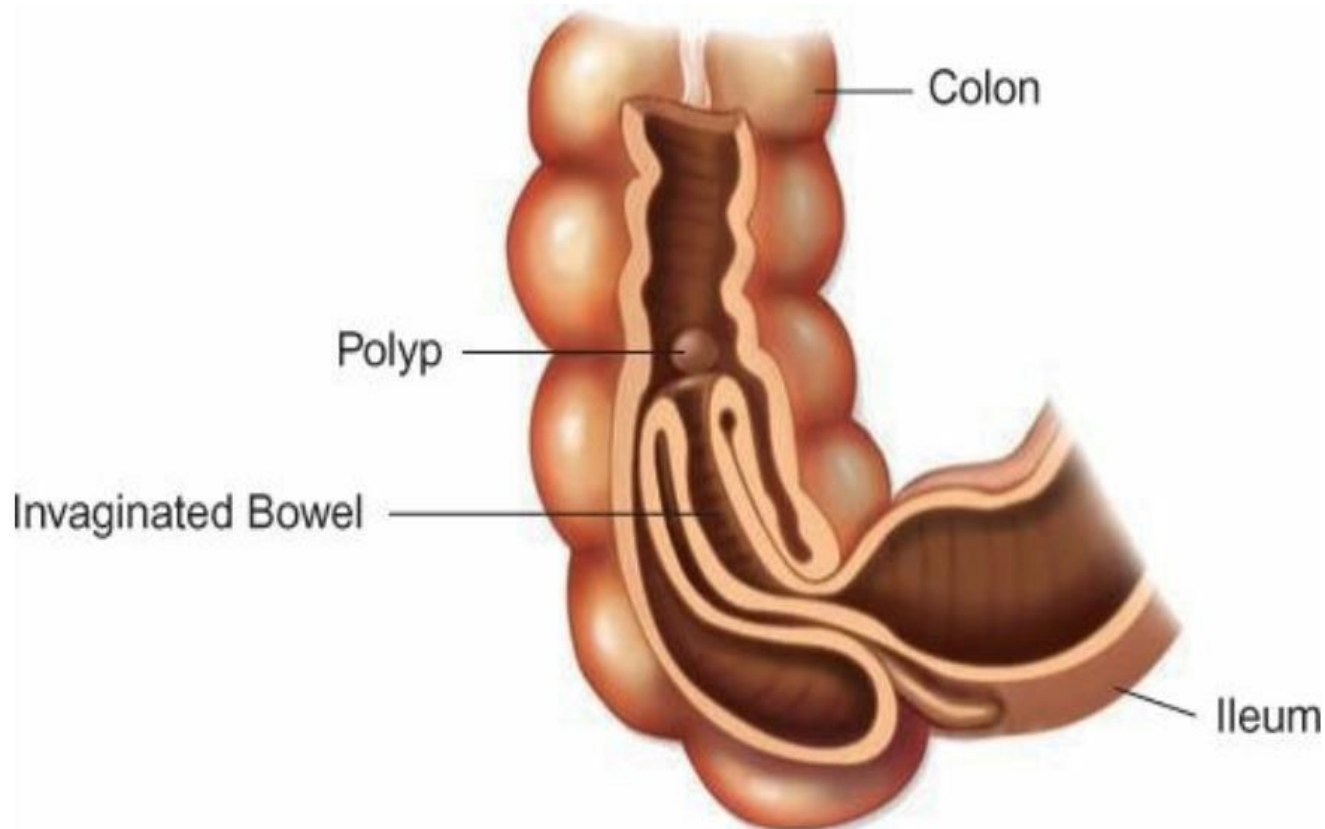
- Surgical resection of the aganglionic bowel and reanastomosis of the remaining intestine are necessary to promote proper bowel function.



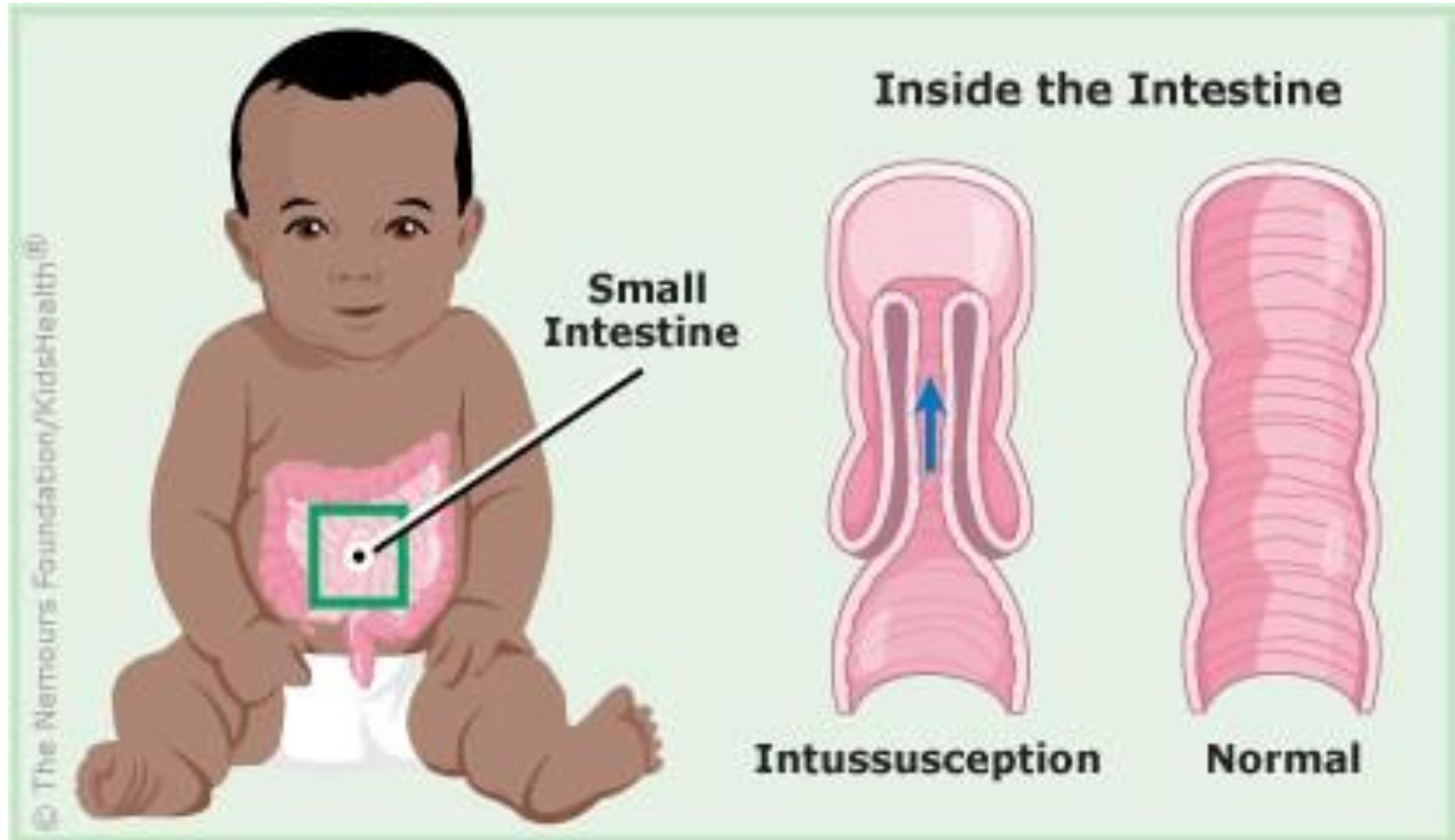
Intussusception

Intussusception

Is a process that occurs when a portion of the intestine folds like a telescope, with one segment slipping inside another segment. causing edema, vascular compromise, and partial or total bowel obstruction.



Intussusception



INTUSSUSCEPTION

A.K.A. TELESCOPING

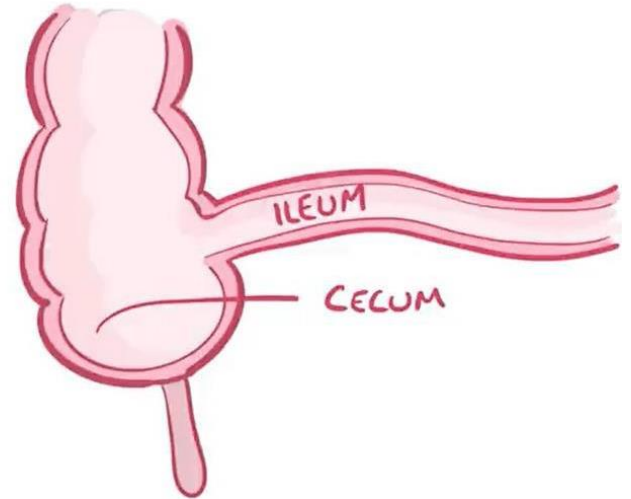


INTESTINE FOLDS IN ON ITSELF



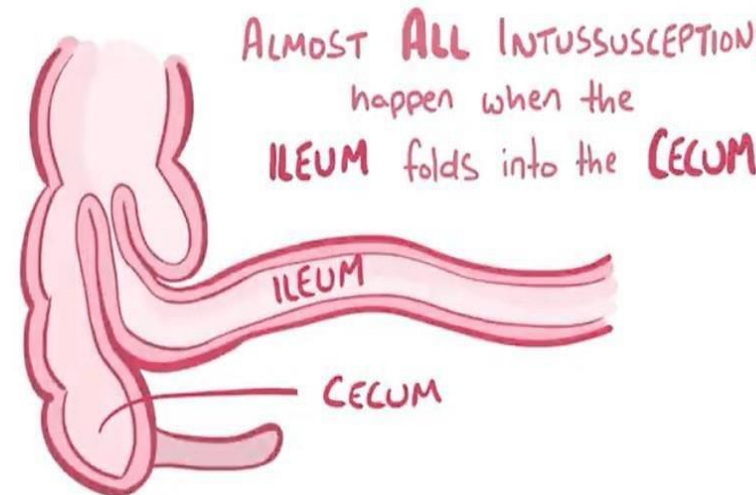
INTUSSUSCEPTION

(usually happens in ILEOCECAL region)



INTUSSUSCEPTION

(usually happens in ILEOCECAL region)

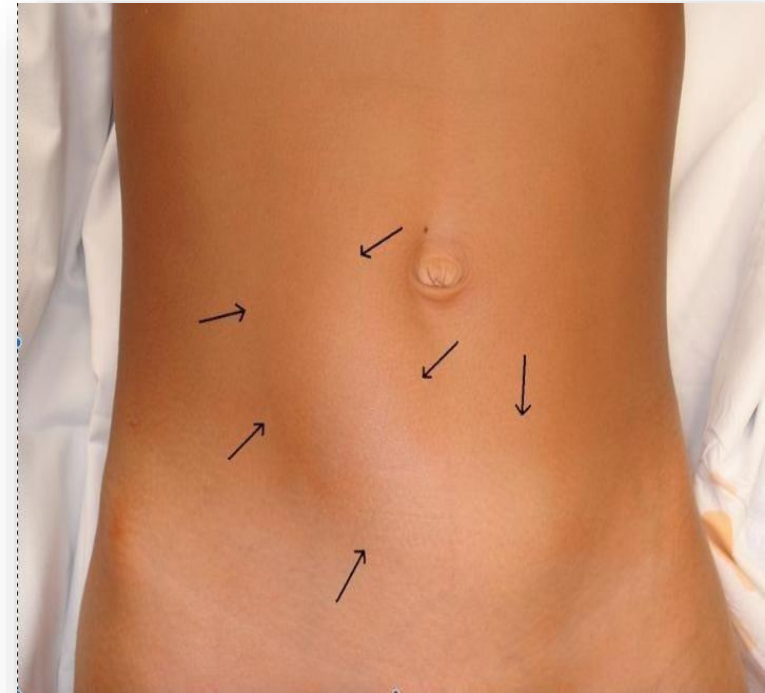


ALMOST **ALL** INTUSSUSCEPTION
happen when the
ILEUM folds into the **CECUM**

Clinical Manifestations of Intussusception

- Severe pain
- Vomiting and Diarrhea
- **Currant-jelly stools**
- Palpable sausage-shaped mass in upper right quadrant
- Empty lower right quadrant

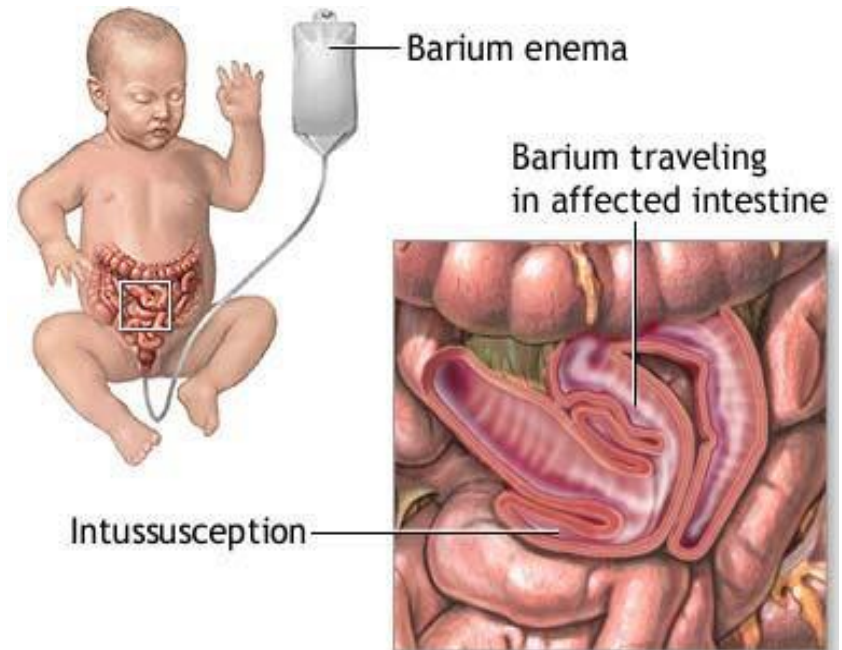
Complication are Peritonitis
bowel perforation



Therapeutic management

- A **barium enema** is successful at reducing a large percentage of intussusception cases;
- other cases are **reduced surgically**.

If surgical reduction is unsuccessful or bowel necrosis has occurred, a portion of the bowel must be resected



Nursing Diagnoses

- Acute pain related to bowel invagination.
- Deficient fluid volume related to vomiting and diarrhea.
- Anxiety related to change in health status.

Nursing Care Management

- The nurse can help establish a diagnosis by listening to the parent's description of the child's physical and behavioral symptoms.
- The nurse prepares the parents for the immediate need for hospitalization, the nonsurgical technique of hydrostatic reduction, and the possibility of surgery
- Offer emotional support and provide appropriate preoperative and postoperative education to the family

Imperforate anus

Imperforate anus

Imperforate anus is a congenital (present from birth) defect in which the opening to the anus is missing or blocked. therefore can't pass stool normally from their rectum out of their body.



Diagnostic Evaluation

The diagnosis of an anorectal malformation is based on the physical finding of an absent anal opening.

Other symptoms may include **abdominal distention, vomiting, absence of meconium passage, or presence of meconium in the urine.**

Therapeutic Management

The primary management of Imperforate anus is **surgical**.

. Infants often require a staged repair in which the bowel is connected to the anal opening or an anal opening is created.

Nursing Diagnoses

- Fluid volume deficit related to excessive loss through vomiting.
- Impaired skin integrity related to the colostomy.
- Risk for infection related to surgical procedures.

Nursing Care management

The first nursing responsibility is **assisting** in identification of Imperforate anus.

A newborn who **does not pass stool within 24 hours** after birth or has meconium that appears at a location other than the anal opening requires further assessment. Assess for signs of intestinal obstruction, which may occur as a result of the malformation. These include **abdominal distention and bilious vomiting**. Preoperative care includes diagnostic evaluation,, bowel preparation, and IV fluids.

References

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Thank you