Chapter 8

Word Definitions

1. Apicectomy—removal of the apical portion of a tooth root
2. Cholinergic—pertaining to nerve fibers that liberate acetylcholine at the myoneural junction
3. Colectomy—surgical removal of all or part of the colon
4. Erosion—wearing away of a surface
5. Fissure—cleft or groove on the surface of an organ or tissue
6. Fistula—abnormal passage from an internal organ to the body surface
7. Gangrene—necrosis or death of tissue
8. Hematemesis—vomiting bright red blood
9. Leukoplakia—white plaque; firmly attached patches of white on mucous membranes
10. Ligation—tying off a blood vessel or duct with a suture or wire ligature
11. Lymphadenopathy—local or general enlargement of the lymph nodes or vessels
12. Malaise—discomfort; vague uneasy feeling of body weakness, distress or discomfort marking the onset of a disease
13. Metastasis—tumor cells spread to distant parts of the body
14. Odynophagia—burning squeezing pain while swallowing
15. Pseudomembranous—describing a false membrane
16. Retrosternal—behind the sternum
17. Valsalva maneuver—any forced expiratory effort against a closed airway, such as when a person holds their breath and tries to move a heavy object
Glossary Terms

1. Anastomoses—surgical or pathologic connection between two vessels or tubular structures
2. Aphthous ulcers—recurrent painful canker sores in the mouth
3. Cachexia—profound and marked wasting disorder, usually associated with malnutrition and such diseases as cancer and tuberculosis
4. Diaphoretic—profuse perspiration
5. Fissures—cracks or grooves on a surface
6. Fistulas—abnormal tubelike passageways
7. Gangrene—death of tissue caused by a decrease or absence of blood supply
8. H2-receptor antagonist—chemical agent that blocks the interaction of histamine or acetylcholine with receptors in stomach cells; drugs that inhibit secretion of gastric acid
9. Hemostasis—the condition of controlled bleeding
10. Hepatomegaly—enlargement of the liver
11. Hyperemic—refers to an excessive amount of blood in a part or area
12. Hypovolemic shock—condition that occurs when blood in the circulatory system is decreased (e.g., hemorrhage)
13. Jaundiced—yellowing of the skin
14. Lavage—cleaning out of a cavity with liquid
15. Malocclusion—improperly positioned teeth and faulty contact of the teeth
16. Myalgia—muscle pain
17. Peritonitis—inflammation of the membrane that lines the abdominal cavity and covers the viscera

18. Proton pump inhibitor—drug that blocks gastric acid secretion; used to treat ulcers of the gastrointestinal tract and gastroesophageal reflux disease (GERD)

19. Reflux—backward flow

20. Steatorrhea—presence of malabsorbed fat in the feces

Short Answer

1. Mastication, to break down food into pieces that can be swallowed and digested easily

2. Loss from decay or accident, congenitally missing, impaction

3. They begin as a single small, pale lump in or on the mouth that bleeds easily

4. Significant pain

5. Fungal

6. 90%

7. Alcohol and tobacco, especially cigarette smoking and snuff dipping

8. Radiotherapy, surgery, laser therapy, therapeutic irradiation

9. Burning chest pain (heartburn)

10. Inflammation associated with H. pylori

11. Japan

12. Male

13. 31/2 inches

14. There is no known function

15. Truss
16. Any portion from the mouth to the anus

17. Colon cancer

18. Control symptoms and maintain a normal fluid and electrolyte balance

19. Severe pain, nausea, vomiting, bloated and painful abdomen without passage of stool or gas; laboratory tests reveal an electrolyte imbalance and elevated white blood count; hyperactive or missing bowel sounds

20. Distal portion, sigmoid

21. Colorectal cancer

22. 50 years of age

23. Yes

24. Male

25. 15 to 50 days

26. A, D, E, K

Fill in the Blanks

1. alimentary canal, digestion

2. mastication, swallowed, easily

3. periodontal, gum, bone, teeth

4. tooth abscess, tissue, base

5. lips, mouth, ulcers, days

6. white, oral, fails, heal

7. overeating, weight

8. bland diet, inflammation, strong

9. hiatal, upper, stomach, esophageal
10. volvulus
11. syndrome, insufficient, absorb, vitamins
12. varicose, anal canal
13. damage, progressive, 11th
14. small intestine, malabsorption, gluten intolerance, damage

Anatomic Structures

1. Main and accessory organs of the normal digestive system
Suggested Responses for Patient Screening

1. Possible temporomandibular joint syndrome (TMJ)
   Since the pain is what has prompted a request for medical treatment, schedule the patient for the next available appointment. If none is available that day or the following day, follow office policy and refer to a dentist or to an urgent care facility.

2. Possible gastroesophageal reflux disease (GERD)
   These are indications for prompt evaluation by the physician. Schedule for the next available appointment on day of call. If none is available, refer to an urgent care or emergency facility for evaluation.

3. Possible appendicitis
   Remember that clinical signs of appendicitis vary but usually follow a sequence as described by the father. An individual with low abdominal pain, fever, and nausea and vomiting requires priority medical attention. Refer to an emergency facility for prompt assessment.

4. Possible cholelithiasis
   This patient requires prompt assessment. If an immediate appointment is not available, refer to an urgent care or emergency facility.

5. Possible anorexia
   Schedule an appointment for a physical examination and consultation with the physician.

Patient Teaching

1. Dental caries
It is important to ask individuals to demonstrate to you how they brush and floss their teeth. You can use printed material to show them good brushing and flossing techniques. It is helpful to explain what causes dental caries. Stress the importance of professional cleaning of the teeth and recommend regular dental examinations.

2. Herpes simplex

Advise the patient to avoid close contact such as kissing; the virus can be present in saliva after the vesicle has healed. When there are multiple lesions in the oral cavity, anesthetic mouthwashes reduce pain enabling the patient to eat. Advise the individual not to touch the eruption and then touch the eyes because infection can spread to the eyes. It also is important not to share a drinking glass or cup and to wash cups, glasses, and utensils after using them. Good handwashing is recommended.

3. Gastroesophageal reflux disorder

Using the printed information, explain how positional therapy uses gravity to reduce the onset of reflux. Instruct the patient not to recline until 4 hours after eating. List warning signs of complications, including pulmonary symptoms, any increase in esophageal burning, or any bleeding.

4. Peptic ulcers

The physician has advised the patient to consult with a dietitian for nutritional counseling; encourage the patient to do so. If possible, assist the patient in making an appointment to discuss his or her dietary needs with a dietitian. The printed instructions will advise the patient to eliminate caffeine, alcohol, smoking, and
any other known irritants. Reinforce the importance of strict adherence to a bland diet high in vitamin K. Instruct the patient to take prescribed analgesics or antiemetics 1 hour before meals to help control pain or nausea. Warn the patient to report signs of gastric bleeding and any occurrence of black or bloody stools.

5. Cholecystitis

Using printed material, clarify the relationship of a high-caloric, high-fat diet to the onset of gallstone disease that can, in turn, predispose the patient to inflammation of the gallbladder. It is helpful to discuss that if the patient undergoes cholecystectomy, the liver will continue to produce bile for fat digestion. Before discussing this point, ascertain whether the physician has discussed the possibility of a surgical procedure with the patient.

Essay Question

Describe the signs and symptoms that are associated with Crohn disease and available options for treatment.

The patient with Crohn disease experiences cramping, abdominal pain, and frequent episodes of diarrhea. The abdominal pain may be experienced more in the area of the right lower quadrant of the abdomen rather than in other areas of the abdomen. The patient may have fever, experience anorexia, weight loss, and have the feeling of abdominal fullness. With chronic symptoms, malnutrition may become a problem and the patient may develop perianal fissures and fistulas. Complications associated with the chronic inflammation may be adhesions, abscesses, and bowel obstruction. The abdomen will become tender and distended if a bowel obstruction occurs, and the patient may experience vomiting or blood in the stools or both.
There is no cure for Crohn disease; therefore the treatment is aimed at controlling the symptoms and ensuring good nutrition. Dietary supplements of protein, calories, minerals, and vitamins may be necessary. IV nutrition may be necessary if diarrhea is persistent. Drug therapy with narcotic and anticholinergics relieve diarrhea and cramping. Antibiotics are prescribed if a bacterial infection is present. Immunosuppressive medications and corticosteroid therapy may be used. If an abscess, perforation, or bowel obstruction exists, surgery may be necessary to remove the affected portion of the intestine.

Certification Examination Review

1. a
2. c
3. c
4. c
5. d
6. d
7. b
8. c
9. d
10. b