Workbook Answers
Chapter 8
Diseases and Conditions of the Digestive System
Mastication, to break down food into pieces that can be swallowed and digested easily

Loss from decay, periodontal disease, age, dental injury

They begin as single, small, pale lumps in or on the mouth that bleed easily.

Significant pain

Fungal

90%

Alcohol and tobacco use, especially cigarette smoking and snuff dipping

Radiotherapy, surgery, laser therapy, therapeutic irradiation

Burning chest pain (heartburn)

Inflammation associated with *H. pylori*

Japan

Barrett esophagus

3½ inches

There is no known function

Truss
16. Any portion from the mouth to the anus; all layers of the bowel wall are edematous and inflamed.

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

27. Thin layer of microorganisms adhering to the surface of a structure (e.g., a tooth)

28. Duodenal ulcer

29. Yes

30. Anorexia nervosa
1. alimentary canal, digestion
2. mastication, swallowed, easily
3. periodontal, gum, disease, teeth
4. tooth abscess, tissue, base
5. lips, mouth, ulcers, days
6. white, oral, fails
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. contagious, recovery
14. small intestine, malabsorption, gluten intolerance, damage
15. hematemesis, shock
Anatomic Structures
Digestive System

1. Mouth
2. Pharynx
3. Esophagus
4. Stomach
5. Small intestine
6. Large intestine
7. Pancreas
8. Gallbladder
9. Liver
10. Salivary glands
### Multiple Choice Questions

<table>
<thead>
<tr>
<th>Pharmacology Questions</th>
<th>Certification Examination Review Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. C</td>
<td>1. A</td>
</tr>
<tr>
<td>2. D</td>
<td>8. C</td>
</tr>
<tr>
<td>3. C</td>
<td>15. B</td>
</tr>
<tr>
<td>4. A</td>
<td>2. C</td>
</tr>
<tr>
<td>5. B</td>
<td>9. C</td>
</tr>
<tr>
<td>6. A</td>
<td>16. A</td>
</tr>
<tr>
<td>7. C</td>
<td>3. C</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>B</td>
</tr>
<tr>
<td>11.</td>
<td>B</td>
</tr>
<tr>
<td>12.</td>
<td>D</td>
</tr>
<tr>
<td>13.</td>
<td>D</td>
</tr>
<tr>
<td>14.</td>
<td>D</td>
</tr>
<tr>
<td>15.</td>
<td>B</td>
</tr>
<tr>
<td>16.</td>
<td>A</td>
</tr>
<tr>
<td>17.</td>
<td>B</td>
</tr>
<tr>
<td>18.</td>
<td>A</td>
</tr>
<tr>
<td>19.</td>
<td>B</td>
</tr>
<tr>
<td>20.</td>
<td>C</td>
</tr>
</tbody>
</table>
Essay Question

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

The patient with Crohn’s disease experiences cramping, abdominal pain, and frequent episodes of diarrhea. The abdominal pain may be experienced more often in the area of the right lower quadrant 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. An increased risk for colon cancer exists, possibly due to constant inflammatory injury to the GI tract.

There is no cure for Crohn’s disease. Therapy has two goals— to treat the acute disease flare-ups with symptom control by controlling the inflammation and through good nutrition and to maintain remission. 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, but use should be limited. Antibiotics are prescribed if a bacterial infection is present. Immunosuppressive medications and corticosteroid therapy may be used to control inflammation; duration should be limited due to side effects. Abscesses can be drained by placement of a percutaneous catheter. Poorly controlled disease or strictures may require surgical resection.
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.
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.
Patient Screening #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.
Patient Screening #4

- Possible Cholelithiasis

This patient requires prompt assessment. If an immediate appointment is not available, refer to an urgent care or emergency facility.
Patient Screening #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 the patient to demonstrate to you how he or she brushes and flosses his or her teeth. You can use printed material to show him or her 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.
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 hand washing is recommended.
Patient Teaching #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, and any bleeding.
Patient Teaching #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.
Patient Teaching #5

Cholecystitis

Using printed material, clarify the relationship of a high-calorie, 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.