



Caring for the Client with Gall Bladder Disease

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After reading the newsletter, the home health aide should be able to:

1. Identify the basic structures and functions of the GI system.
2. List common causes, symptoms and treatment of gall bladder disease.
3. Discuss the needs and care of the client with gall bladder disease.

Gina, the home health aide, is assigned to work with Mrs. P, a 72-year old client. As Gina helped her out of bed, Mrs. P said, "Ooh, there it goes again. I keep getting a stitch in my right side, and it sure does hurt." Gina contacted the nurse about Mrs. P's pain. Testing showed that Mrs. P's gall bladder was inflamed, and she was admitted to the hospital for treatment. Gina's sharp observations helped Mrs. P to get the treatment she needed quickly, preventing serious complications.

This newsletter will discuss gall bladder disease, including causes, risk factors, signs and symptoms, and medical treatment. The role of the home health aide in working with the client having gall bladder disease will also be covered.

How the GI System Works

The gastrointestinal (GI) system is designed to take in nutrients in the form of foods and liquids, and process these nutrients for use by the body. It then eliminates the waste products that result.



Digestion is the breakdown of foods into simple nutrients that can be used by the body. This process begins in the mouth as food is chewed — saliva acts on it through chemicals called enzymes. The food is swallowed and travels down the esophagus. It enters the stomach,

where enzymes cause further digestion. The food then moves from the stomach into the small intestine... an important site for digesting and absorbing nutrients. Sections of the small intestine include the duodenum, jejunum and ileum. The nutrients pass through the wall of the small intestine and into the blood stream. They are carried by the bloodstream to body cells for nourishment. The un-used food moves into the large intestine (colon) and then into the rectum. From there, it leaves the body by passing through the anus as feces, or stool.



The gall bladder, liver and pancreas are also important parts of the GI tract. The pancreas secretes insulin and digestive enzymes. The liver makes and secretes bile, a yellow-green fluid that aids in digestion of fats. This bile is collected and stored in the gall bladder, a hollow sac located under the liver on the right side of the abdomen. Small tubes, called ducts, allow bile to flow from the liver into the gall bladder, and from there into the small intestine.

Gall Bladder Disease

Gall bladder disease most commonly occurs when gallstones form and block the flow of bile out of the gall bladder. This results in inflammation of the gall bladder,

known as cholecystitis. Formation of gallstones is a very common condition in the US, affecting up to 20% of Americans. In the majority of cases, however, these stones produce no symptoms or other problems. An estimated 30% of those with gallstones may eventually develop cholecystitis. Risk factors for cholecystitis include age over 40, female, American Indian or Hispanic ethnicity, hormone therapy, pregnancy, obesity and rapid weight loss.

When the flow of bile out of the gall bladder is blocked, the gall bladder becomes swollen and inflamed. This can cause decreased blood flow to the organ, resulting in tissue death. Build-up of bile and stones inside the gall bladder can cause possible rupture or perforation. Without treatment, serious infection and/or gangrene may develop. This may progress to sepsis and septic shock.

Clinical Signs and Diagnosis

The most common symptom of cholecystitis is abdominal pain. It may begin in the middle of the abdomen, and then localize in the upper right abdominal area. The pain is usually constant and severe, and may radiate to the right shoulder blade or back. The abdomen is tender when touched. Nausea, vomiting, chills and fever may also occur. In some cases, jaundice, yellowing of the skin and eyes, may occur. Some of these signs, such as localized pain and fever, may be minimal or absent in the elderly. Symptoms often occur after a large or fatty meal, since this triggers the gall bladder to contract and release bile.

Ultrasound is most commonly used to diagnose cholecystitis. This imaging test can identify signs such as an enlarged gall bladder with thickened walls, enlarged bile ducts and the presence of gallstones.

Treatment and Care

As mentioned, the majority of people who have gallstones experience no symptoms. In these cases, no treatment is required. When symptoms occur, however, medical evaluation and treatment are important, to prevent serious complications.

For mild, uncomplicated cholecystitis, treatment with antibiotics, pain medication and a low-fat diet may be sufficient, allowing the inflammation to resolve on its own. In many cases, however, surgical treatment is required. If so, a



cholecystectomy, removal of the gall bladder, is performed. This is most commonly done using laparoscopic techniques. The laparoscope and other instruments are inserted through several small incisions made in the abdomen. This technique avoids the complications associated with large incisions and promotes faster recovery. This procedure may be done in ambulatory surgery centers for low-risk patients, avoiding the need for an overnight hospital stay. In some cases, the standard open surgery is required to remove the gall bladder, using a single, long abdominal incision. This may be required if there is excessive scar tissue, a bleeding disorder, or severe inflammation of the gall bladder. Hospitalization for several days is required, and recovery takes longer than with the laparoscopic technique.



When removal of the gall bladder occurs, the storage pouch for bile is no longer available. Instead, the bile moves from the liver, where it is produced, directly into the small intestine. Fats continue to be digested, as usual, and no change in diet is required long-term as a result of cholecystectomy. For several weeks to months after surgery, however, some people experience diarrhea, as the intestines adapt to the new way that bile is delivered to them. In some cases, a diet that is lower in fat may be recommended for the first few weeks to prevent diarrhea. If so, high-fat, fried and greasy foods should be avoided.

Remember that cholecystitis can occur in all age groups, and is more common with aging. Let the nurse know immediately if your client complains of abdominal pain, nausea or vomiting, or just “doesn’t feel right.” Elderly people tend to have minimal signs of cholecystitis, and can become critically ill very quickly.

For clients recovering after cholecystectomy, observe the incision for signs of infection, such as increased redness, swelling or drainage. Follow the client’s ambulation orders to promote good lung function and circulation. Let the nurse know if the client has pain, or if diarrhea or constipation occur. Small, frequent meals that are not fatty or spicy are usually tolerated well during recovery.

By staying alert for signs of possible gall bladder disease and providing good care after cholecystectomy, you can promote the health and well-being of your clients affected by gall bladder disease.



Caring for the Client with Gall Bladder Disease

NAME: _____ DATE: _____ UNIT: _____

Directions: Place the letter of the one best answer in the space provided.

- ____ 1. The process of digestion begins in the:
 - A. small intestine
 - B. mouth
 - C. stomach
 - D. esophagus

- ____ 2. Most nutrients are absorbed into the bloodstream from the:
 - A. esophagus
 - B. stomach
 - C. small intestine
 - D. large intestine

- ____ 3. The main function of bile is to aid in the digestion of:
 - A. sugars
 - B. starches
 - C. proteins
 - D. fats

- ____ 4. The main function of the gall bladder is to:
 - A. produce bile
 - B. circulate blood to the liver
 - C. store bile
 - D. store excess stomach acid

- ____ 5. The most common cause of cholecystitis is:
 - A. gallstones
 - B. trauma
 - C. weakened immune system
 - D. cirrhosis of the liver

- _____ 6. Which of the following is NOT a known risk factor for gall bladder disease?
- A. hormone therapy
 - B. obesity
 - C. hypertension
 - D. rapid weight loss
- _____ 7. All persons who have gallstones will need to have their gall bladders removed.
- A. True
 - B. False
- _____ 8. Which of the following is most commonly used to diagnose cholecystitis?
- A. X-ray
 - B. complete blood count
 - C. CT scan
 - D. ultrasound
- _____ 9. The most common symptom of cholecystitis is:
- A. abdominal pain
 - B. jaundice
 - C. fever
 - D. diarrhea
- _____ 10. After removal of the gall bladder, a low-fat diet must be followed for the rest of the person's life.
- A. True
 - B. False

