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Peptic Ulcer Disease 2

- Peritonitis
  - ▲▲ Peritonitis
    - Perforated ulcer
    - Perforated diverticulum
    - Perforated appendix
    - Perforated bowel
    - Perforated gall bladder
  - Signs
    - Prostration; shock; lying still; positive cough test
    - Tenderness; abdo rigidity, guarding, absent bowel sounds
    - Erect CXR may show gas under diaphragm (pneumoperitoneum)
  - Management
    - Usually requires a laparotomy
    - Acute pancreatitis causes these signs but does not require a laparotomy - check serum amylase (massively raised in acute pancreatitis)
- Endoscopy
  - Pre procedure
    - Stop anti acid therapy 2 weeks before hand (can mask adenocarcinomas)
    - Nil by mouth for 8 hrs; water up till 4 hrs
  - Procedure
    - Sedation
    - Pharynx sprayed wirh local anaesthetic and flexible endoscope passed
    - Suction to prevent aspiration
  - Complications
    - Transient sore throat
    - Amnesia following sedation
    - Perforation (< 0.1%)
- Consent
  - Consent
    - Patient must have capacity to give consent
    - Before intervention is initiated
    - Intervention is understood by the patient (risks, benefits, complications, alternatives, consequences)
    - Voluntarily given
  - Capacity
    - Adult is assumed to have capacity unless proven otherwise
    - Four parts
      - Understand and accept information is true
      - Remember what has been said
      - Show reason (to weigh up choices)
      - Communicate decision
- ▲▲ Upper Abdo Pain
  - Dudodenal ulcer
  - Non-ulcer dyspepsia
  - Duodenal Crohn's
  - TB, lymphoma
  - Pancreatic Ca
- ▲▲ Dyspepsia
  - Non- ulcer dyspepsia
  - Duodenal ulcer
  - Duodenitis
  - Gastritis / Gastric ulcer
  - Gastric malignancy
  - GORD
  - Oesophagitis
- ▲▲ Pneumoperitoneum
  - Perforation
  - Gas forming infection
  - Iatrogenic (surgery)
  - Per vaginam (water ski-ing, vigorous intercourse)
  - Interposition of bowel between liver and diaphragm