Gastrointestinal complications and recovery

Ask the team to write down whether you had bleeding, a blockage or another problem in your digestive tract. That detail helps you follow the right instructions for meals, medicines and your next visit.

Bleeding, a blockage or another complication of the digestive tract can interrupt eating and slow recovery from a serious illness. Understanding what caused the problem helps you and your family follow the treatment plan.

What Causes GI Complications?

The gastrointestinal tract is part of the digestive system, which extracts energy and nutrients from food and helps excrete waste from the body. It includes the esophagus, stomach, small and large intestines, rectum, and anus. GI complications are issues that occur within the GI tract, which can include bleeding, bloating, constipation, diarrhea, heartburn, incontinence, nausea, vomiting, and stomach pain.

When bleeding happens in any part of the GI tract, it is called gastrointestinal bleeding, or a gastrointestinal hemorrhage. A GI bleed can range from mild, with small, non-visible amounts of blood, to severe, with massive bleeding that can lead to shock. The GI bleed itself is not a disease, but it can be a result/sign of a number of different conditions.

Other gastrointestinal complications, including GI obstructions, fecal impactions, and radiation enteritis, are common in cancer patients. They may be caused by procedures, treatments like chemotherapy and radiation, or the disease itself. These complications can be life-threatening and require immediate medical attention.

Causes And Symptoms Of A GI Bleed

GI bleed causes depend on whether the bleed is located in the upper or lower gastrointestinal tract. Upper GI bleed causes include peptic ulcers, gastritis, cancer, esophageal varices (due to cancer or liver cirrhosis), and inflammation of the GI lining caused by ingested materials. An upper GI bleed is the more common scenario, accounting for about two thirds of all GI bleeds. The presence of an upper GI bleed is often indicated by the vomiting of blood, which can be bright red or take on the appearance of coffee grounds.

Lower GI bleeds typically occur in the colon, rectum, or anus and are caused by diverticular disease, gastrointestinal cancers, inflammatory bowel diseases (IBD, Crohn's disease, ulcerative colitis), infectious diarrhea, angiodysplasia, polyps, hemorrhoids, and anal fissures. Patients with lower GI bleeds might notice blood in their stool, which can sometimes appear black and tar-like, as well as possible abdominal pain. When a person has lost a significant amount of blood from either an upper GI bleed or a lower GI bleed, they will experience fatigue, weakness, pale skin, and shortness of breath.

There are many risk factors associated with upper gastrointestinal hemorrhages. One of the first signs of esophageal or stomach cancer is blood in the vomit or stool, and patients with peptic ulcer disease, gastritis, or esophageal varices (a swelling of the veins in the lower esophagus) are also at risk of hemorrhages. Bleeding esophageal varices are generally a result of cirrhosis — severe scarring of the liver that often develops from excessive alcohol consumption or infections such as hepatitis. Esophageal varices treatments are mostly preventive, but there are some medications and procedures that can control esophageal varices symptoms.

Less serious risk factors for upper GI bleeds include forceful coughing, laughing, lifting, straining, or childbirth (which can result in a Mallory-Weiss tear — a tear in the esophageal or stomach lining).

Blood in the stool can be an early sign of rectal or colon cancer, but there are many other possible causes of lower GI bleeds as well. People with diverticulitis are at high risk of a lower GI bleed, as are those with inflammatory bowel disease, which often causes the patient's stool to contain mucous and blood. Infectious diarrhea, caused by viruses or bacteria, can be a risk factor in lower gastrointestinal hemorrhages, as it damages the inner lining of the intestines, which can cause bleeding. Some elderly people, and those with chronic kidney failure, may develop a malformation of the blood vessels in the GI tract. This condition, called angiodysplasia, can also cause a lower GI bleed. People over the age of 40 are at risk for intestinal polyps (non-cancerous tumors of the GI tract), which can result in bleeding that may be rapid or slow. Those who suffer from hemorrhoids (swollen veins in and around the anus) and anal fissures (tears in the anal wall) are also at risk for a lower GI bleed.

In addition, GI bleeds may be connected with increased intestinal permeability, a condition which allows partially digested food, toxins, and other matter to pass through small holes or cracks in the intestinal lining, causing inflammation and leading to problems in the digestive tract. This issue is associated with many gastrointestinal disorders, such as Crohn's disease, inflammatory bowel disease, and diabetes. Although little research has yet been done into the causes and long-term effects of increased intestinal permeability, it is almost certainly another risk factor for GI dysfunction.

Complications Of Gastrointestinal Bleeding

If the source of a GI bleed is not identified and treated, it can lead to serious complications, especially in patients with excessive or prolonged bleeding. Complications of gastrointestinal bleeding include:

- Anemia — Prolonged bleeding can lead to a lack of hemoglobin and red blood cells, causing anemia. Symptoms include chest pain, dizziness, fatigue, weakness, headaches, shortness of breath, and lack of mental clarity
- Hypovolemia — In cases of severe blood loss due to an acute GI bleed, a person's heart may have difficulty pumping enough blood throughout the body. Signs of this life-threatening condition are cool, clammy skin, confusion, agitation, decreased urine output, weakness, pale skin, quick breathing, and loss of consciousness
- Shock — GI bleeds that come on quickly and progress rapidly can lead to a lack of blood flow to the rest of the body, damaging organs and causing organ failure. Without treatment, shock can worsen, causing irreversible damage or even death. Signs and symptoms of shock include extremely low blood pressure, bluish lips and fingernails, chest pain, confusion, dizziness, anxiety, pale skin, decreased or nonexistent urine output, racing but weak pulse, shallow breathing, and unconsciousness

What Is The Best Path To GI Complications Recovery?

The cause, location and severity of a digestive tract complication guide treatment. Ask what tests are complete, whether bleeding has stopped or a blockage has resolved, and what still needs follow-up.

If continued hospital treatment is needed after stabilization, Lakeview Admissions can review the medical needs, current nutrition plan, IV therapy, mobility and other conditions that affect a safe transfer.

Archived recovery account

This account describes care in an earlier setting. The course, timing and outcome belong to that individual.

The patient suffered from severe liver cirrhosis that led to pneumonia, an upper GI bleed, multiple strokes and kidney and respiratory failure. He was placed on a ventilator to support his lungs and given a feeding tube as he was unable to take anything by mouth. Unfortunately his prognosis was grim and his family was counseled to begin preparing for end-of-life arrangements.

At the hospital, the patient remained in critical condition until he finally began to show signs of recovery. When he was stabilized, the patient was transferred to the treating hospital and he immediately began to receive ongoing medical treatment for his multiple conditions, including respiratory therapy and rehabilitation. He also needed wound care for pressure ulcers from prolonged bedrest and dialysis due to kidney failure. The patient's recovery at the treating hospital was challenging as he still suffered from an altered mental status and, due to COVID-19 visitation restrictions, was unable to see any family members in person, although frequent contact through electronic media aided his recovery.

After over a month at the treating hospital, the patient was finally able to be weaned off the ventilator and his mental faculties rapidly improved. He was then able to have the breathing tube removed and his speech pathologist assisted the patient to recover his voice and the ability to swallow, enabling him to start to eat and drink a regular diet as his GI condition had also been brought under control. He also made significant progress prior to being discharged with his physical and occupational therapists who helped him get back up to his feet and walking with the aid of a walker as well as getting back the ability to take care of his daily needs.

Before discharge the team recalled seeing the patient awake and able to talk and share his sense of humor again.

References:

The National Institute of Diabetes and Digestive and Kidney Diseases explains where gastrointestinal bleeding can occur and how bleeding may present differently depending on its source. https://www.niddk.nih.gov/health-information/digestive-diseases/gastrointestinal-bleeding

Further reading on this topic — https://medlineplus.gov/gastrointestinalbleeding.html

The National Institute of Diabetes and Digestive and Kidney Diseases describes how clinicians use a history, examination, laboratory work, endoscopy or imaging to find gastrointestinal bleeding. https://www.niddk.nih.gov/health-information/digestive-diseases/gastrointestinal-bleeding/diagnosis

The federal digestive diseases guide explains signs that blood loss may be serious, including symptoms of shock, and when to seek emergency care for gastrointestinal bleeding. https://www.niddk.nih.gov/health-information/digestive-diseases/gastrointestinal-bleeding/symptoms-causes

The National Cancer Institute describes gastrointestinal complications that may occur during cancer treatment, including constipation, its causes and when to contact the care team about symptoms. https://www.cancer.gov/about-cancer/treatment/side-effects/constipation

"Symptoms and Causes of GI Bleeds," National Institute of Diabetes and Digestive and Kidney Diseases,https://www.niddk.nih.gov/health-information/digestive-diseases/gastrointestinal-bleeding/symptoms-causes

Talk with Lakeview

For questions about a possible stay, call Lakeview Admissions at (262) 534-8509. During a stay, ask the bedside nurse who can help with your question.

https://www.lakeviewsystem.com/long-term-acute-care