Ulcer Disease
(Peptic Ulcer, Gastric Ulcer, Duodenal Ulcer)

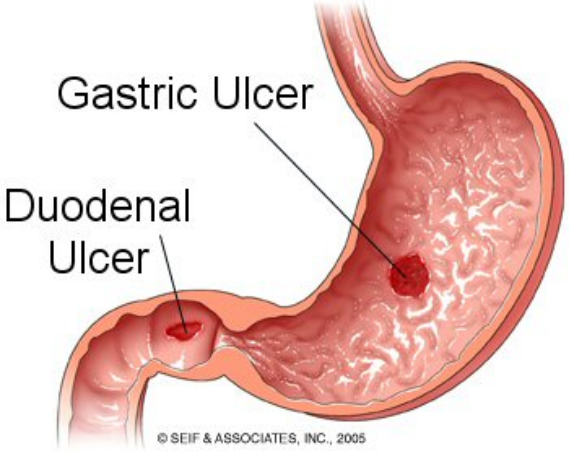
You have an ulcer. This may be in your stomach (*gastric ulcer*) or in the first part of your small bowel, the duodenum (*duodenal ulcer*). An ulcer is a break in the lining of the stomach or duodenum. The ulcer causes erosion into the deeper tissue.

CAUSES

The stomach has a lining to protect itself from the acid that digests food. The lining can be damaged in two main ways:

- The Helico Pylori bacteria (H. Pyolori) can infect the lining of the stomach and cause ulcers.
- Nonsteroidal, anti-inflammatory medications (NSAIDS) can cause gastric ulcerations.
- Smoking tobacco can increase the acid in the stomach. This can lead to ulcers, and will impair healing of ulcers.

Other factors, such as alcohol use and stress may contribute to ulcer formation. Rarely, a tumor or cancer can cause an ulcer.



SYMPTOMS

The problems (*symptoms*) of ulcer disease are usually a burning or gnawing of the mid-upper belly (*abdomen*). This is often worse on an empty stomach and may get better with food. This may be associated with feeling sick to your stomach (*nausea*), bloating, and vomiting. If the ulcer results in bleeding, it can cause:

- Black, tarry stools.
- Vomiting of bright red blood.
- Vomiting coffee-ground-looking materials.

With severe bleeding, there may be loss of consciousness and shock.

DIAGNOSIS

Learning what is wrong (*diagnosis*) is usually made based upon your history and an exam. Medications are so effective that further tests may not be necessary. If needed, other tests may include:

- Blood tests, x-rays, or heart tests. These are done to be sure that no other conditions are causing your symptoms.
- X-rays (*Barium studies*) such as an upper GI series.
- Most commonly, an upper GI endoscopy can confirm your diagnosis. This is when a flexible tube is passed through the mouth (using sedative medication). The tube is used to look at the inside of esophagus, stomach, and small bowel. Abnormal pieces of tissue may be removed to examine under the microscope (*biopsy*).

TREATMENT

Bleeding from ulcers can usually be treated via endoscopy. Rarely, surgery is needed for ulcers when bleeding cannot be stopped. Surgery is needed if the ulcer goes through the wall of the stomach or duodenum.

After any bleeding is stopped, medications are the main treatment:

- If your ulcer was caused by the bacteria H. Pylori, then you will need antibiotics to kill the infection. Usually, a program involving more than one antibiotic, and a medicine for stomach acid, is prescribed.
- Medicine to decrease acid production is used for almost all ulcers. Your caregiver will make a recommendation. They will also tell you how long you must use the medication.
- Stop using any medications or substances that may have contributed to your ulcer (alcohol, tobacco,

caffeine, for example).
- Medications are available that protect the lining of the bowel.

HOME CARE INSTRUCTIONS

Continue regular work and usual activities unless advised otherwise by your caregiver.
- Avoid tobacco, alcohol, and caffeine. Tobacco use will decrease and slow the rates of healing.
- Avoid foods that seem to aggravate or cause discomfort.
- There are many over-the-counter products available to control stomach acid and other symptoms. **Discuss these with your caregiver before using them. DO NOT substitute over-the-counter medications for prescription medications without discussing with your caregiver.**
- Special diets are not usually needed.
- Keep any follow-up appointments and blood tests, as directed.

SEEK MEDICAL CARE IF:

- Your pain or other ulcer symptoms do not improve within a few days of starting treatment.
- You develop diarrhea. This can be a complication of certain treatments.
- You have ongoing indigestion or heartburn, even if your main ulcer symptoms are improved.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop bright red, rectal bleeding; dark black, tarry stools; or vomit blood.
- You become light-headed, weak, have fainting episodes, or become sweaty, cold and clammy.
- You experience severe abdominal pain not controlled by medications. **DO NOT take pain medications unless ordered by your caregiver.**

Document Released: 09/27/2006 Document Re-Released: 03/16/2010
ExitCare® Patient Information ©2011 ExitCare, LLC.