

Critical Care & Upper GI  
Group Case Study  
15 Points  
FND 430-Lab

**Upper GI:**

Marion was recently diagnosed with GERD via EGD (*esophagogastric duodenoscopy*). She has been referred to an RD as her physician feels her symptoms and disease progression may be managed by diet and lifestyle changes. She has never seen a dietitian for any other health problems. She currently lives with her husband and 2 kids and works a full time 9am-5pm job. She has a family history significant for GERD. She has a history of smoking but quit 10 years ago before her first child was born. She reports drinking occasionally, 1-2 servings per week. She reports the following diet history in a 24-hour recall:

Morning: 8oz orange juice, 12 oz coffee, 6 oz breakfast sausage, 2 pieces sour dough toast

AM Snack: package of peanut butter crackers, apple, 12 oz mountain dew

Lunch: Single cheeseburger from McDonalds, medium fry, 12 oz coke

PM Snack: Banana

Dinner: Chicken parmesan with spaghetti and marinara sauce, 2 pieces garlic toast, 1 cup tossed salad with ranch dressing, 8oz hot tea

Bedtime snack: 1 small bowl ice cream (about 30 minutes before bed)

1. Describe, in detail, the diagnostic test performed on Marion.
  - a. As described in Krause, page 516, an esophagogastric duodenoscopy (EGD) is a procedure where a tube is passed through the esophagus into the stomach and upper bowel. The procedure typically involves a local anesthetic, sprayed into your mouth, and the use of a mouth guard while the tube is inserted. The tube is inserted through the mouth, and past into the small intestine. Air is pushed through the tube to clear the view for the camera. The lining of the esophagus, stomach and intestine are observed, and if necessary, biopsies are collected for further evaluation and diagnosis (Barrlett's Esophagus, and Esophageal cancer). The endoscopic procedure is used view the upper GI tract for inflammation, erosions, lesions, abnormal growth, to evaluate form, fit and function. The procedure can also be used to perform a biopsy, for further diagnostic evaluation and to perform treatments such as cauterization, dilation and stent placement.
2. What are 3 specific diet/lifestyle changes that you would recommend to Marion to improve GERD symptoms?

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- a. Address beverage intake - Avoid alcohol completely, reduce coffee and orange juice and carbonated beverages. Add water, milk to the diet instead.
  - b. She should be evaluated for obesity, and if she is obese then recommend a moderate calorie restricted diet
  - c. She can reduce the amount of high fat foods she consumes (hamburger, fries, ice cream) Some dietary swaps include a breakfast of turkey sausage instead of pork sausage; for lunch, bring in a sandwich from home with whole grain bread and roasted chicken slices with low fat cheese; for dinner: swap the spaghetti noodles for zucchini noodles "zoodles" and use an olive oil and vinegar low fat dressing instead of ranch dressing.
  - d. Avoid having a bedtime snack 3-4 hours before lying down for the night. Elevate head when sleeping
3. What are 3 things that Marion is doing well that could be lessening the severity of her GERD?
- a. She quit smoking – which is a risk factor for the development of Barrett’s Esophagus in people with GERD, plus an overall lifestyle improvement, reducing complications for other co-morbidities
  - b. Eating 6 times a day (3 meals plus 3 snacks)
  - c. She is taking the recommendation from her physician to work with an RD. This is the first step for dietary and lifestyle changes to be implemented that could significantly lessen her GERD symptoms
  - d. If she is normal weight, maintain normal weight
4. Write a PES statement based on Marion’s case
- a. Altered GI function related to poor quality, high fat diet and family history of GERD as evidenced by esophagogastroduodenoscopy (EGD) results"
  - b. Undesirable food choices related to lack of education about foods that cause GERD as evidence by client's 24-hour food recall"
5. What are the disease risks associated if Marion’s GERD goes unmanaged?
- a. She is at risk for Barrett’s Esophagus

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- b. Esophageal cancer
- c. GERD induced asthma
- d. Esophagitis