



Scenario - Digestive

Instructions

Read aloud the following paragraph, paying close attention to the correct pronunciation of each medical term. Use the phonetic spelling provided with the term to guide you. At the conclusion of reading the paragraph and using this document, compose a list of the bolded medical terms and translate their correct meaning. Be sure to number each term in your list.

Scenario 1: Lower Digestive

Jordan began having **diarrhea** (dī-ă-RĒ-ă) and crampy **abdominal** (ab-DOM-ĭ-năĭ) pain for what seemed to him to be “all the time”. Jordan’s gastrointestinal issues weren’t just after he ate something. His family doctor, Dr. Wilson, referred Jordan to a **gastroenterologist** (găs-trō-ĕn-tĕr-ŎL-ă-jĭst). Dr. Wilson wanted to rule out **Crohn’s disease** (KRŎNS diz-ĒZ), **irritable bowel syndrome** (IBS) (ĪR-ĭ-tăt-ĭv BOW-ĕĭ SĪN-drŏm) and **colorectal cancer** (kŏ-lŏ-REK-tăĭ KAN-sĕr).

Prior to the appointment with Dr. Ileus, Jordan provided a stool (stool) specimen for culture and to test for **fecal occult blood** (FĒ-kăĭ ō-KŪLT blŭd). Dr. Ileus, who specializes in **gastroenterology** (găs-trō-ĕn-tĕr-ŎL-ă-jĕ), also ordered a **colonoscopy** (kŏ-lŏ-NOS-kŏ-pĕ), a capsule **endoscopy** (en-DOS-kŏ-pĕ), a **CT colonography** (CT kŏ-lo-NO-gră-fĕ) and an **esophagogastroduodenoscopy** (ĕ-sof-ă-gŏ-gas-trŏ-doo-ŏ-dĕ-NOS-kŏ-pĕ). During Jordan’s appointment, Dr. Ileus began educating Jordan on risk factors and signs and symptoms to look for as warning signs to cancer because many people do not show symptoms until the tumor is quite advanced. Symptoms of cancer vary depending on the location of the tumor. Common warning signs are altered **bowel** (BŎW-ăĭ) habits, **rectal** (REK-tăĭ) bleeding, **abdominal** (ab-DOM-ĭ-năĭ) cramps, **flatus** (FLĂ-tŭs) and bloating, iron deficiency anemia and weight loss.

Keeping this information in mind, Dr. Ileus noted an oral history of Jordan’s diet and bowel habits, and the physical assessment included a **digital rectal examination** (DIJ-ĭt-ăĭ RĔK-tăĭ eg-zam-ĭ-NĂ-shŏn) to rule out the presence of polyps.

Scenario 2: Upper Digestive

Manny Quinn, a 42-year-old male, was referred by his Primary Care Physician (PCP) to evaluate his complaints of **dyspepsia** (dis-PEP-shă, sĕ-ă), anorexia, diarrhea, nausea, emesis, and right upper quadrant (RUQ) pain, which has been going on for the past three weeks. Manny described to the doctor that his stool looked funny and had an increased foul odor of late. However, Manny admits that he has noticed a change in bowel habits over the past three months.

Dr. Ileus, the **gastroenterologist** (**gās-trō-ĕn-tĕr-ŌL-ă-jĭst**), interrupted Manny and asked him more questions about his stool to rule out **steatorrhea** (**stĕ-ă-tō-RĒ-ă**). Manny admits to eating a high-fat diet, especially on the weekends.

Continuing with Manny's health history, Dr. Ileus learns Manny has **gastroesophageal reflux disease (GERD)** (**gās-trō-ĕ-sof-ă-JĒ-ăl RĒ-flŭks diz-ĒZ**) and was treated for **cholecystitis** (**kō-lĕ-sis-TĪT-ĭs**) eight years ago. With the pain complaints Manny is admitting to, Dr. Ileus had asked if he could be experiencing **cholelithiasis** (**kō-li-lith-Ī-ă-sĭs**) or gallstones?

Manny denies a history of having peptic ulcers, Crohn's Disease, or **ulcerative colitis** (**UL-sĕr-ă-tiv kō-LĪT-ĭs**). Given his history of GERD and cholecystitis, the gastroenterologist had asked Manny if he has ever undergone an **esophagoscopy** (**ĕ-sof-ă-GOS-kŏ-pĕ**), a **laparoscopy** (**lap-ă-ROS-kŏ-pĕ**), or an **esophagogastroduodenoscopy** (**ĕ-sof-ă-gŏ-gas-trō-doo-ŏ-dĕ-NOS-kŏ-pĕ**) (EGD).

Dr. Ileus thinks Manny is having a reoccurrence of cholecystitis due to the presence of gallstones and feels he may need a **cholecystectomy** (**kō-lĕ-sis-TEK-tŏ-mĕ**).