

HOSPITAL PHYSICIAN®

GASTROENTEROLOGY BOARD REVIEW MANUAL

PUBLISHING STAFF

PRESIDENT, PUBLISHER

Bruce M. White

EXECUTIVE EDITOR

Debra Dreger

SENIOR EDITOR

Becky Krumm, ELS

ASSOCIATE EDITOR

Lamont Williams

ASSISTANT EDITOR

Jennifer Vander Bush

EDITORIAL ASSISTANT

Meghan Cunningham

SPECIAL PROGRAMS DIRECTOR

Barbara T. White, MBA

PRODUCTION DIRECTOR

Suzanne S. Banish

PRODUCTION ASSOCIATES

Tish Berchtold Klus

Christie Grams

PRODUCTION ASSISTANT

Mary Beth Cunney

ADVERTISING/PROJECT MANAGER

Patricia Payne Castle

NOTE FROM THE PUBLISHER:

This publication has been developed without involvement of or review by the American Board of Internal Medicine.



The Association for Hospital Medical Education endorses HOSPITAL PHYSICIAN for the purpose of presenting the latest developments in medical education as they affect residency programs and clinical hospital practice.

Gastrointestinal Complications of Pregnancy

Series Editor: Robert M. Craig, MD

Professor of Medicine, Gastroenterology Division, Department of Medicine, Northwestern University Medical School, Chicago, IL

Contributing Authors:

John Pandolfino, MD

Gastroenterology Fellow, Gastroenterology Division, Department of Medicine, Northwestern University Medical School, Chicago, IL

Arvydas Vanagunas, MD

Associate Professor of Medicine, Gastroenterology Division, Department of Medicine, Northwestern University Medical School, Chicago, IL

Table of Contents

Preface.	ii
Introduction.	1
Gastrointestinal Changes Associated with Pregnancy . . .	1
Nausea and Vomiting.	2
Dyspepsia.	4
Inflammatory Bowel Disease.	6
Gallstone Disease.	9
Jaundice.	10
References.	13

Cover Illustration by Christine Schaar

Copyright 2000, Turner White Communications, Inc., 125 Strafford Avenue, Suite 220, Wayne, PA 19087-3391, www.turner-white.com. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, mechanical, electronic, photocopying, recording or otherwise, without the prior written permission of Turner White Communications, Inc. The editors are solely responsible for selecting content. Although the editors take great care to ensure accuracy, Turner White Communications, Inc., will not be liable for any errors of omission or inaccuracies in this publication. Opinions expressed are those of the authors and do not necessarily reflect those of Turner White Communications, Inc.

HOSPITAL PHYSICIAN®

GASTROENTEROLOGY BOARD REVIEW MANUAL

Gastrointestinal Complications of Pregnancy

Series Editor:

Robert M. Craig, MD

Professor of Medicine

Gastroenterology Division

Department of Medicine

Northwestern University Medical School

Chicago, IL

Contributing Authors:

John Pandolfino, MD

Gastroenterology Fellow

Gastroenterology Division

Department of Medicine

Northwestern University Medical School

Chicago, IL

Arvydas Vanagunas, MD

Associate Professor of Medicine

Gastroenterology Division

Department of Medicine

Northwestern University Medical School

Chicago, IL

I. INTRODUCTION

Pregnancy is often complicated by gastrointestinal (GI) disease. Every year in the United States, 50% to 90% of pregnant women complain of experiencing mild to severe nausea, bouts of vomiting, and incidences of dyspepsia throughout a significant portion of their pregnancy.¹ Typically, the normal anatomic and physiologic changes associated with pregnancy bring about these problems. However, these problems may also result from serious disease, such as inflammatory bowel disease, gallstone disease, and jaundice. In treating a pregnant patient's GI problems, the physician must be able to determine their cause and must know which diagnostic tests and medications are not harmful to the mother or to the fetus. A team approach is usually necessary to optimize patient care.

II. GASTROINTESTINAL CHANGES ASSOCIATED WITH PREGNANCY

Significant anatomic and physiologic changes in the upper GI tract occur during pregnancy. As the uterus expands, it displaces the stomach and alters the pressure gradient between the intra-abdominal and intrathoracic cavities. These changes predispose a woman to gastroesophageal reflux disease (GERD) because acid and pepsin are more likely to reflux into the esophagus because of its location in the low-pressure thoracic cavity. Also, pregnancy accentuates hiatal hernia, which may predispose a woman to increased acid reflux.² This is because hiatal hernia disrupts the anatomic relationship between the intrinsic lower esophageal sphincter and the extrinsic crural diaphragm, significantly impairing the ability