

# HESI Inflammatory Bowel Disease Case Study Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>15</b>

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. Which of the following statements aligns with the described recovery plan?**
  - A. Dietary advancement begins immediately after surgery**
  - B. Gradual reintroduction of food begins after reanastomosis**
  - C. There is no dietary change after reanastomosis**
  - D. The patient should avoid any food indefinitely**
  
- 2. For how long is Jessica expected to manage her ileostomy self-care before the next stage of surgery?**
  - A. 2 weeks**
  - B. 1 month**
  - C. 2 months**
  - D. 6 months**
  
- 3. If reanastomosis is completed 2 months after surgery, which phase is this most consistent with?**
  - A. Acute phase**
  - B. Subacute recovery phase**
  - C. Chronic phase**
  - D. Preoperative phase**
  
- 4. What instruction should a client follow after completing a barium enema?**
  - A. Remain NPO for 24 hrs**
  - B. Limit fluid intake**
  - C. Resume normal fluid intake**
  - D. Drink extra fluids**
  
- 5. The term 'reanastomosis' implies which of the following?**
  - A. Reconnecting two ends of the bowel after prior anastomosis**
  - B. Removing a segment of bowel**
  - C. Creating a new stoma**
  - D. Inserting a prosthetic implant**

- 6. After bowel surgery, what is the purpose of gradual reintroduction of food?**
- A. To reestablish a normal feeding pattern gradually**
  - B. To cause rapid weight gain**
  - C. To starve the bowel**
  - D. To test for leaks**
- 7. Which description best matches the diarrhea commonly seen with ulcerative colitis?**
- A. Bloody**
  - B. Green and frothy**
  - C. Gray with observable fat**
  - D. Clay-colored**
- 8. Which explanation should the nurse provide about the barium enema procedure?**
- A. X-ray is used to visualize the large intestine after barium is instilled**
  - B. Movement of barium in the colon is observed through a scope**
  - C. A barium-based dye is injected intravenously, followed by abdominal scanning**
  - D. A digital exam is performed after the barium is removed by an enema**
- 9. In the described scenario, what does reanastomosis accomplish in the bowel?**
- A. It reconnects the bowel ends after a prior connection**
  - B. It creates a new fistula**
  - C. It enlarges the stomach**
  - D. It removes the appendix**
- 10. The text indicates that after reanastomosis, which feeding approach is initiated?**
- A. Total parenteral nutrition only**
  - B. Gradual reintroduction of food**
  - C. Immediate full diet**
  - D. No oral intake ever**

## Answers

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1. B
2. C
3. B
4. D
5. A
6. A
7. A
8. A
9. A
10. B

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## **Explanations**

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**1. Which of the following statements aligns with the described recovery plan?**

- A. Dietary advancement begins immediately after surgery**
- B. Gradual reintroduction of food begins after reanastomosis**
- C. There is no dietary change after reanastomosis**
- D. The patient should avoid any food indefinitely**

Postoperative feeding after bowel resection depends on letting the anastomosis heal before pushing a full diet. The new connection between bowel segments is fragile while healing, so advancing nutrition too quickly can stress the site and raise the risk of a leak or ileus. The described recovery plan typically calls for a staged, gradual reintroduction of nourishment after reanastomosis, starting with small amounts and increasing as tolerance and healing allow. This approach supports healing and nutrition without overloading the healing bowel. Starting dietary advancement immediately after surgery isn't aligned with this healing-focused plan, because it can burden the fresh anastomosis. Saying there's no dietary change after reanastomosis contradicts the purpose of allowing the bowel to recover and then progress the diet. Indefinite avoidance of all food would lead to malnutrition and impede healing, which isn't a standard recovery strategy.

**2. For how long is Jessica expected to manage her ileostomy self-care before the next stage of surgery?**

- A. 2 weeks**
- B. 1 month**
- C. 2 months**
- D. 6 months**

Timing between stages in ileostomy surgery is about giving the body and the patient enough time to heal, learn and become confident with self-care, and stabilize medically before the next operation. After the first surgery creating the ileostomy, the patient needs to master pouching and skin care, stay hydrated, monitor output, and spot problems early. The interstage period also allows inflammation and edema to settle and nutrition to improve, so the next procedure is safer and better tolerated. Two months provides a realistic window for healing, education, and clinical readiness without delaying treatment for too long. Shorter intervals may not allow adequate healing or self-care proficiency, while much longer intervals can unnecessarily prolong the stoma and its risks.

**3. If reanastomosis is completed 2 months after surgery, which phase is this most consistent with?**

- A. Acute phase
- B. Subacute recovery phase**
- C. Chronic phase
- D. Preoperative phase

Two months after surgery sits in the subacute recovery phase. The immediate postoperative period is the acute phase, focused on initial healing and inflammation in the first days. The subacute recovery phase follows, spanning weeks to a couple of months, as the surgical site continues to heal, collagen is laid down, and tissue strength gradually increases. The chronic phase comes later, with ongoing remodeling over months to years. The preoperative phase is before any surgery. So a reanastomosis at about two months aligns with ongoing healing and tissue maturation characteristic of the subacute recovery period.

**4. What instruction should a client follow after completing a barium enema?**

- A. Remain NPO for 24 hrs
- B. Limit fluid intake
- C. Resume normal fluid intake
- D. Drink extra fluids**

After a barium enema, drinking extra fluids is advised because barium sulfate isn't absorbed and can dry out in the intestines, leading to constipation or even impaction. Fluids help move the contrast material through the bowel and speed its elimination, reducing discomfort and the chalky stools that can follow the procedure. It's a simple, effective way to support the GI tract as the contrast passes. If you notice ongoing abdominal pain, vomiting, fever, or no bowel movement after a day or two, contact a clinician.

**5. The term 'reanastomosis' implies which of the following?**

- A. Reconnecting two ends of the bowel after prior anastomosis**
- B. Removing a segment of bowel
- C. Creating a new stoma
- D. Inserting a prosthetic implant

Reanastomosis is about reconnecting two ends of a hollow tube after they have been divided and previously joined, so the bowel is continuous again. This term specifically denotes restoring continuity by suturing or stapling the two ends together after an earlier anastomosis was made. It's not about removing a segment of bowel (that would be a resection), not about creating a stoma (which diverts the bowel to the skin), and not about inserting a prosthetic implant.

**6. After bowel surgery, what is the purpose of gradual reintroduction of food?**

- A. To reestablish a normal feeding pattern gradually**
- B. To cause rapid weight gain**
- C. To starve the bowel**
- D. To test for leaks**

The key idea is that feeding after bowel surgery is staged to allow the digestive system to wake up and heal without being overloaded. Starting with small, easily tolerated amounts and slowly increasing intake gives the gut time to regain motility, reduces risks like nausea, vomiting, distention, and dehydration, and helps ensure the healing tissues (such as any anastomosis) aren't stressed. This approach also lets clinicians monitor tolerance—if symptoms appear, the plan can be adjusted—while gradually restoring normal eating patterns and nutrition. This isn't aimed at rapid weight gain, nor is it about starving the bowel to slow healing, and it isn't a test for leaks. Leaks are evaluated through clinical signs and, if needed, imaging, not by how quickly food is reintroduced.

**7. Which description best matches the diarrhea commonly seen with ulcerative colitis?**

- A. Bloody**
- B. Green and frothy**
- C. Gray with observable fat**
- D. Clay-colored**

Bloody diarrhea is most consistent with ulcerative colitis because the disease causes continuous inflammation and ulceration of the colonic mucosa. When the mucosa is inflamed and eroded, small blood vessels bleed into the stool, so patients often pass stools that are blood-tinged or contain visible blood along with mucus. This bleeding is a hallmark feature and reflects the colonic mucosal injury central to UC. Descriptions like green and frothy, gray with visible fat, or clay-colored stool don't fit UC as well. Green and frothy can point to rapid transit with bile or gas, or certain malabsorption issues; gray with fat suggests steatorrhea from fat-malabsorption conditions; clay-colored stool implies lack of bile pigments from biliary obstruction. In UC, the key image is blood-streaked or blood-containing stool accompanying diarrhea, sometimes with mucus and urgency.

**8. Which explanation should the nurse provide about the barium enema procedure?**

- A. X-ray is used to visualize the large intestine after barium is instilled**
- B. Movement of barium in the colon is observed through a scope**
- C. A barium-based dye is injected intravenously, followed by abdominal scanning**
- D. A digital exam is performed after the barium is removed by an enema**

A barium enema works by using X-ray imaging to visualize the large intestine after a barium sulfate contrast is instilled into the colon. The patient receives the contrast through the rectum, and fluoroscopy or timed X-ray images are used to watch how the barium fills and moves through the colon. This coating of the mucosa with radiopaque material outlines the shape and any irregularities, allowing evaluation for inflammation, ulcers, polyps, diverticula, strictures, or other abnormalities common in inflammatory bowel disease. Afterward, stools may appear white until the barium clears, and drinking fluids can help flush it out. The other descriptions refer to different procedures—scope-based visualization, intravenous contrast imaging, or a digital rectal exam—which are not how a barium enema is performed.

**9. In the described scenario, what does reanastomosis accomplish in the bowel?**

- A. It reconnects the bowel ends after a prior connection**
- B. It creates a new fistula**
- C. It enlarges the stomach**
- D. It removes the appendix**

Reanastomosis means rejoining two ends of the bowel after they have been cut or separated by surgery. Its purpose is to restore continuity of the intestinal lumen so contents can move through the gut again and normal peristalsis can resume. It is not about creating a fistula, enlarging the stomach, or removing the appendix.

**10. The text indicates that after reanastomosis, which feeding approach is initiated?**

- A. Total parenteral nutrition only**
- B. Gradual reintroduction of food**
- C. Immediate full diet**
- D. No oral intake ever**

After reanastomosis, the priority is to protect the healing connection while supplying nutrition. The appropriate approach is to begin with minimal enteral intake and progressively advance the diet as tolerated. This gradual reintroduction supports healing, preserves gut mucosa, and helps restore normal bowel function without placing excessive stress on the repair. Starting with total parenteral nutrition alone bypasses the gut and isn't the standard plan when the bowel can tolerate feeding, though it may be used if enteral feeding isn't possible. An immediate full diet or no oral intake forever don't fit the typical post-repair strategy, as the goal is to reestablish oral intake as healing allows.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://hesiinflammatorybowelcasestudy.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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