AAST Acute Care Surgery Didactic Curriculum

Small Bowel Obstruction

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Adhesive small bowel obstruction (ASBO)

Highlights:

- Immediate operative indications for ASBO include peritonitis, lactic acidosis, and hemodynamic instability. Computed tomography (CT) findings can include close loop obstruction, pneumatosis intestinalis, and portal venous gas, and other signs suggestive of bowel ischemia.
- Hyperosmolar water-soluble contrast such as Gastrografin can be used for patients with ASBO for both diagnostic and therapeutic purposes. The use of water-soluble contrast is shown to decrease the rate of exploration and overall complications.
- If the contrast did not reach the colon on a plain abdominal X-ray within 12-24 hours after the administration, operative exploration should be considered.
- Laparoscopy has been shown to have decreased morbidity and hospital length of stay compared to laparotomy; however, conversion to an open procedure (i.e. laparotomy) should be considered to safely conduct the operation.
- Risk factors for conversion to an open procedure includes the number of prior abdominal procedures, bowel resection, iatrogenic injury, malignancy, and dense adhesions.

Small bowel obstruction in patients without prior abdominal surgery

Highlights:

- Various causes of SBO should be suspected in patients with “virgin abdomen” (no prior abdominal surgery, radiotherapy, or known intraabdominal inflammatory disease).
- Potential etiologies of SBO in these patients include malignancy, inflammatory bowel disease, internal hernia, volvulus, and intraluminal (e,g, bezoar, foreign body). Recent studies showed that SBO is due to benign etiologies such as adhesion. A newly diagnosed malignancy is often detected on CT or other imaging studies.
- While mandatory abdominal exploration used to be recommended for SBO in patients without prior abdominal surgery, a trial of non-operative management can be considered in the setting of no hard indications for operative interventions.
- Long-term outcome of the patients undergoing NOM remains unknown.