SIGMUM

ACUTE INTESTINAL OBSTRUCTION

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Contemporary
Surgical Perspectives

Common surgical emergency

High morbidity if delayed

Decision-making remains nuanced

Types of **Intestinal Obstruction**

Dynamic (Mechanical) VS Adynamic (Functional)

Small bowel VS Large bowel

Partial VS Complete

Simple VS Strangulated

Types of **Intestinal Obstruction**

Dynamic

Intraluminal	Intramural	Extraluminal
Impaction Foreign bodies Bezoars Gallstones	Stricture Malignancy	Bands Adhesions Hernia Volvulus Intussusception

Types of
Intestinal Obstruction

Adynamic

Paralytic Ileus	Mesenteric Vascular Occlusion	Pseudo-obstruction

Causes of **Intestinal Obstruction**

SBO

Adhesions
Hernias
Tumours

LBO

Colorectal cancer
Volvulus
Diverticular disease

Pathophysiology
Intestinal Obstruction

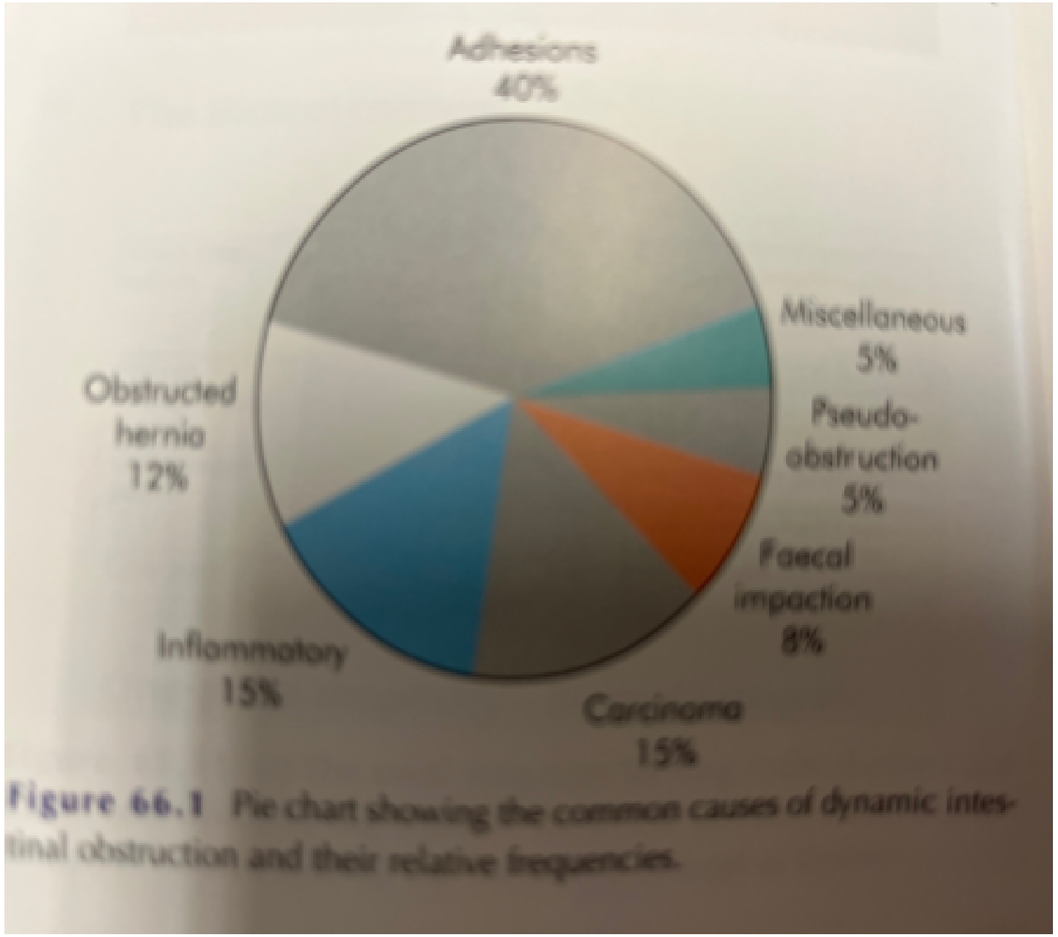


Figure 66.1 Pie chart showing the common causes of dynamic intestinal obstruction and their relative frequencies.

Obstruction

↓

Distension

↓

Venous congestion

↓

Ischemia

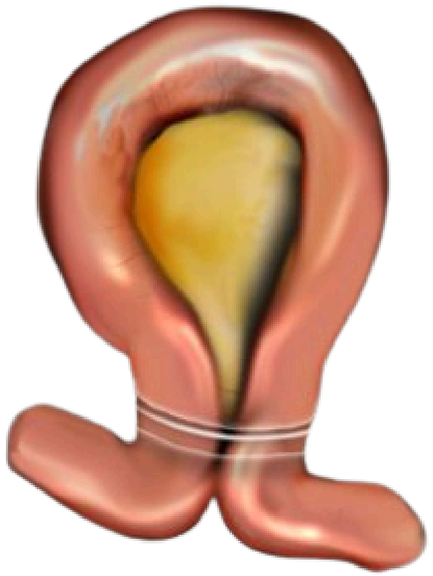
↓

Perforation

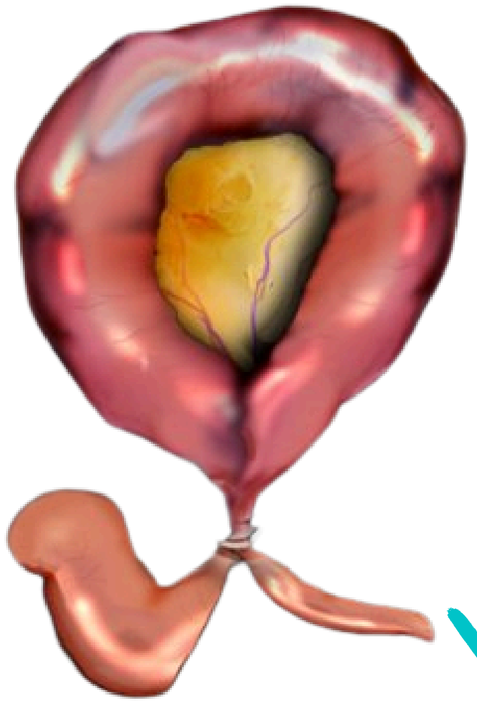
↓

Sepsis

Closed Loop
Obstruction



- Rapid progression
- High strangulation risk
- Surgical emergency



Clinical **Presentation**

- Colicky pain
- Vomiting
- Distension
- Constipation

Red Flags

- Continuous pain
- Tachycardia
- Fever
- Elevated lactate
- Peritonitis

Examination
Pearls

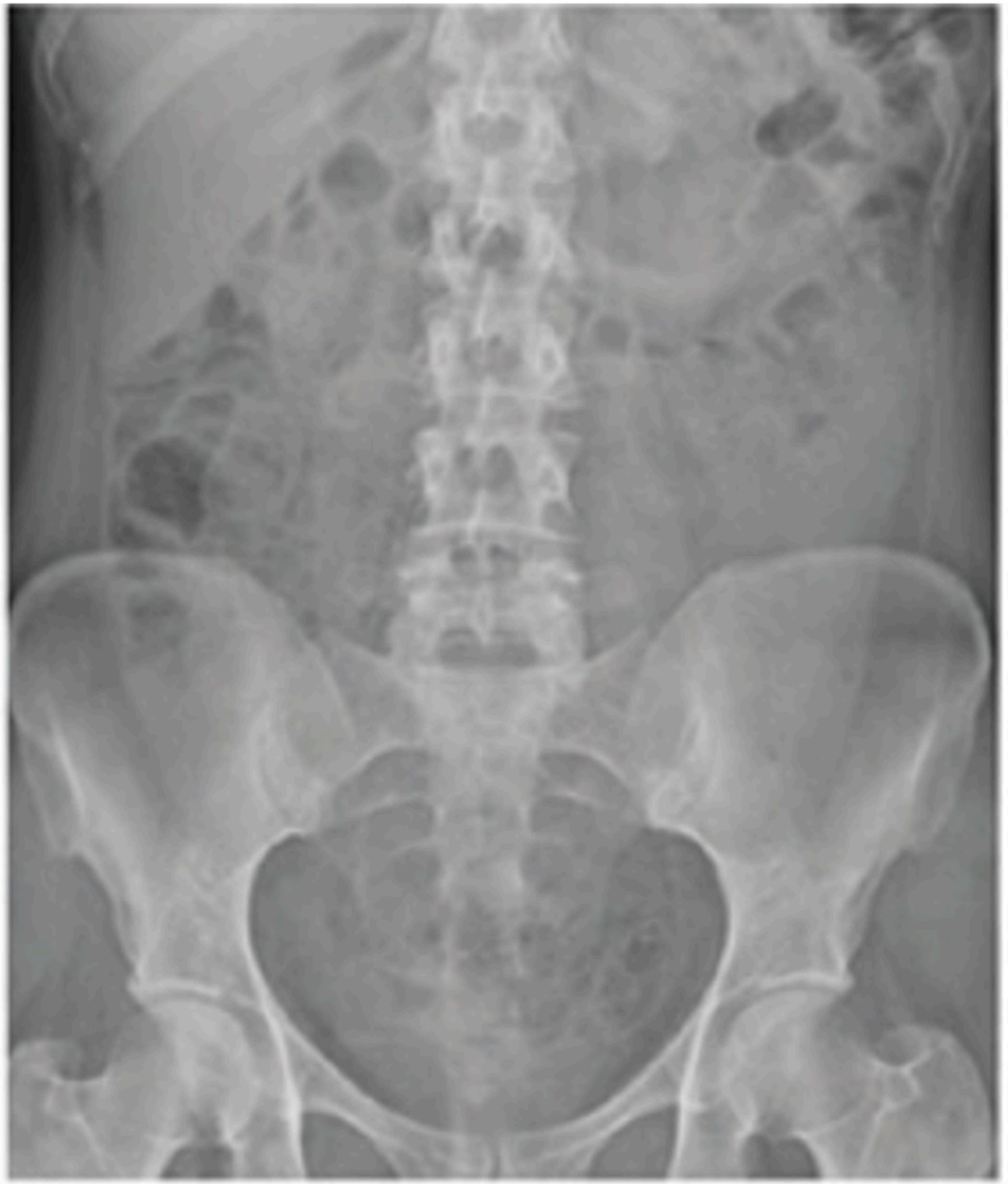
- Look for scars (adhesions)
- Examine hernial orifices
- Assess dehydration

Investigations

- X-ray (screening)
- CT scan (gold standard)

FINDINGS

- Transition point
- Bowel wall thickening
- Pneumatosis intestinalis
- Free fluid

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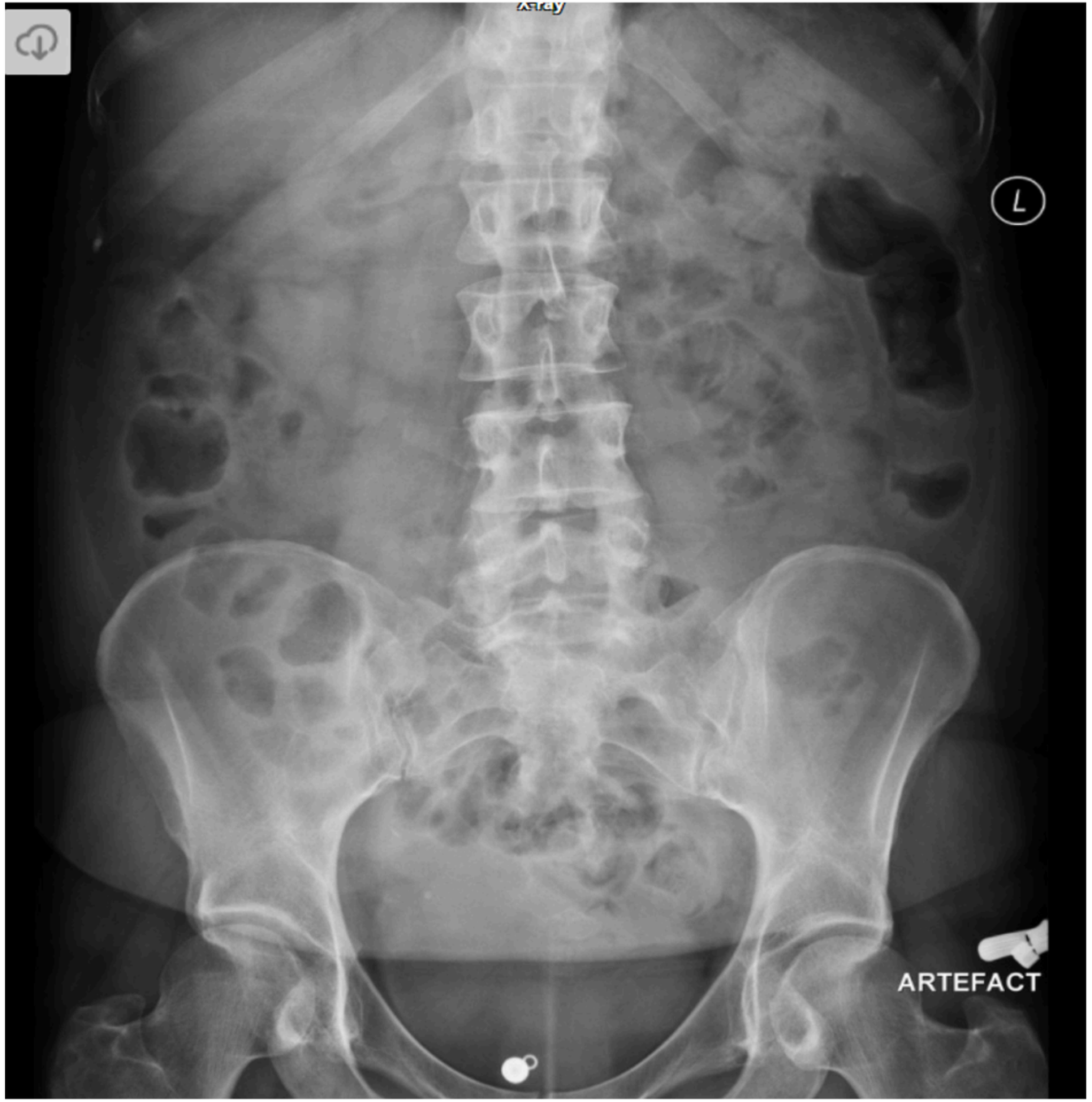

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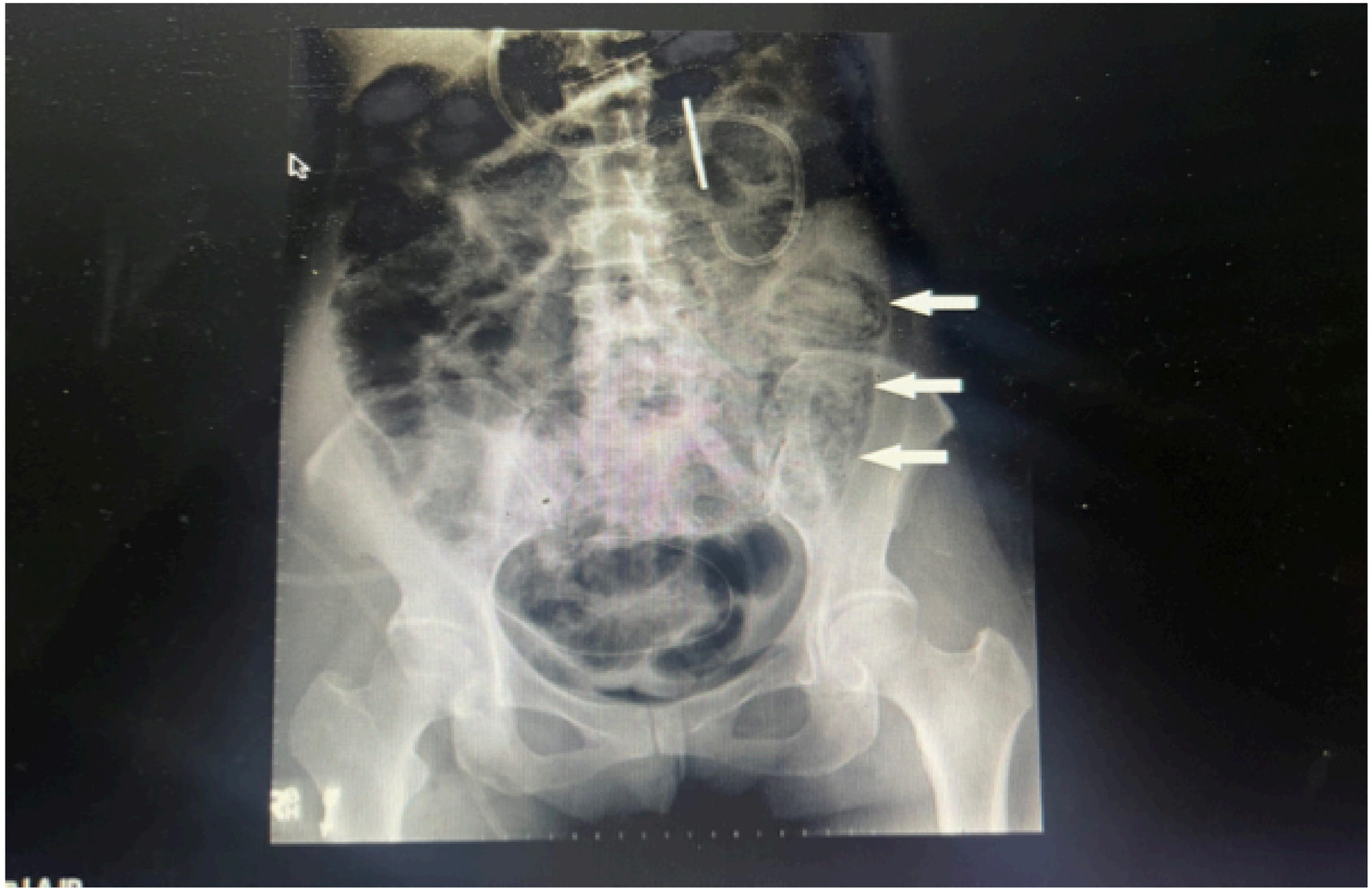
3/6/9 Rule

In general terms, small bowel should measure less than 3 cm,

large bowel less than 6 cm and

the caecum and sigmoid colon should measure less than 9 cm.

If the bowel measures greater than this, there is bowel dilatation - think mechanical obstruction or adynamic ileus.

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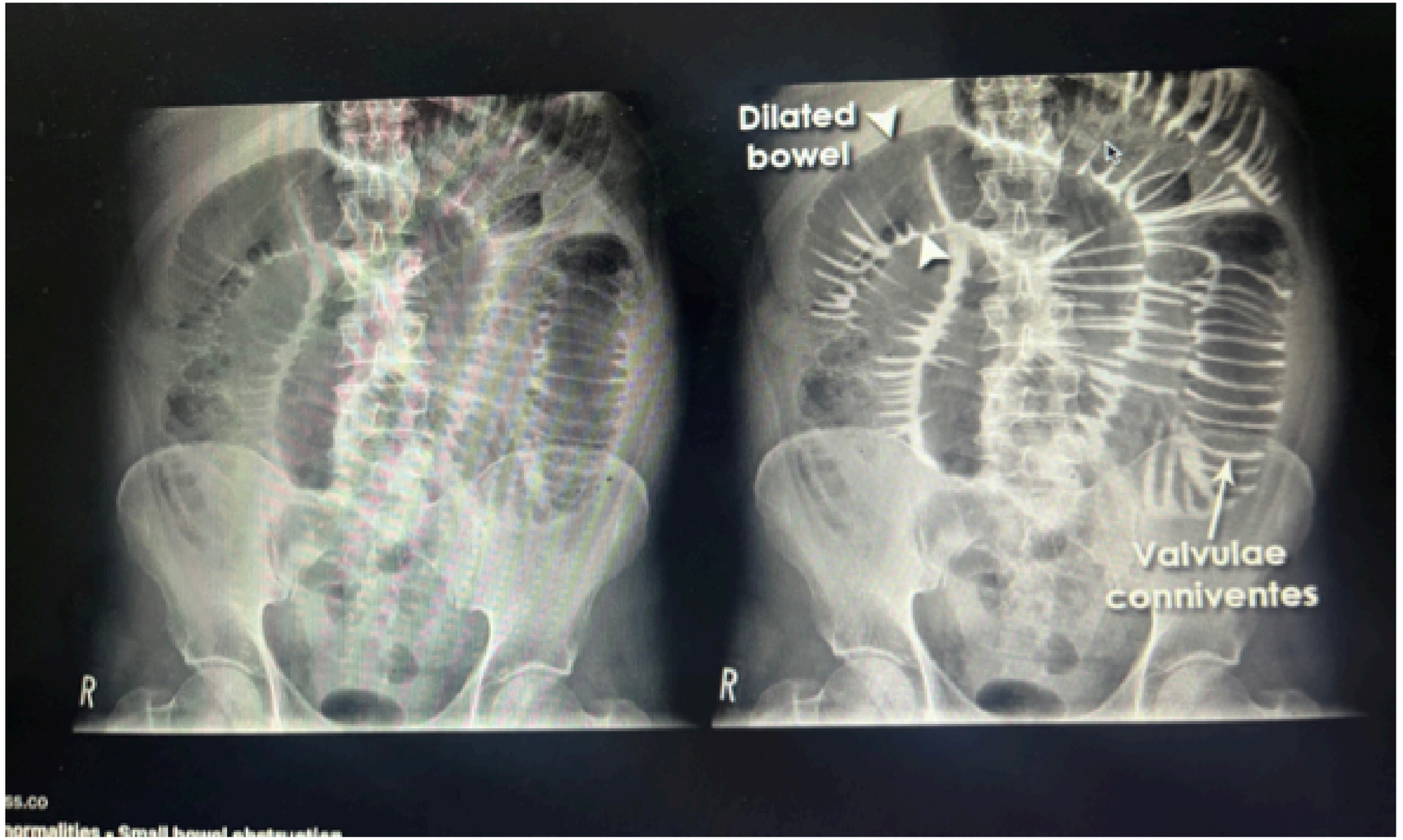

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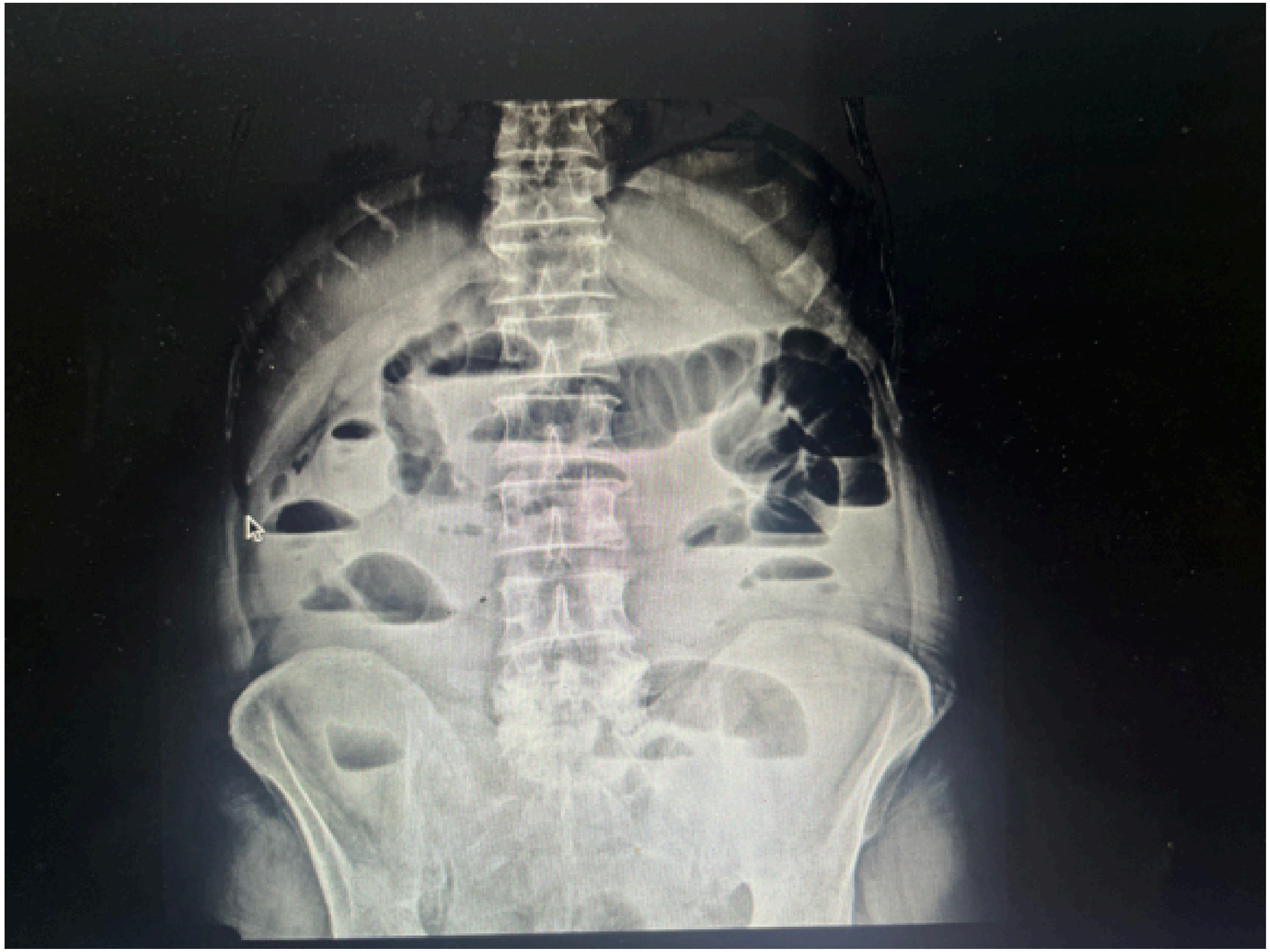


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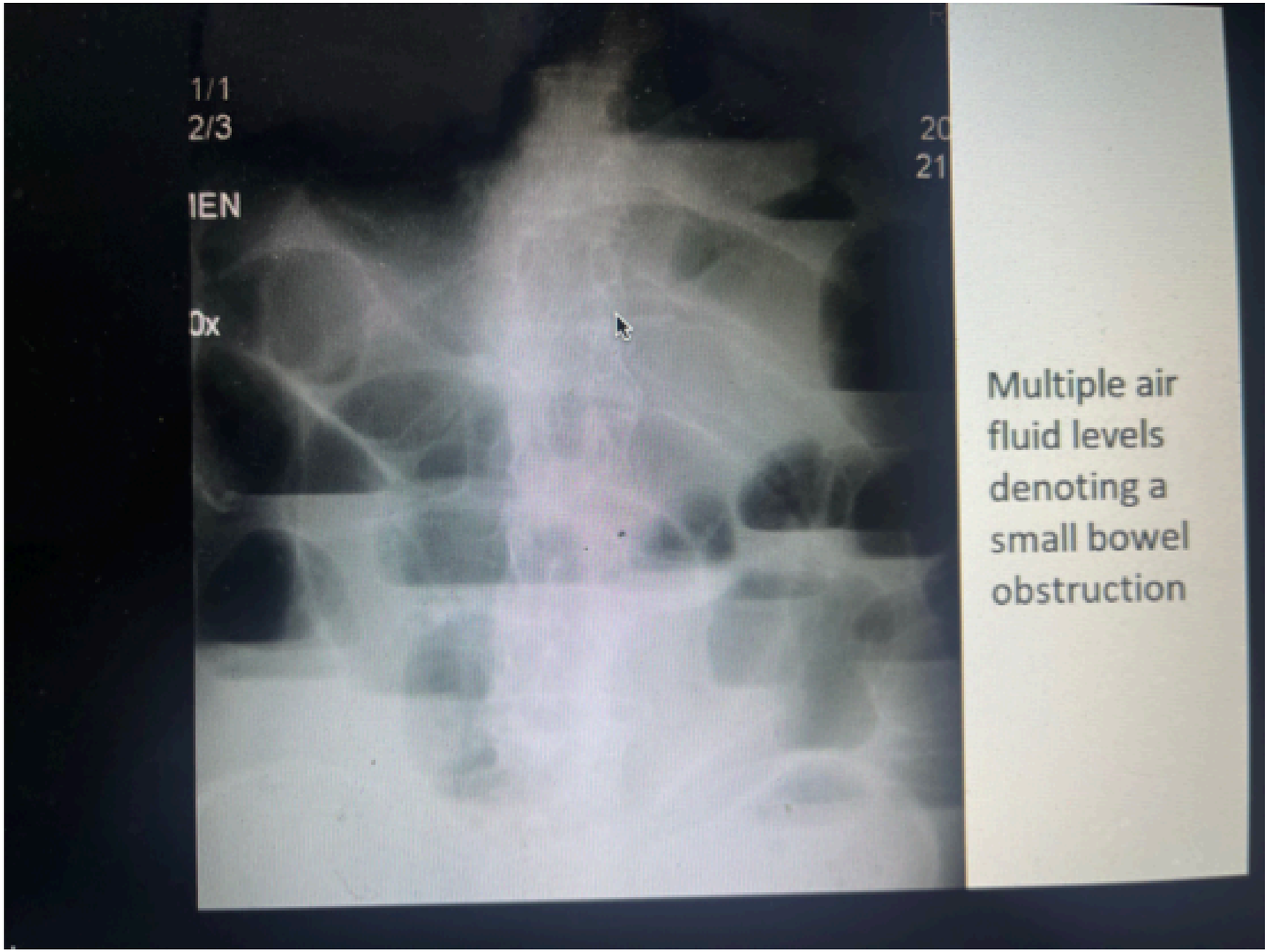

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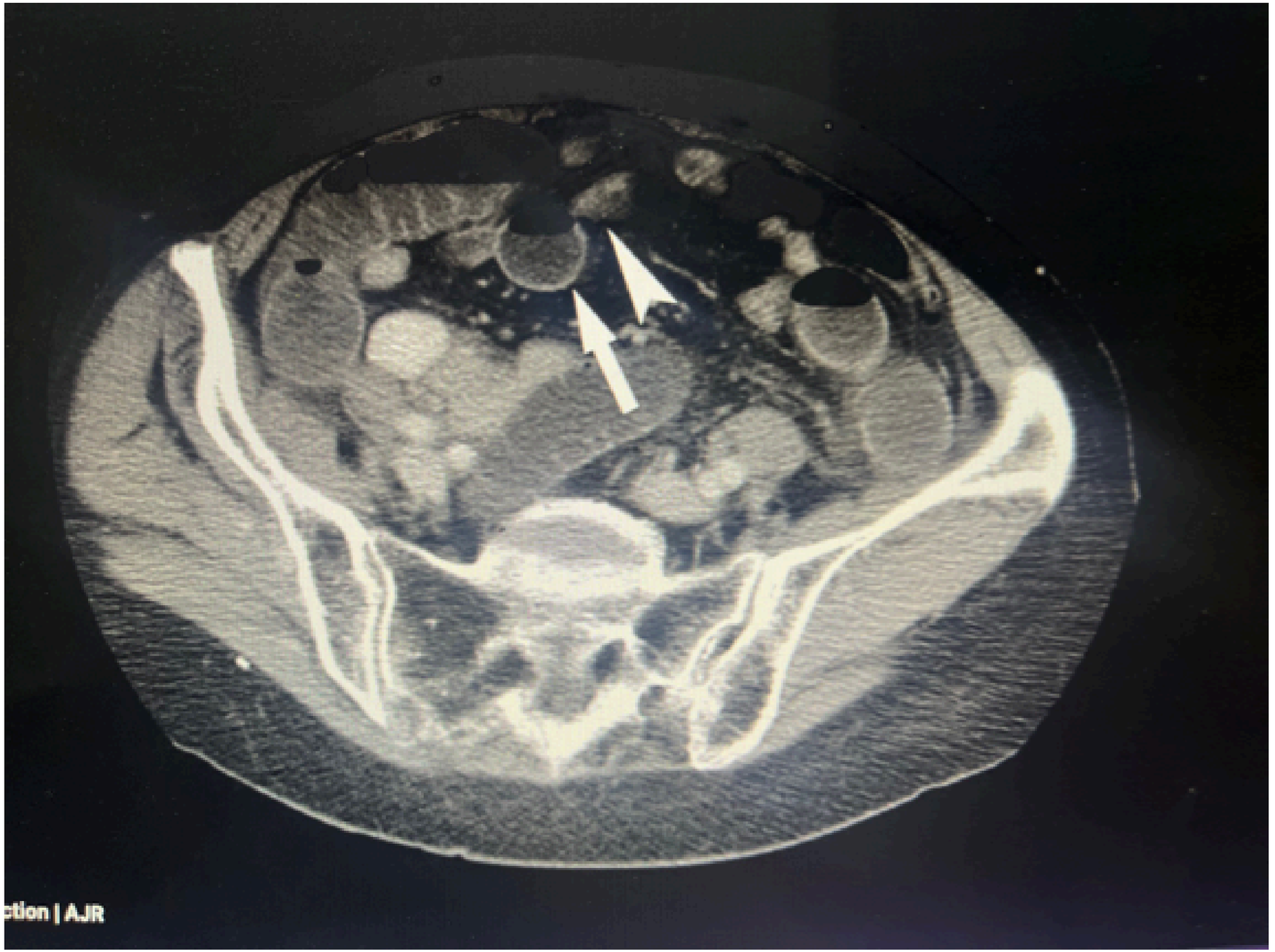
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Treatment & Management

Initial Management

ABC resuscitation
IV fluids
NG tube
Electrolyte correction

"Resuscitation is not a formality—it determines surgical outcomes."

Treatment & Management

Non-operative approach

"Not all obstructions need surgery —but careful selection is critical."

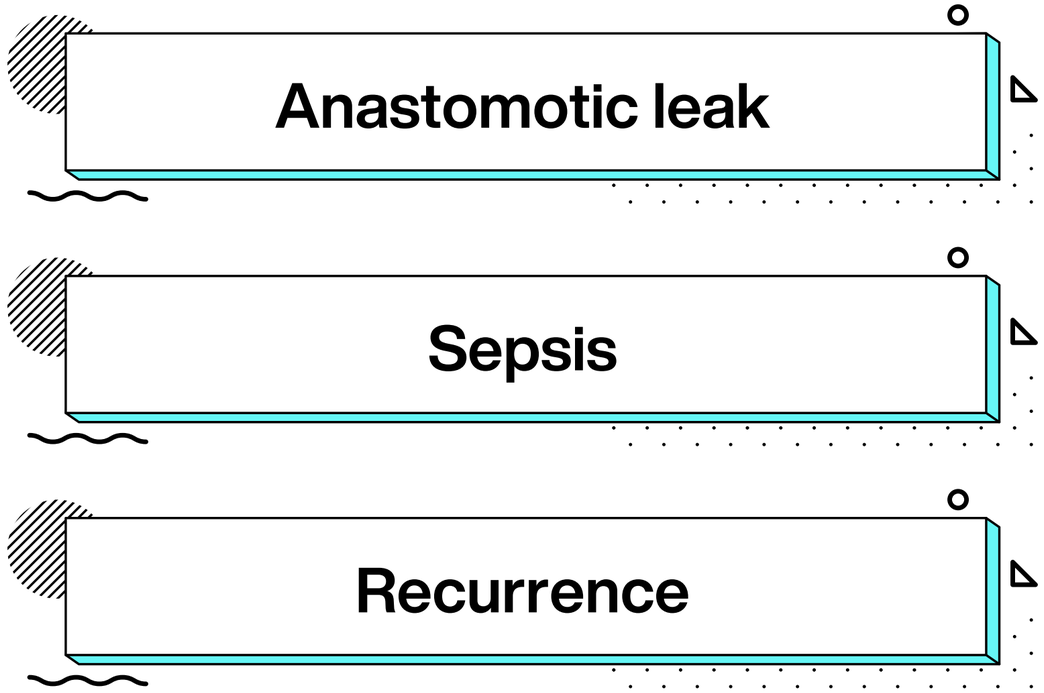
Adhesive ABO
No strangulation
Contrast studies

Treatment & Management

Operative Strategies

Adhesiolysis
Resection + anastomosis
Stoma (if needed)

Complications



"Most complications are preventable with timing and judgment."

Prognostic **Factors**

- Delay in presentation
- Age / comorbidities
- Strangulation

“The biggest predictor of mortality is delay.”

Laparoscopy

"Laparoscopy is evolving—but patient selection is key."

Pros	Cons
• Less morbidity • Faster recovery	• Limited in distension • Technical difficulty

Key Takeaways

"This is a condition where clinical judgment still outweighs technology."

- Time-sensitive emergency
- Identify ischemia early
- CT guides decisions
- Operate when necessary – not late

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THE END
THANK YOU

ACUTE INTESTINAL OBSTRUCTION