Small Bowel Obstruction

Mechanical impairment of gastric contents through the intestine causing abdominal distention and vomiting. More serious cases can also restrict blood flow to portions of the bowel, resulting in bowel ischemia.

Common causes of SBO	• Adhesions • Hernia • Tumor • Crohn's/Ulcerative colitis • Volvulus
Signs & Symptoms	• Abdominal pain/distention • Nausea/vomiting • Lack of bowel function
Initial Imaging	• CT abdomen/pelvis with IV contrast ○ gastric distention, air/fluid levels, transition point, stranding

Non-Operative Management

- NPO/IVF
- NG tube decompression
  - Low continuous wall suction, monitor output, flush q 4 hours
- serial abdominal exams
- reduction of hernia at bedside (if that is etiology)
- Steroid management and GI consult ONLY if Crohn's flare is underlying cause

Once patient has been decompressed with NG tube and their distention has improved, order one of the following exams to evaluate passage of contrast to the colon

Gastrografin Challenge	**Small Bowel Follow Through (SBFT)**
• Order KUB and in comments type Gastrografin challenge	• Order XR Small Bowel Series ○ Patient will either drink or receive contrast through NG tube with follow up XR

1. If no passage of contrast to the colon within 4 hours: order repeat KUB for 4 hours later
2. If contrast moves through to the colon **AND** patient is clinically improved, discuss removal of NG tube and diet advancement

Surgical Management

Warning signs patient will need surgical intervention

- SBO is associated with incarcerated hernia
- Volvulus
- Peritonitis on physical exam
- Evidence of ischemic bowel on CT scan
  - pneumatosis, high-grade SBO, mesenteric “swirl”
- No passage of contrast on SBFT or subsequent KUB
- Worsening labs, vitals, or clinical exam

Post operative management

- Continue NG to suction and monitor output
- will attempt diet advancement in stepwise approach once return of bowel function
- analgesia
- monitor leukocytosis, electrolytes, renal function, etc.