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Small Bowel Obstruction:

Background: Small Bowel Obstruction (SBO) is a medical term for physical blockage of the passage of food thru the intestine. A Different term "ileus", refers to the situation where food will not pass because of lack of propulsion (by peristalsis) even though nothing physical is stopping its passage.

Causes: There are many causes SBO, some due to forces outside that constrict the intestine, some due to abnormalities of the wall itself that reduce the inside channel and lastly, objects inside the intestine if too large can get stuck and have the same effect. SBO is a most common complication of abdominal surgery of any type. This is due to the scar tissue known as "adhesions" which can form on the wall of the bowel and connect to other loops of bowel or to the abdominal wall or other organs. These adhesive bonds tether the intestine and can cause it to kink, possibly many years later than the original procedure. An adult may develop symptoms and require surgery following an appendectomy or hernia repair done when they were small children many decades prior. Approximately one out of five non-elective surgical admissions in the United States is related to adhesions and SBO. The more abdominal surgeries one has the more often one is apt to experience an obstruction from scarring.

Symptoms: Symptoms are based on how tight the obstruction is and in what part of the bowel. Paradoxically, diarrhea may be caused by very tight blockage that is not complete. Remember , anatomy is changed after any type of bariatric surgery and your signs and symptoms may present differently. Ordinarily we look for the following:

- Sudden, progressively increasing abdominal pain, sometimes intermittent
- Nausea and vomiting associated with the pain
- Absence of gas or stool

Outcome: SBO does not always require surgery, However strangulated obstruction (in which the blood flow to the intestine is stopped) will cause death in all patients if untreated. Corrective surgery decreases the death rate in SBO to less than 10% if performed within 36 hours, rising to 25%if the surgery is delayed beyond 36 hours. Obstruction can sometimes respond to pain medication and intravenous fluids. The pain may go away permanently or come back periodically.

What to do: You have heard of and even may have personally experienced SBO. Patients need to be their own best advocate and not delay getting to the ER. Early recognition and correct diagnosis are very important because the intestine itself may be injures as the obstruction persists. Many of patients live in areas far from San Francisco however most emergency rooms can evaluate for possible SBO. Diagnosis can often be made with a flat abdominal X-ray. After Roux-en-Y Gastric Bypass or the Duodenal Switch, a portion of the intestine (the Biliary Limb) does not carry food, so standard tests need to be expanded if they are negative. A CT scan is the best single study to confirm the diagnosis. You will need to be armed with the knowledge that your anatomy and physiology have been re-arranged.

For DS patients, an emergency card can be downloaded from our website and carried in your wallet. Roux-en-Y patients as well should keep a diagram to help their treating doctor understand what the new anatomy looks like. In case of technical or any other questions that arise from an out of area facility, the Surgeons and staff at Pacific Laparoscopy are ready to consult by phone to your local doctor.