Intestinal Obstructions
“For those clinicians who believe that palliative care is nothing more than good intentions and a morphine infusion, learning about bowel obstruction can be an eye-opener. Competency requires an understanding of physiology and pharmacology as well as skills in assessment and communication”  [Richard Meyer, M.D. (1999)]

From: Palliative Care Perspectives: Chpt. 5: Non-Pain Symptom Management: Bowel Obstruction available @ www.mywhatevever.com/cifwriter/library/70/4940.html
Definition

Intestinal obstruction is the partial or complete mechanical or non-mechanical blockage of the small or large intestine
Types

Mechanical = occur because the bowel is physically blocked and its contents cannot get past the obstruction

May occur because the bowel twists on itself (volvulus) or telescopes into itself (intussusception)

(also from hernias, impacted feces, abnormal tissue growth, the presence of foreign bodies in the intestines [gallstones] or inflammatory bowel disease)
Types

Non-mechanical (also called ileus) occurs because peristalsis stops
Malignant Obstruction

More commonly seen in palliative care

Most commonly arises as a complication of ovarian or colon cancer

But also: gastric, pancreatic, cervical, bladder, endometrial, mesothelial (of peritoneum), carcinoma, and melanoma
Pathophysiology

Mechanical block from intraluminal or extrinsic compression
Motility/functional block from malignant involvement of the autonomic nerves or intestinal muscle
Obstruction at multiple sites
Other: edema, fecal impaction, fibrosis, constipating drugs
Pathophysiology

“Vicious Cycle”:

Hypersecretion (associated with cramping in early stage) followed by dilatation and vomiting = ↑ secretion and vomiting
Symptoms

- Pain/ colic
- Vomiting
- Changes to Bowel Sounds
- Constipation or diarrhea
- Abdominal swelling/ distention
Diagnosis

Imaging Studies:

- X-ray
- CT scan
- ultrasound

Lab Tests
Treatment

1. Traditional Medical Approaches = NG Tube & IV Hydration

2. Early Palliative Approaches

3. Recent Approaches
Recent Approaches

Try to normalize gut function to the extent possible in addition to palliating symptoms directly (highly dependent on level of obstruction)
Recent Approaches

- Octreotide \( \downarrow \) secretion into the gut
- Promotility agents
- Direct Antiemetics
- NG tube - maybe
- Low-fibre diet
- Opioids
- Psychosocial support
Case Scenario

Adapted from Current Learning in Palliative Care
@ www.helpthehospices.org.uk/elearning/
Case Scenario

Mr. B = 54 year old male, recent surgery for a carcinoma of the colon
Having problems with N & V
Initially, this responded to medication
PC consult team is called: nausea has returned and bouts of colic have begun
Previously had BMs EOD, but no BM > week
Abdomen is swollen today
Is this bowel obstruction?

Symptoms could have other causes:
N & V related to other
Colic due to infection or stimulant laxatives
Constipation
Ascites

What needs to be done?
Is a physical blockage absent or likely?

Obstruction not always due to physical blockage

If ileus, bowel slows / stops
Is thirst present?

In obstruction:
fluid secreted into bowel lumen = fluid lost and patient dehydrated

If patient thirsty, may have lost > 1 litre
Is surgery possible?

Should always be considered
May have significant mortality and morbidity
Surgical opinion helpful
Stenting may be an alternative
Is N & V present?

Nausea = very distressing

Vomiting may remain but ↓ volume/ frequency
Is pain present?

Common Pain = Colic

Colic responds better to drugs that relax the bowel
Is it Complete or Partial?

Partial:
Important to keep bowel moving

Complete:
BMs may have no benefit and laxatives should be stopped
Treatment

**Ileus** – stop antiperistaltic drugs and osmotic laxatives

Stimulant laxative may help

Metoclopramide may also help
Treatment

Feeding & Hydration –
Advanced disease = no restrictions

Dehydration best treated orally if possible

If N & V, may consider IV/ SQ hydration
Treatment

Surgery:

May be possible

Communication with patient ++ important
Treatment

Nausea & Vomiting-
Use of antiemetics

NG tube inefficient at easing symptoms

NG tube may help ↓ distress due to feculant vomiting
Treatment

Pain:

Is it colic?

Abdominal distention pain responds to analgesics
Treatment

Laxatives:

Partial obstruction – a gentle laxative may be continued

In inoperable complete obstruction, stop all laxatives
True or False?

A physical obstruction does not have to be present to cause bowel obstruction. 

True
True or False?

The pain of bowel obstruction usually responds to morphine.  

False
True or False?

Laxatives should be continued in partial bowel obstruction.  True
True or False?

Restricted oral fluids are a key part of treatment.  

False
True or False?

Nasogastric tubes are an effective treatment for vomiting.  

False
True or False?

Patients with inoperable bowel obstruction can be managed at home.  

True
Match

1. Colic  a. NG Tube
2. Nausea  b. Cup of Tea
3. Vomiting  c. Haloperidol
4. Dehydration  d. Buscopan
5. Thirst  e. Bucket
6. Feculant vomiting  f. IV or SQ Fluids
Answers

1. Colic – d. Buscopan
2. Nausea – c. Haloperidol
3. Vomiting – e. bucket
4. Dehydration – f. IV / SQ Fluids
5. Thirst – b. cup of tea
6. Feculant Vomiting – a. NG tube