Intestinal Obstruction

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Aims and Objectives

- Aims
- Defining Intestinal Obstruction
- Examine the symptoms
- Management Options
- Complications
- Holistic management
- Objectives
- An understanding of Intestinal Obstruction

Intestinal Obstruction Definition

- ‘Intestinal obstruction is any process preventing the movement of bowel contents, thus leading to the partial or complete blocking of faeces and gas through the intestinal passage.’

Sykes et al (2006)

Definition…

- Partial or complete - can fluctuate between
- Single or multiple
- Benign or malignant causes
- Mechanical or functional
- Complex condition

Mechanical or Functional

- Mechanical caused by:
  - extrinsic occlusion of bowel lumen
  - intraluminal occlusion
  - intramural (from within the bowel wall) occlusion

- Functional caused by:
  - Intestinal motility disorders, i.e.
    - Tumour infiltration of bowel mesentery or bowel muscle
    - Peristaltic inefficiency i.e. effect of opioids

…physiology

- Obstruction leads to accumulation of unabsorbed secretions
- Accumulation of gastric, pancreatic and biliary secretions are potent stimulus for further intestinal secretions

Sykes et al (2006)

- Causing:
  - Nausea/vomiting, constipation, pain, colic
- Small bowel more commonly affected than large bowel
- Abdominal distension may be absent in high obstruction

Incidence

- Common feature of malignancies of the abdomen and pelvis.

  Gwilliam and Bailey (2001)

- 42% of women with ovarian cancer may develop obstruction. *Ripamonti (1994)*
- 28% of people with bowel cancer may develop obstruction. *Ripamonti (1994)*
- Complex and potentially life threatening.

  Hardy (2000)

Causes of Bowel Obstruction

- Anything which causes an obstruction
  - Mechanical
  - Functional
  - Hard faeces
  - Foreign body

Symptoms

- Nausea and Vomiting
- Vomiting may be faeculant
- Abdominal pain
- Colic pain
- Constipation – intermittent/complete

Letizia and Norton (2003),

Mercandte et al (2004), Bonwick (2003)

Nausea and Vomiting

- Intermittent or continuous nausea
  - nausea pre vomit
- Feeling of fullness (eased by vomiting)
- Large volume of vomit
- Feel hungry post vomit
- Offensive smelling vomit at times

Abdominal pain

- Variable intensity; present in 90% of patients
- Due to abdominal distension, tumour mass and/or hepatomegaly
  - Sykes et al (2006)
- Can be misinterpreted as constipation

Colic pain

- Peristaltic action tries to push past obstruction
- Wave like pain
- Distended abdomen
- Reduced flatus or no flatus
- Persistent colic can result in perforation
  - Tense tender rigid abdomen, shock
  - Potential terminal event if no surgery deemed appropriate.

Constipation

- Hard faeces in abdomen can mimic malignant bowel obstruction
- Nurses role is to ensure patients bowels are opened regularly especially patients on opioids.
  - NB sometimes patients have bowel actions but may be fluid only and interpreted as diarrhoea but can be impaction with overflow. PR may diagnose this.

Management of bowel Obstruction

- Identify the cause
- Surgical intervention
  - Performance status
  - What will be achieved
- Medical management
  - Palliation of symptoms

Medical management

- Manage nausea and vomiting
  - Nausea
    - Haloperidol
    - Levomepromazine
  - Volume vomits
    - Buscopan
    - Octreotide
- Reduction of colic and pain
    - Buscopan

Actions of Medications

- Domperidone
- Metoclopromide
  - Both Prokinetics = Bowel stimulant, prescribe with caution in intestinal obstruction
- Buscopan
  - Smooth muscle relaxant = reduces colic
- Octreotide
  - Reduces gastric secretions
- Haloperidol
  - Anti nausea
- Levomepromazine
  - Broad spectrum anti-emetic
- Opioids
  - Pain management, may also slow the gut down

Management options

- Collaborative multi-faceted holistic approach

  Letizia and Norton (2003)
- Surgical options - stenting, stoma, venting gastrostomy *Platt (2001)*
- Medical management - drug therapy, hydration and NG drainage
- Management depends on overall condition of the patient
- Current management based on practice review rather than research *Hardy (2000)*

Complications

- Bowel Perforation
  - Once perforated patient unlikely to live very long
- Persistent symptoms may lead to unacceptable quality of life
  - Look for other interventions ie venting gastrostomy / NG tube to remain insitu.

Holistic Care

- Quality of life
- Effect on Family
- End of life Care
- Weakness and fatigue
- Eating and drinking
- General nursing care

Palliation of symptoms

- Provides relief from pain and distressing symptoms.
- Uses a team approach to address the needs of the patient and significant others.
- Integrates the psychological and spiritual aspects of patient care.

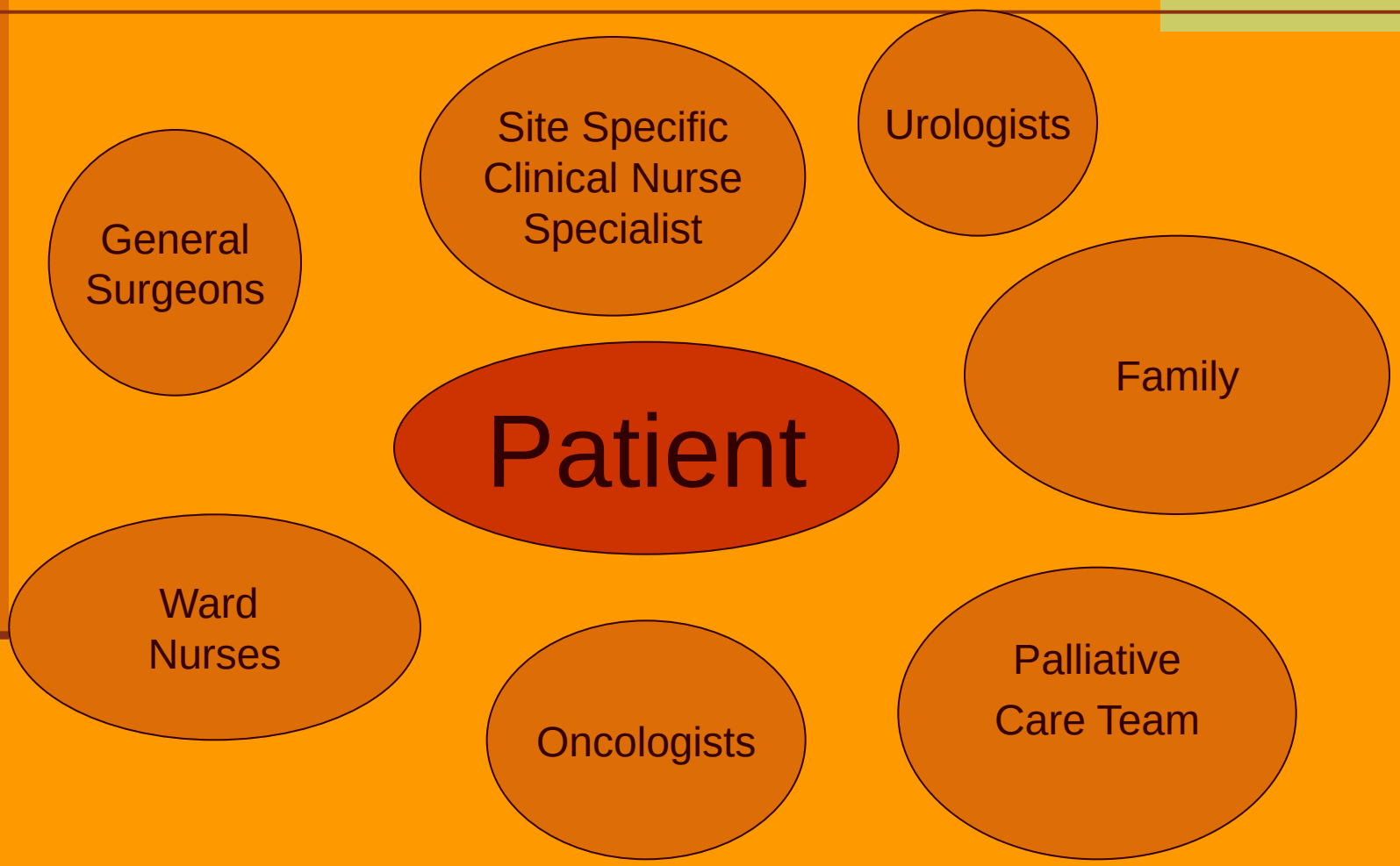
WHO (1990)

Patients Perspective

- Appropriate support and information for patient and their significant others.
- Nurses role
- Choice?
- Patient autonomy

NICE (2004)

Multi-Professional Involvement



Case scenario

- Jenny is a 44 year old woman with a diagnosis of advanced ovarian cancer. She has 4 children aged 12, 10, 9 and 4 yrs. Jenny lives with her second husband Steven who is the father of her youngest child.
- A CT scan 2 weeks ago showed Jenny had disease progression and her recent chemotherapy was stopped. The oncologist has discussed this with Jenny and her husband and no further chemotherapy is planned.
- Jenny was admitted yesterday with suspected bowel obstruction. She has not opened her bowels for 5 days, has pain, nausea and vomiting.

Case Scenario…

- from a holistic point of view what are the potential issues for Jenny and her family?
- what would you consider regarding assessment and investigations?
- what management options/interventions would you consider?

Summary

- Aims
- Defined Bowel Obstruction
- Examined the symptoms
- Looked at management options through a case study
- Complications
- Holistic management
- Objectives
- An understanding of Intestinal Obstruction

References

- Sykes et al (2006), Constipation, diarrhoea and intestinal obstruction. Chapter 8. ABC of Palliative Care 2nd Edition 2006 Blackwell Publishing.