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## Early postoperative inflammatory small-bowel obstruction: A specific type of early postoperative small-bowel obstruction requiring non-operative intervention

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**Objective:** The aim of the present study was to construct a new type of small bowel obstruction, early postoperative inflammatory small-bowel obstruction (EPISBO), which is different from early postoperative small-bowel obstruction (EPSBO), and to delineate clinical manifestations, diagnosis and management strategies.

**Summary background data:** EPSBO, a particularly common complication of abdominopelvic surgery, is usually defined as obstruction occurring within 4 weeks after abdominal surgery, which causes adhesions, internal hernias, volvulus, abscesses, or edema at anastomotic sites. There is no consensus regarding the optimal intervention.

**Methods:** Three hundred and thirty-seven consecutive EPISBO patients were retrospectively evaluated from January 1999 to December 2010. EPISBO was present if, within 30 days of surgery, all of the following developed before the recovery of intestinal function (either flatus or bowel movement): abdominal distention/pain, absence of flatus or stool, vomiting, radiographic findings consistent with intestinal obstruction. Patients were excluded if they presented signs of mechanical bowel obstruction. Two hundred and fourteen patients with EPISBO were followed up for a median of  $58.63 \pm 12.75$  (1-120) months. The primary and secondary endpoints of this study were surgery and the recurrence of intestinal obstruction caused by intra-abdominal adhesions.

**Results:** Gastrectomy/enterectomy (56.7%), colectomy/appendectomy (25.2%) were the most common procedures. 232 of 337 patients (68.8%) had one celiotomy and 105 patients had two or more celiotomies. 216 of 337 patients (64.1%) had obstructive manifestations within 7 days postoperative surgery. The most common clinical manifestations were abdominal distention (90.2%), absence of flatus or stool (86.1%), reduce or disappear bowel sounds (79.2%), nausea and vomiting (75.1%), and abdominal pain (49.6%). All patients were successfully treated with gastric and/or intestinal decompression, somatostatin, glucocorticoids, parenteral nutrition and/or enteral nutrition. Overall, 36 (16.8%) of 214 patients had recurrent episodes of intestinal obstruction, 17 patients (7.9%) had at least one admission. No patient had undergone operation for intestinal adhesive obstruction.

**Conclusion:** EPISBO is a specific type of EPSBO. Non-operative treatment for EPISBO had a low cumulative recurrence rate in a long-term follow-up. Operative treatment was not deemed necessary.

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