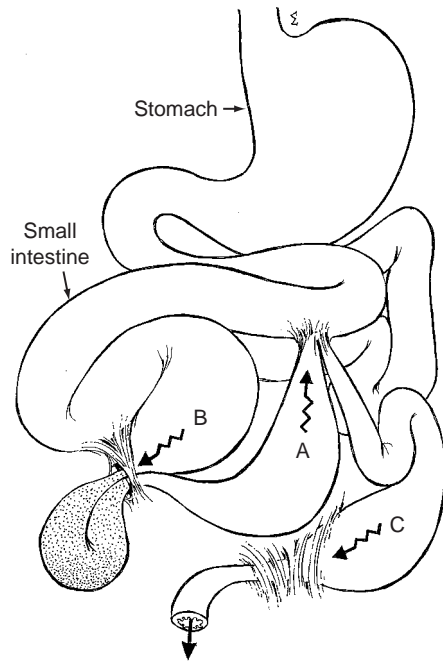


## △ GENERAL INFORMATION

Fibrous adhesions are normal in tissue that has been disturbed. They can be troublesome in the abdominal cavity, especially when they affect the small intestine. Adhesions usually are strands of scar tissue. They can be thin and stringy or thick like rubberbands, long or short, a few or in the hundreds, and in one area or all over the abdomen. A good description of the appearance of adhesions is to imagine a gob of sticky chewing gum that you slowly stretch into many strands as you pull it apart (Fig. 1).



**Figure 1.** A, A portion of intestine is stuck to another area and becomes kinked. B, A loop of intestine has slipped through an opening between adhesions, is stuck, and becomes blocked. It can also become twisted (and possibly gangrenous), requiring an emergency operation. C, Multiple adhesions lay across a length of bowel and block it.

## CAUSE

- Of the many causes, the most common is dissection from a previous operation. Other causes can be repeated or severe infections in the abdomen that cause peritonitis.
- Most of the adhesions following an operation are dissolved by the body in a few weeks. Usually, those that remain do not cause any trouble. Some, however, can cause problems because small bowel (as big around as a jumbo hot dog) can get partly or completely blocked or twisted.

## COMMON SIGNS AND SYMPTOMS

- These depend on how serious the blockage or twisting is at any particular time.
- If the blockage is minimal and in one spot only,

there may be an occasional cramp or bloating as the food tries to pass through the narrowed area.

- If the blockage is more severe, the cramping occurs more frequently, is worse, and lasts longer. The backed-up bowel distends the abdomen. Vomiting is common.
- If the blockage is complete, then all the above signs and symptoms are more severe.
- If the intestine becomes trapped and twisted among the adhesions, it can develop gangrene and die. This is a very serious matter requiring an emergency operation.

## DIAGNOSIS

- A careful taking of the history of your past medical or surgical problems and of your symptoms, along with an examination of your abdomen, can often determine the cause of the problem.
- X-rays of the abdomen can show whether the bowel is blocked and how seriously it is blocked. They are useful in deciding whether to operate.
- Laboratory tests and your blood pressure and pulse measurements, along with the physical examination, will help determine whether your blocked intestine is at risk of dying.

## ○ TREATMENT

- A tube passed through your nose and down into the stomach will let the swallowed air come back out through the tube, because you will feel worse if it is allowed to go past your stomach and down to the blocked area.
- You will be given fluids by vein to make up for what you have vomited or not been able to eat or drink.
- Antibiotics will be given to help treat or ward off infection.

An operation is advisable and actually safer if

- Your signs and symptoms, although not serious now, continue without letup for longer than 36 hours.
- Your signs and symptoms, the laboratory findings, and how you feel are obviously getting worse, and something more serious will happen if the problem is not corrected promptly.

This is evidence that you have gangrene of the intestine (an immediate operation is necessary).

## PREOPERATIVE PREPARATION

- Your condition will be improved as much as possible, with special attention given to your heart, lungs, and kidneys.
- Intravenous fluids will be given to meet the needs of your body.
- You will be given some medicine that will make you feel drowsy before you are brought into the operating room.

## □ OPERATION

- You will be completely asleep during the operation.
- The exact type of operation will depend on the

particular way the adhesions caused the blockage and how much needs to be done to correct it.

- Sometimes just cutting an adhesion or two is all that is necessary.
- Often, a large number of adhesions may need to be cut.
- Occasionally, a length of intestine may need to be removed. The cut ends will be reconnected.
- You will not receive a blood transfusion unless it is absolutely necessary.

#### **POSTOPERATIVE CARE**

- You will wake up in a recovery room, and when your blood pressure, pulse, and breathing are stable you will be transferred to a regular hospital room.
- You will have a thin plastic tube in your nose. It goes down to your stomach to suck up the air you swallow. It will be removed when your bowels start working.
- Pain will be controlled with medicine.
- You will have a catheter in your bladder to make it easier for you to urinate and for the nurses to measure how much urine you make.
- You will be given fluids by vein until you can start drinking and eating.
- As with any operation, complications are always possible, some of them serious. With this operation, they can include bleeding, peritonitis, blood clots, wound infection, repeat obstruction, heart problems, and possibly others.
- You will be discharged from the hospital when you can safely eat again.
- Arrangements will be made for your medicines, follow-up office visit, and stitch removal.

#### **⊕ HOME CARE**

- You may walk about as you wish, even climb stairs.
- Follow any diet instructions given to you.

- You may shower if you wish and with any dressings on or off.
  - There may be narrow strips of tape across the incision. It's all right if they get wet. They will be removed in the doctor's office.
  - After you dry yourself, replace any dressings with clean, dry ones.
- Your incision and the muscles of the abdomen may ache, especially at the end of the day and after you have been standing for a long period. You can support them by wearing a girdle or similar garment that is snug (but not too tight). Wearing it over a cotton undergarment is easier on your incision and the stitches.
- Don't lift anything heavier than 5 pounds. Ask someone to do it for you. Inactivity is not good for you but neither is overdoing it. Don't try to do too much too soon.
- Driving a car with an automatic shift is not too demanding. But if you suddenly have to slam on the brakes or twist to turn a wheel, you may strain the sutures or tear something. During your follow-up visit, let's discuss when you can resume driving.
- You may resume sexual activity whenever you choose.
- You may return to work when you feel up to it, but let's first talk about it during your follow-up visit.

#### **📞 CALL OUR OFFICE IF**

- Any of your original symptoms come back or new ones appear.
- You develop constipation or your bowels otherwise don't move for 36 hours.
- The incision becomes red or swollen or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.