



The ileostomy & internal pouch

Support Group

Registered Charity

Bowel Obstructions

How to Know if You Have One, and What to Do Before You Call the Doctor

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One afternoon, you notice that your pouch has not been as full as usual the last two times you have emptied it and that your stoma is bigger than normal. You can hear and feel your stomach churning, and are overwhelmed occasionally with abdominal cramps that leave you sweaty and nauseated. As the day goes on, the cramps get worse and by evening, you vomit – by then, absolutely nothing is coming out of the ileostomy. You feel absolutely terrible. What do you do?

You probably have a bowel obstruction, commonly referred to as a blockage. Basically what has happened is that something is preventing stool from passing through the intestine in the normal way. You can use the following analogy of a garden hose to better understand what is happening when you have a bowel obstruction - if you stand on a garden hose, water cannot pass through it. The tap keeps pumping water into the hose but it cannot get past your shoe. Soon, as the pressure from the tap continues to pump the water, the portion of the hose above your shoe starts to expand and swell up with the backed up water. If you do not remove your shoe, the pressure inside the garden hose will cause it to break open and leak. The same principles apply to your intestine.

Bowel obstructions can be caused by a (1) physical obstruction (the foot on the garden hose analogy), called a *dynamic* or *mechanical obstruction*, or (2) the loss of the normal muscle contractions in the intestine, called peristaltic waves, that help move material through the digestive tract. An obstruction due to the absence of peristalsis is called an *adynamic obstruction*, *paralytic ileus* or simply *ileus*. Ileus can be caused by a severe electrolyte imbalance, the manipulation of the intestine during surgery, or an infection. The symptoms are the same as for a mechanical obstruction, except that when a clinician listens to the abdomen, normal bowel sounds are absent and the abdomen is quiet.

Regardless of the actual cause of a mechanical (dynamic) blockage, the intestine above the blockage overreacts and continually tries to push the intestinal contents (through strong peristaltic waves) past the blockage. This causes increasing cramping and pain as the pressure inside the intestine continues to build. As a result, the intestine below the blockage can collapse on itself. This brings about a reversal of the direction of the peristaltic waves as the bowel tries to empty its contents and relieve the pressure. The contents of the intestine move up and out – and you vomit.

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Bowel obstructions can occur in both the small and large intestine – meaning that people with ileostomies as well as colostomies can experience an obstruction. Blockages in the large intestine usually occur gradually while blockages in the small intestine can happen fairly fast. In both cases, important mineral balances in the body such as sodium and potassium can become upset and dehydration can occur rapidly. Obstructions can be partial or complete. A partial obstruction means that a small amount of liquid or other intestinal contents are able to make their way around the blockage, so you may have some liquid or mucus-type output from your stoma. A complete obstruction means that nothing can get past the blockage, and therefore nothing comes out of your stoma.

There are many causes of bowel obstruction. Regardless of the cause, a bowel obstruction is a serious condition that should not be ignored, as it can sometimes rapidly turn into an emergency situation. You should notify your doctor or your stoma care nurse if you are unable to relieve the symptoms yourself, if they become severe (pain, vomiting, muscle cramps, dehydration), or if they last for more than 8 hours. There are several things you should do if you suspect you have a bowel obstruction and several things you absolutely should not do.

Once you have sought medical attention, your treatment will probably begin with intravenous therapy to replace the fluid, sodium, and potassium you have lost, and the administration of pain medication. An x-ray or other diagnostic test is conducted to determine the source of the obstruction. Often, depending on the patient and the suspected culprit for the obstruction, a tube may be inserted into the intestine via your nose to (1) decompress the built-up pressure, and/or (2) try to relieve the source of the blockage. Sometimes mechanical (dynamic) bowel obstructions caused by disease or scar tissue require surgery.

Be alert to the early signs and symptoms of bowel obstruction. A partial blockage usually displays itself through cramping abdominal pain, watery output with a foul odour, and possible abdominal distension and swelling of the stoma followed by nausea and vomiting. A complete blockage is evident by a total absence of output, severe cramping pain, abdominal and stomal swelling, and nausea and vomiting.

In any case, do not hesitate to contact a healthcare professional if you suspect you may have a bowel obstruction, and follow their instructions closely.

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Signs and Symptoms of a Possible Blockage :

- Swollen stoma
- Distension of the abdomen
- Minimal or no stoma output
- Cramping and pain
- Nausea and vomiting
- Muscle cramps
- Dry mouth, decrease in urination

What to Do If You Think You Have a Blockage

DO	DON'T
<ul style="list-style-type: none">• Stop eating solid foods• Increase fluid intake (tea, cola)• If the stoma is swollen, remove the pouch and replace it with one with a larger stomal opening	<ul style="list-style-type: none">• Take a laxative or any other medication without consulting a doctor• Drink or eat anything if you are vomiting or not passing stool or both
<ul style="list-style-type: none">• Soak in a warm bath to relax the abdominal muscles• Massage your abdomen or try a knee-chest position• Call your doctor if the pain is severe, or you have symptoms of dehydration, even if the symptoms have not lasted 8 hours• Have someone drive you to the doctor or hospital	<ul style="list-style-type: none">• Insert anything inside the stoma unless you have been instructed to do so by your healthcare professional• Wait too long to call your doctor

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