

Thesis Abstract

Aims of the Study

- To identify the different etiologies of intestinal obstruction presenting in our institute
- To identify the commonest clinical presentation
- To test the effectiveness of various diagnostic modalities
- Various modalities of management of acute intestinal obstruction
- To study the outcome of patients with acute intestinal obstruction
- To identify preoperative predictors of perioperative and postoperative mortality

Materials and Methods

50 cases of Intestinal obstruction presenting to the emergency department of Stanley medical College were taken for the study from November 2016 to August 2017. The cases were followed from their time of admission to discharge/death. The presenting symptoms/signs, investigations, management and outcomes were documented.

Results

The most common cause of acute intestinal obstruction in our study was 'obstructed hernia' with 17 cases (34%), followed by adhesions with 14 cases (28%). Other causes of intestinal obstruction were CA large bowel 9 cases (18%), sigmoid volvulus 4 cases (8%), Ileocaecal TB 3 cases (6%), Mesenteric ischemia 2 cases (4%) and Intussusception 1 case (2%). The most common type of hernia

associated with obstruction was inguinal hernia. CECT was found to be far superior to Xray in diagnosing the cause of intestinal obstruction (98%). The surgical managements performed were reduction with hernia repair, resection and anastomosis, adhesiolysis, colostomy, ileostomy. Outcome predictors – Low serum albumin less than 3.5g% was associated with significant post operative morbidity and mortality so was elevated serum creatinine greater than 1.2mg%

Conclusion

This study aimed to identify the most common etiologies of intestinal obstruction, the clinical features and the mode of presentation, the surgical techniques and procedures employed. The investigative methods and radiological tools and their relative usefulness were evaluated.

Acute intestinal obstruction is a common emergency in the ER. It requires rapid diagnosis and surgical management. A thorough knowledge of all the presentations of intestinal obstruction and its clinical features is needed. CECT has revolutionized the diagnosis of various surgical pathologies including intestinal obstruction. It has made rapid accurate diagnosis possible in even the most unusually presenting cases. Corrections of dehydration and rapid resuscitation with correction of electrolyte disturbances would go a long way in reducing morbidity and mortality. Surgical intervention in a timely manner is the treatment of choice and prognosis is good when it is not delayed.