Ileus- diagnosis and management

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Objectives
1) Recognize the clinical presentation and etiology of ileus
2) Select appropriate diagnostic and imaging studies for ileus
3) Determine appropriate treatment regimens for patients with ileus

Clinical presentation
- 74 year-old female admitted for sepsis due to UTI. Pressors have been weaned off. Now with increasing abdominal distention and complaint of nausea.
- PE: Abd- soft/distended, hypoactive, tinkering bowel sounds, mild TTP

What next?
Clinical presentation (3)

Ileus- definitions
• Terminology is confusing
  • Adynamic ileus, paralytic ileus, non-obstructive ileus
  • Dilation of loops of bowel due to smooth muscle dysfunction
  • Adynamic- no passage of intestinal fluid
  • No signs of mechanical obstruction
  • Dilation may be localized or diffuse
    - localized- ie pancreatitis (sentinel loop)
    - diffuse- most common

Ileus- etiology
• Post-operative
  • Abdominal surgery
  • Nonabdominal (Ortho)
  • General medical condition
  • Inflammation (peritoneal)
  • Metabolic (K, Mg, Ca)
  • Drugs ( opiates)

Ileus
• Post-operative
  • Reduced incidence with laparoscopic and robotic surgery
  • Major determinant of length of stay
    • Early feeding, No NGT
  • Predictive scores
    • Age, prior abdominal surgery, chronic preoperative narcotic use
Ileus - presentation

- Vague symptoms: nausea, discomfort, distention, vomiting (late)

- Broad DDx
  - Includes intra-abdominal catastrophes including intestinal ischemia/necrosis, peritonitis, etc
  - Small bowel obstruction

Ileus - imaging

- KUB
  - Usually the starting point
  - Upright images (if possible)
  - Not always helpful

- CT scan
  - Oral contrast is very important
  - Rules out mechanical obstruction and other ominous etiologies

Ileus - treatment

- Post-operative vs general medical
- Treat underlying condition
- Electrolytes
- Refractory course: nasogastric tube

- Limit opiates (use NSAIDs, epidural)
- Prokinetics (RCTs: no benefit)
  - Reglan
  - Erythromycin
- Laxatives?
- Opioid antagonists
  - Methylnaltrexone (Relistor)
  - Alvimopan (Entereg)
**Ileus - resolution**
- Controversial
  - Literature- varying end points
- Bowel sounds
- Flatus
- Bowel movements
  - Distal bowel evacuation
- Global GI function

**Other types of “ileus”**
- Gallstone ileus

**Other types of “ileus”**
- Meconium ileus (infants)
  - Intestinal obstruction due to solid meconium concretions

**Summary**
- Ileus is common in inpatients.
  - Postoperative ileus is expected
- Important not to miss other intra-abdominal processes that can present in similar manner
- Management is based on etiology-treatment of underlying condition, electrolytes, opiates
Thank you