

12. INTESTINAL OBSTRUCTION

Intestinal obstruction is a common problem seen in the elderly, admitted as acute condition requiring surgical correction in the emergency ward. Most of the time the classical acute symptoms and signs are masked in the elderly. The atypical presentation of intestinal obstruction causes unnecessary delay which increases the morbidity and mortality.

Intestinal obstruction may be classified as two types

Dynamic obstruction

Where peristalsis is occurring against a mechanical obstruction.

Adynamic obstruction

This is of two forms

- ◆ Peristalsis may be absent (eg. Paralytic ileus)
- ◆ Peristalsis may be present in a non-propulsive form (eg. Pseudo-obstruction mesenteric vascular occlusion)

By anatomical consideration, intestinal obstruction is classified as

- Small bowel obstruction
- High
- Low
- Large bowel obstruction

By presentation

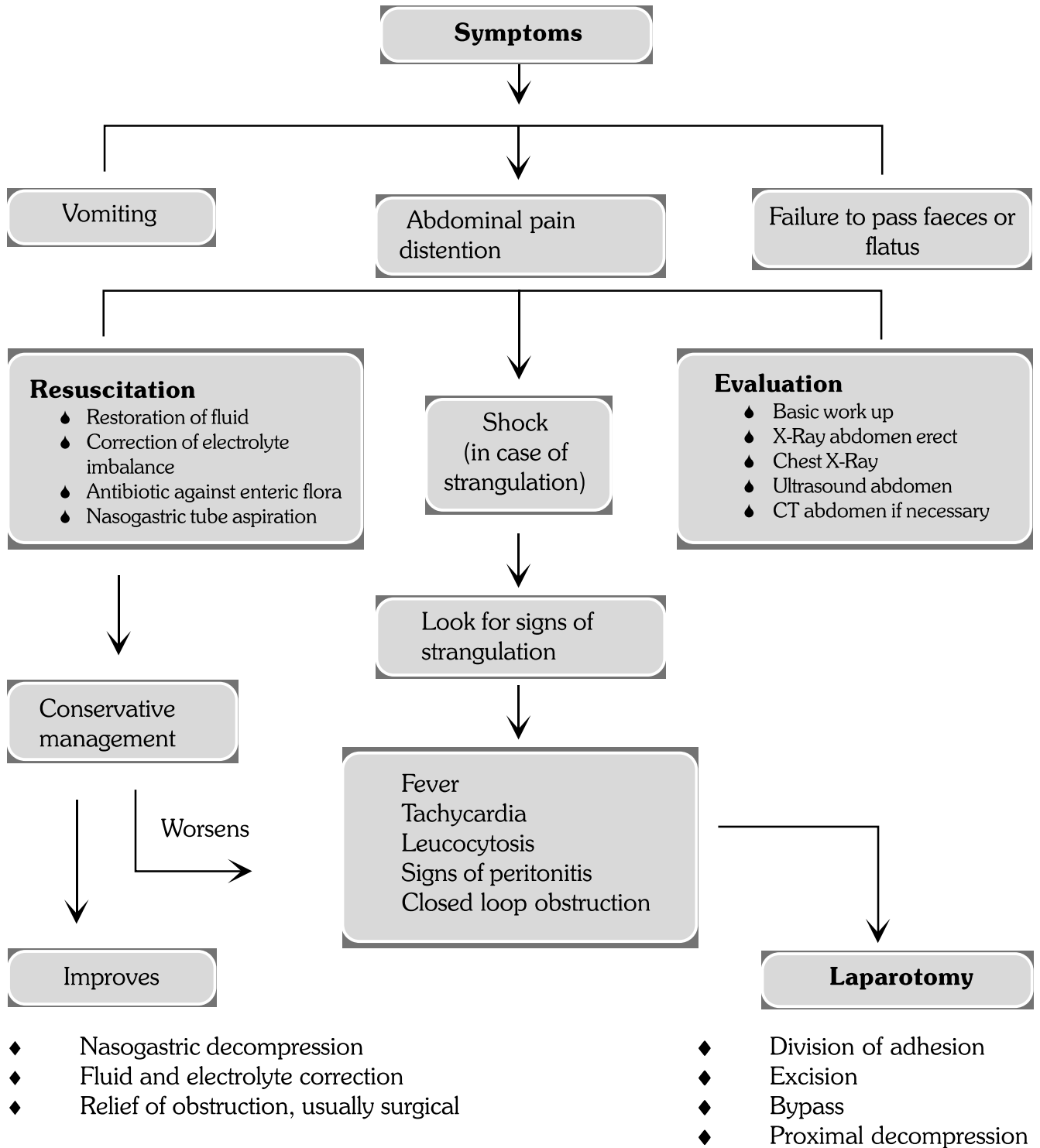
- ◆ Acute
- ◆ Chronic
- ◆ Acute on chronic
- ◆ Sub-acute

The mechanisms of intestinal obstruction in the elderly includes

- Volvulus
- Incarceration
- Obstruction
- Intussusception

The common causes of intestinal obstruction are

- ◆ Adhesions
- ◆ Carcinoma
- ◆ Fecal impaction
- ◆ Inflammatory
- ◆ Pseudo-obstruction
- ◆ Obstructed hernia



Key point

In elders with radiological evidence of obstruction conservative management focusing on the correction of fluid and electrolyte balance can be continued if there is no pain or tenderness.