Standard Operating Procedure

Intestinal Obstruction

1. Purpose

To provide a standardized protocol for the assessment, diagnosis, emergency management, surgical intervention, and postoperative care of patients presenting with intestinal obstruction, with the aim of reducing complications and mortality.

2. Scope

Applicable to all healthcare providers (ER physicians, general surgeons, anesthetists, medical officers, and nursing staff) managing patients with suspected or confirmed intestinal obstruction.

3. Responsibilities

- Emergency Physician/Medical Officer: Initial assessment, stabilization, investigations, surgical referral.
- Surgeon: Confirmation of diagnosis, operative planning, surgical intervention.
- Physicians: Pre-op fitness assessment.
- Anesthetist: Pre-op evaluation and perioperative care.
- MO/Nursing Staff: Monitoring, NG tube care, fluid balance, medication administration, pre/post-op care.

4. Procedure

A. Initial Assessment

- Symptoms: Abdominal pain (colicky), distension, vomiting (bilious/feculent), constipation/absolute obstruction.
- Signs: Distended, tympanic abdomen, visible peristalsis, dehydration, tachycardia, hypotension, peritonitis (if strangulation/perforation).

B. Investigations

- Laboratory: CBC, electrolytes, renal function, LFTs, coagulation profile, blood grouping & cross-match, infection screening.
- Imaging: X-ray abdomen erect/supine (multiple air-fluid levels, dilated loops); Ultrasound (intussusception, volvulus); CT abdomen (site, cause, complications).

C. Resuscitation & Preoperative Management

- Stabilize airway, breathing, circulation.
- IV access, fluids resuscitation with crystalloids.
- NG tube decompression.
- Urinary catheter for monitoring.
- IV antibiotics (broad-spectrum).
- Analgesia and antiemetics.
- Correct electrolyte imbalance.
- Inform surgical & anesthetic team.
- Informed consent for operative vs. non-operative management.

D. Surgical vs. Non-Surgical Management

- Conservative (selected cases): Adhesive obstruction without strangulation. NG decompression, fluids, antibiotics, monitoring.
- Surgical Indications: Complete obstruction, strangulation, perforation, ischemia, peritonitis.
- Causes: Adhesions, hernia, volvulus, intussusception, tumor.
- Procedures: Adhesiolysis, resection & anastomosis, stoma formation, hernia repair, volvulus detorsion/resection.

E. Postoperative Care

- Continue IV fluids and NG decompression until bowel function returns.
- Antibiotics, analgesia.
- Monitor vitals, urine output, abdominal girth, NG aspirates.
- Early mobilization.
- Gradual oral intake once bowel sounds return.
- Watch for complications (infection, sepsis, anastomotic leak).

F. Discharge & Follow-Up

- Educate on diet, lifestyle modifications.
- Long-term management of underlying cause.
- Surgical OPD follow-up within 1–2 weeks.

5. Documentation

- Admission notes (history, examination findings)
- Resuscitation record
- Operative notes (if surgery done)
- Post-op progress notes
- Discharge summary and follow-up instructions