

TREATMENT OF ACUTE INTESTINAL OBSTRUCTION

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There are three main measures used to treat acute intestinal obstruction. Summary box 78.11 Treatment of acute intestinal obstruction /uni25CF /uni25CF /uni25CF /uni25CF John Alfred Ryle , 1889–1950, Regius Professor of Physic, University of Cambridge, and later Professor of Social Medicine, University of Oxford, UK, introduced the Ryle’s tube in 1921. Henri Albert Charles Antoine Hartmann , 1860–1952, Professor of Clinical Surgery , University of Paris, Paris, France. - - The first two steps are always necessary before attempting surgical relief of obstruction and are the mainstay of post-) with operative management. Summary box 78.12 Principles of surgical intervention for obstruction /uni25CF /uni25CF /uni25CF

Gastrointestinal drainage via a nasogastric tube Fluid and electrolyte replacement Relief of obstruction Surgical treatment is necessary for most cases of intestinal obstruction but should be delayed until resuscitation is complete, provided there is no sign of strangulation or evidence of closed-loop obstruction Figure 78.14 Supine abdominal radiograph showing sigmoid volvulus. Management of: The segment at the site of obstruction The distended proximal bowel The underlying cause of obstruction

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