

What is small bowel obstruction?

When part of the small intestine is blocked or kinked it can cause an obstruction. When there is a block, the contents of the bowel cannot move. It is like a garden hose that gets a kink in it. The water does not move through the hose or moves very poorly. A small bowel obstruction is very similar. After abdomen or pelvic surgery, scar tissue may push on the intestine and block it.

What causes it?

Scar tissue, called adhesions, forms in the abdomen after surgery. It may be on the outside or the inside of the intestines. This cannot be prevented. Sometimes the scar tissue will form in a way that blocks the bowel. Small bowel obstruction can happen any time after abdomen or pelvic surgery. It may happen in a few weeks or months, but may happen years after the surgery. Most often, the scar tissue does not cause any problems. Your child's chances of ever having a small bowel obstruction are less than 5%.

What are the signs of small bowel obstruction?

The signs will depend on how tight the bowel is blocked. When the bowel is blocked half way, it is called a partial bowel obstruction. The signs may not be very obvious. The signs are much more noticeable when the bowel is completely blocked. This is called a complete bowel obstruction.

Signs to watch for. Some children will have a few of the signs while others may have many:

- Nausea or vomiting of greenish fluid that continues for a period of time.
- Stomach (abdomen) pain or cramps that come and go.
- Flu-like symptoms that do not get better.
- A swollen abdomen that hurts when touched.
- Dehydration. Eyes look sunken and may have dark circles underneath. Skin may feel dry or may stay up when pinched.
- Eating less.
- Feeling tired.
- Change in stools.

If you see any of these signs and think your child may have a small bowel obstruction. Call the doctor, nurse or clinic right away.



What tests are needed?

- X-rays of your child's abdomen will be done. These x-rays, along with physical signs, help the doctor decide if your child has a small bowel obstruction. On the x-ray, the doctor will look for blockage. Above the blockage, the intestine will look bigger and the bowel will be filled with air and fluid. Below the blockage, the intestine may have little or nothing in it and may look smaller. Depending on whether the bowel is completely or only partly blocked, more x-rays may be taken.
- Lab work will be done to check your child for dehydration. Some lab tests may need to be done more than once.

How is it treated?

- An NG (nasogastric tube) tube will be put in your child's nose and down to the stomach. This will help keep the stomach empty. Sometimes this is enough to let other symptoms get better when the small bowel is only partly blocked.
- If your child is dehydrated:
 - I.V. fluids are given.
 - A catheter may be put in the bladder so that urine output can be watched closely.
- If it is a complete block or the partial block does not get better, surgery is needed. During surgery, the scar tissue will be removed so that the bowel will be unkinked.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child has:

- Any signs of a small bowel obstruction.
- Special health care needs that were not covered by this information.
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For more health and wellness information check out this resource:

<https://kidshealth.org/ChildrensWi/en/parents>

This sheet was created to help you care for your child or family member. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment and follow-up.

