

Adhesions and Blockages

what are they...and how they may affect you

Jeanette Berry CNS
Stoma Care
Epsom General Hospital Surrey

What are adhesions? Abdominal adhesions are bands of tissue that form attachments between abdominal tissues and organs rather like an internal scar.

Normally internal tissues and organs have slippery surfaces, which allow them to shift easily as the body moves. Adhesions cause tissues and organs to stick together. This results in an abnormal bond between two parts of the body.

Adhesions may cause chronic abdominal pain and pelvic pain. They are also a major cause of intestinal obstruction (blockage) and female infertility.

What causes abdominal adhesions?

Abdominal adhesions are most commonly caused after abdominal surgery by unavoidable handling of organs. It has been shown that adhesions that form after surgery are a result of the body's normal healing process and that they develop during the first three to five days. Almost everybody who undergoes abdominal surgery develops adhesions, however the risk is greater after lower abdominal and pelvic operations, including bowel and gynaecological surgery. They may become larger and tighter as time passes, causing problems years after surgery.

Adhesions that form after surgery are a result of the body's normal healing process. A less common cause is inflammation from sources not related to surgery i.e. abdominal, gynaecological infections and radiation treatment for cancer. It is not unusual for several organs to be adhered to each other causing traction or pulling of nerves. Nerve endings may also become entrapped within a developing adhesion causing severe pain.

How do they cause an obstruction?

Small bowel obstruction is a significant consequence of post surgical adhesions. The adhesions can kink, twist or pull the intestine out of place and prevent the flow of content through the digestive tract. A small bowel obstruction can occur 20 years or more after the initial surgery. A complete obstruction is life threatening and requires medical attention and often surgery.

What are the signs and symptoms of abdominal adhesions?

Although most abdominal adhesions go unnoticed the most common symptom is chronic abdominal or pelvic pain. It may mimic other conditions such as diverticulitis and appendicitis.

Signs and symptoms may include:-

- Severe abdominal pain or cramping
- Abdominal distention
- Vomiting
- Loud bowel sounds
- Inability to pass flatus
- Constipation

A person with these symptoms should seek medical advice immediately.

How are abdominal adhesion and obstruction diagnosed?

No tests are available to diagnose adhesions, and they cannot be seen through imaging techniques such as x-ray or an ultra sound scan. Most adhesions are found during exploratory surgery. An intestinal obstruction, however, can be seen through abdominal x-ray, barium and contrast studies and computerised tomography.

How are they treated?

Treatment for abdominal adhesions is not usually necessary, as most do not cause problems. Surgery is currently the only way to break adhesions that cause pain, intestinal obstruction, or fertility problems. More surgery, however, carries the risk of additional adhesions and is avoided when possible. A complete intestinal obstruction usually requires immediate surgery. A partial obstruction can sometimes be relieved with a liquid or low residue diet. A low residue diet is high in dairy products, low in fibre and more easily broken down into smaller particles by the digestive system.

Can abdominal adhesions be prevented?

Abdominal adhesions are difficult to prevent, however surgical techniques can minimise adhesions. Laparoscopic surgery avoids opening the abdominal wall with a long incision. Instead the abdomen is inflated with gas whilst special surgical instruments and a video camera are threaded through a few small abdominal incisions. Inflating the abdomen gives the

surgeon room to operate. A film like material has been clinically trialed and has been shown to reduce adhesion formation when, if a large incision is required, it is inserted between organs or between organs and abdominal incisions. It looks similar to wax paper and is absorbed by the body in about a week. Other steps taken during surgery to reduce adhesions are using starch and latex free gloves, handling tissue and organs gently, shortening surgery time and not allowing tissues to dry out.

How to avoid blockages

The output and consistency from your stoma may depend on the position of your stoma on your large bowel. After surgery good nutrition is necessary for healing as the body needs more calories and protein. You need to eat a variety of foods to ensure that you get the right balance. Initially some people experience excessive wind; this is normal and can take time to settle down. During this time certain foods should be introduced more gradually to your diet, as eating sensibly with a stoma is important to encourage regular bowel function. Remember eat in a relaxed atmosphere and at regular times. Don't eat and drink at the same time as this may cause wind. Enjoy small meals and eat little and often at

regular times. Balance your diet and eat fruit and vegetables, avoiding only foods known to cause excessive unwanted reactions.

Your stoma care nurse can give you the appropriate advice to meet your dietary needs. The Colostomy Association have a leaflet available entitled "Healthy Eating".

To avoid blockages follow the guidance above. Eat regularly, have plenty of fruit and vegetables, take regular exercise and drink plenty of fluids especially in hot weather, approximately two and a half litres of water a day if you are able to. Avoid carbonated and caffeine based drinks. To lessen wind try fruit and peppermint tea, non-alcohol based drinks but if you had problems with wind before surgery this will not change after. However it is important to be aware that you can still become constipated or experience diarrhoea. It is important to remember that eating should be a pleasure!

If you are concerned about blockages, diet or any of the issues mentioned in this article please discuss them with your stoma nurse.

References:

The UK Adhesion Society
<http://www.adhesions.org.uk>
National Institute of Diabetic and Digestive Diseases and Kidney Diseases
www.digestive.niddk.nih.gov

Editors Comment

If you would like share your experiences with Jan contact the editor

e-mail:
editor@colostomyassociation.org.uk

or write to:
Colostomy Association
2 London Court East Street
Reading RG1 4QL

or email:
cass@colostomyassociation.org.uk
or telephone:
0118 939 1537

Where will you go ...

...on **YourDayAway.co.uk** with Hollister 

If you're a stoma patient visit yourdayaway.co.uk and check out the exciting range of **FREE** special events throughout the country.

As well as an opportunity to visit some major attractions for **FREE** you will have a chance to view our extensive range of new ostomy products and home delivery options.

If you can't get online why not call customer services on **0800 521377**

