Postoperative Ileus

Jamie Pearson
jamie.pearson@otterbein.edu

Follow this and additional works at: http://digitalcommons.otterbein.edu/stu_msn

Part of the Nursing Commons

Recommended Citation

This Project is brought to you for free and open access by the Student Research & Creative Work at Digital Commons @ Otterbein. It has been accepted for inclusion in Master of Science in Nursing (MSN) Student Scholarship by an authorized administrator of Digital Commons @ Otterbein. For more information, please contact library@otterbein.edu.
Postoperative Ileus

Jamie Pearson, RN
Otterbein University, Westerville, Ohio

Introduction

The topic of postoperative ileus has been the focus of research on postoperative ileus to help others learn more about the pathophysiology of the condition, causes, symptoms, treatments, and prevention. By learning more on postoperative ileus, healthcare providers will be better prepared to care for their patients and help prevent ileus after surgery and to better care for the patient if they were to develop an ileus. This poster can also serve as an education tool for patients teaching the patient preoperative measures to help prevent them postoperatively.

In the future as an advanced practice nurse, this knowledge will continue to care for surgical patients with ileus. Postoperative ileus will be an important aspect of prevention for postoperative complications, including ileus. Patients will benefit from understanding preventative strategies to help prevent themselves from complications and to prepare for the postoperative recovery period. Improved patient understanding of the surgery and recovery may help to prevent complications and help to improve the postoperative recovery process.

Signs and Symptoms

Postoperative ileus is an impairment of bowel function that occurs after surgery. Ileus is a functional obstruction of the bowel, rather than a mechanical obstruction caused by a surgical incision (Blausen.com Staff, 2014a). The exact etiology and pathology of a postoperative ileus is not known (Wronski, 2014).

Underlying Pathophysiology and Its Significance

Postoperative ileus can affect the small or large intestine (Fineberg et al., 2014).

The exact etiology and pathology of a postoperative ileus is not known (Wronski, 2014).

Postoperative ileus may experience the following:

Discomfort related to the ileus

- Increased in postoperative pain
- Accumulation of fluid in the gastrointestinal tract
- Abdominal distention of bowel
- Lack of passing flatus
- Lack of passing stool
- Nausea
- Vomiting
- Delays absorption of nutrients and medication (Lafon & Lawson, 2012)
- Electrolyte disturbances
- Dehydration
- Nutrition (Linari et al., 2011).

Activity level.

- Activity level-Patients can have a risk of developing an ileus (Hiranyakas, Bashankaev, Seo, Khaikin, & Park, 2011).

Types of surgery.

- Type of surgery-Abdominal surgery causes inflammation which increases the chance of ileus (Thompson & Magnuson, 2012).

There are many neural pathways in the gastrointestinal tract that are responsible for peristalsis.

The three major neurons controlling the activity of the gastrointestinal tract include sensory neurons, interneurons, and inhibitory or excitatory motor neurons (Thompson & Magnuson, 2012).

Abdominal x-rays may show dilated air-filled loops, however this finding is not exclusive to an ileus (Ward, 2012).

Postoperative ileus can lead to:

- Risk of morbidity
- Increased length of hospital stay
- Postoperative ileus can lead to a bowel obstruction within 30 days of discharge from a hospital (Briggs, El-Sharkawy, Psaltis, Mannell-Armstrong, & Lobo, 2015)
- Healthcare costs-estimated at $1 billion annually in the United States (Lafon & Lawson, 2012)

Medication, surgical techniques, and postoperative nursing care are all important elements of a patient’s care to aid in a return of normal gastrointestinal function following surgery or a postoperative ileus. There is currently no method approved by the U.S. Food and Drug Administration to prevent a postoperative ileus (Lafon & Lawson, 2012). Furthermore, there is not one solo medication to resolve an ileus once it occurs because of the multifactorial nature of the condition (Hiranyakas et al., 2011).

Prevention methods of postoperative ileus include:

- Pain control
- Adequate fluid intake
- Early ambulation
- Early mobilization
- Activity level-Patients can have a risk of developing an ileus (Hiranyakas, Bashankaev, Seo, Khaikin, & Park, 2011).

Interventions

- Interventions for postoperative ileus include:
  - Nasogastric suctioning
  - Early mobilization of the patient
  - Prokinetic agents
  - Use of the ileus.

Aspiration of bowel sounds is considered to be an accurate predictor of the presence of a postoperative ileus. It is possible to aspirate bowel sounds while still experiencing a lack of bowel movement with other accompanying symptoms of an ileus. Passing flatus and resolution of other symptoms such as abdominal distention, are better indicators of a resolving ileus (Massey, 2012).

Registered nurses need to ensure that the plan of care is followed for the postoperative patient to help prevent an ileus and to follow the revised plan of care if an ileus occurs. Advanced practice nurses should work in collaboration with the surgeon and registered nurses to ensure that the appropriate interventions are being implemented to give the patient the best outcome.

Conclusion

Postoperative ileus cannot be completely eliminated. However, there are many interventions that can help to reduce a patient’s risk of postoperative ileus. Postoperative ileus involves complex pathophysiology and requires a collaborative efforts of the team to help prevent and treat the condition. The protocols used for nurse care is followed after surgery to restore healthy bowel function in the postoperative patient. The protocol may vary depending on the type of surgery and the patient’s specific needs.

An extended hospital stay, postoperative complications, and the symptoms experienced with an ileus can lead to poor patient outcomes and a poor patient experience overall. Nurses play a key role in preventing an ileus, identification of ileus, and providing care during the recovery period for a postoperative ileus (Lafon & Lawson, 2012). Furthermore, patient nurses need to be knowledgeable in the signs and symptoms, pathophysiology, and nursing implications of a postoperative ileus to provide the best care for the postoperative patient.

References


