Postoperative Ileus
Jamie Pearson, RN
Otterbein University, Westerville, Ohio

Introduction
The topic of postoperative ileus is one close to my heart because I have cared for patients with this condition. Postoperative ileus is a common occurrence following surgery. This author is a registered nurse on an orthopedic unit in a local hospital, and unfortunately, postoperative complications are a frequent occurrence. My experiences with postoperative ileus include management of nausea, vomiting, pain, and the intervention of a nasogastric tube set to suction to decompress the stomach.

This author’s sign with this poster will answer questions about my 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 postoperative patients and help prevent ileus after surgery and to better care for the frail patient if they were to develop ileus. This poster can also serve as an education tool for patients by teaching the patient postoperative measures to help prevent themselves postoperatively.

Pathophysiological Processes

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 (Thompson & Magnuson, 2012).

Underlying Pathophysiology and Its Significance
The exact etiology and pathology of a postoperative ileus is not well known (Wronski, 2014). Development of a postoperative ileus is influenced by:
- Autonomic nervous system
- Enteric nervous system
- Neuropeptides
- Bowel distention
- Inflammation
- Risk of readmission within 30 days of discharge (Bragg, E.J., Skarhazi, Paulis, Manwell-Armstrong, & Lobu, 2015)
- Healthcare costs estimated at $1 billion annually in the United States (Lafon & Lawson, 2012)

Immunological processes of ileus include:
- Delayed absorption of nutrients and electrolytes
- Decreased mobility
- Increased postoperative pain
- Risk of readmission within 30 days of discharge
- Diet intolerance (Massey, 2012)

Early ambulation (Linari et al., 2011)

Diet intolerance (Massey, 2012)

Inflammation

Risk of readmission within 30 days of discharge

Diet intolerance (Massey, 2012)

Early ambulation (Linari et al., 2011)

Decreased mobility

Increased postoperative pain

Risk of readmission within 30 days of discharge

Diet intolerance (Massey, 2012)

References


Prevention methods of postoperative ileus include:
- Early ambulation
- Adequate fluid intake
- Early mobilization
- Early nutrition
- Early mobilization
- Adequate fluid intake
- Early nutrition
- Early mobilization
- Early nutrition

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 (Thompson & Magnuson, 2012). Postoperative ileus involves complex pathophysiology and requires a collaborative plan of care to help prevent and treat the condition. Many surgeons have an evidence based bowel protocol to reduce ileus which has provided evidence that patients that chewed gum following surgery were able to pass flatus and have a bowel movement sooner than the non-chewing groups. The gum-chewing patients had less incidence of postoperative ileus and a shorter length of stay in the hospital. Less incidence of postoperative ileus led to better patient satisfaction among the gum-chewing patients. This intervention is also referred to as sham feeding. Gum chewing mimics mouth of food which activates the oropharyngeal tongue nerve. Gastric acid, pepsin, and pancreatic polyproteinate are then produced and secreted which increases gastric motility (Wronski, 2014). Some brands of gum are marketed with cyclohexil which can have a mild laxative effect on the patient (Forrester, 2012; Doyie-Munne, LG, D’Andrea, & Bryant, 2012).

Interventions for prevention of postoperative ileus include:
- Nasogastric suctioning
- Early mobilization of the patient
- Proventic agents
- Use of the least invasive surgical method
- Early nutrition
- Early nutrition
- Use of the least invasive surgical method
- Early nutrition
- Early nutrition
- Use of the least invasive surgical method
- Early nutrition
- Early nutrition

Conclusion
Jamie Pearson, RN
Otterbein University, Westerville, Ohio

Nurses are vital in providing a positive patient experience to help guide the patient to the best possible outcome. Patients should be provided at least two phases of surgery, from preoperative to perioperative to postoperative (Hiranayakas et al., 2011). Due to all of the factors that can affect an ileus, nursing care must be holistically focused (Lafon & Lawson, 2012).

Implementation for Nursing Care

Nurses are vital in providing a positive patient experience to help guide the patient to the best possible outcome. Patients should be provided at least two phases of surgery, from preoperative to perioperative to postoperative (Hiranayakas et al., 2011). Due to all of the factors that can affect an ileus, nursing care must be holistically focused (Lafon & Lawson, 2012).