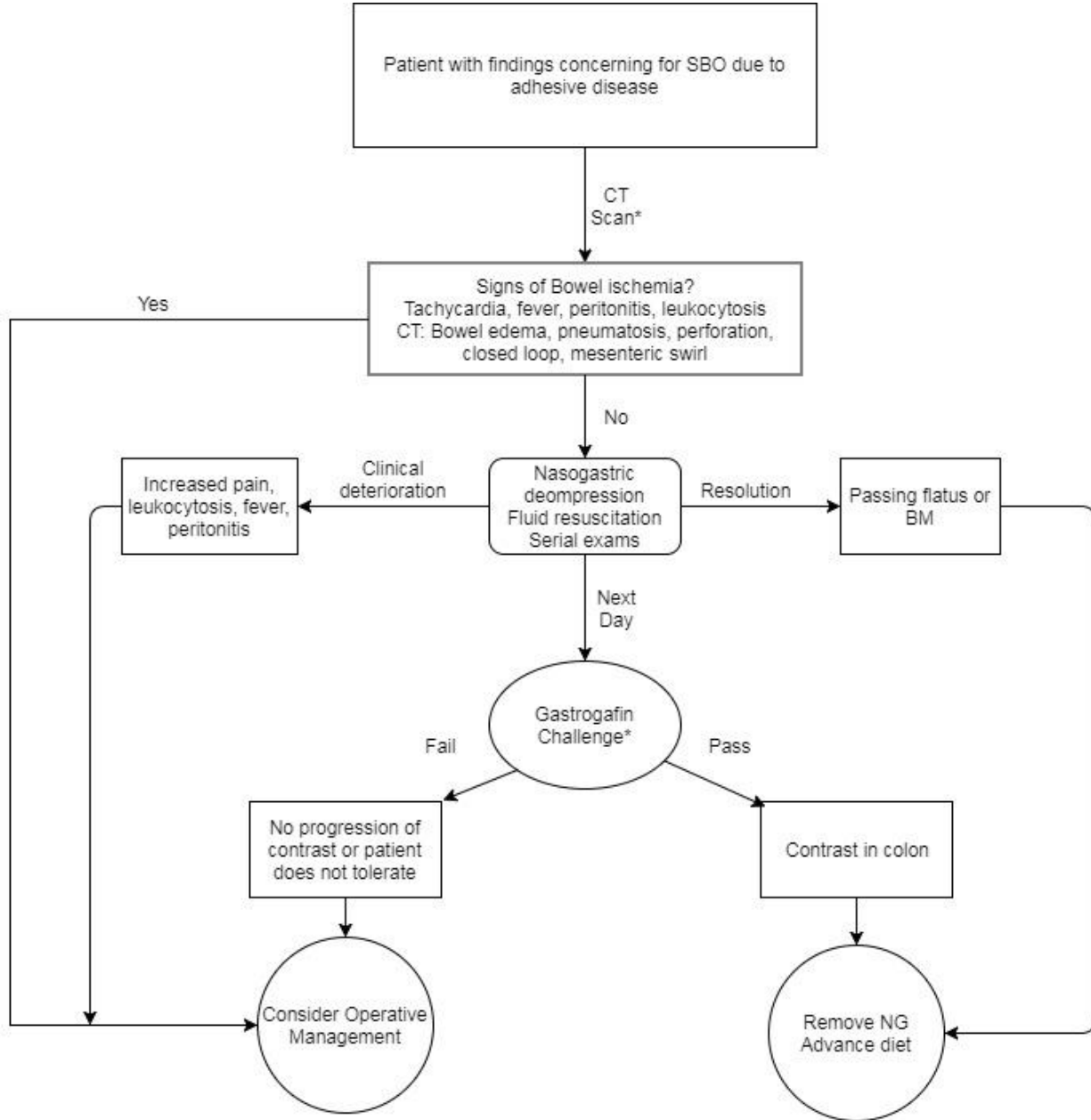


## Small bowel Obstruction Protocol

This protocol aims to increase the efficiency of workup and treatment of adhesive SBO using a gastrografin challenge. Gastrografin may have some therapeutic effect by creating an osmotic gradient across the obstruction. Passage of gastrografin to the colon is highly predictive for resolution of obstruction. Failure to pass gastrografin to the colon should be used to support operative management of SBO.



### CT Scan\*

CT scan is highly recommended for the increased diagnostic information. Rarely, patients with recurrent SBOs with no concerns bowel compromise may be diagnosed and admitted with plain films alone.

### Gastrografin Challenge\*

NG is clamped and gastrografin is instilled into the stomach. The order automatically has patient receive abdominal X-ray at 2 and 8 hours. Providers may wish to obtain a separate abdominal X-ray at 12-24hrs.

### **References**

- Loftus et al. 2015. A protocol for the management of adhesive small bowel obstruction. J Trauma Acute Care Surg 78: 13-21
- Branco et al. 2010. Systematic review and meta-analysis of the diagnostic and therapeutic role of water-soluble contrast agent in adhesive small bowel obstruction. BJS 97(4): 470-478.
- Abbas et al. 2007 Oral water soluble contrast for the management of adhesive small bowel obstruction. Cochrane Reviews