UKINETS Bitesize Guidance for the Nutritional Management of Bowel Obstruction

Patients should be screened for malnutrition using a validated nutrition risk screening tool e.g. MUST, SGA, NRS-2002. Patients at risk should be referred to a specialist dietitian. Clinical nurse specialist input is recommended alongside this.

Causes

- Desmoplasia
- Intestinal primary
- Small or large bowel resection
- Adhesions
- Peritoneal Disease

Symptoms

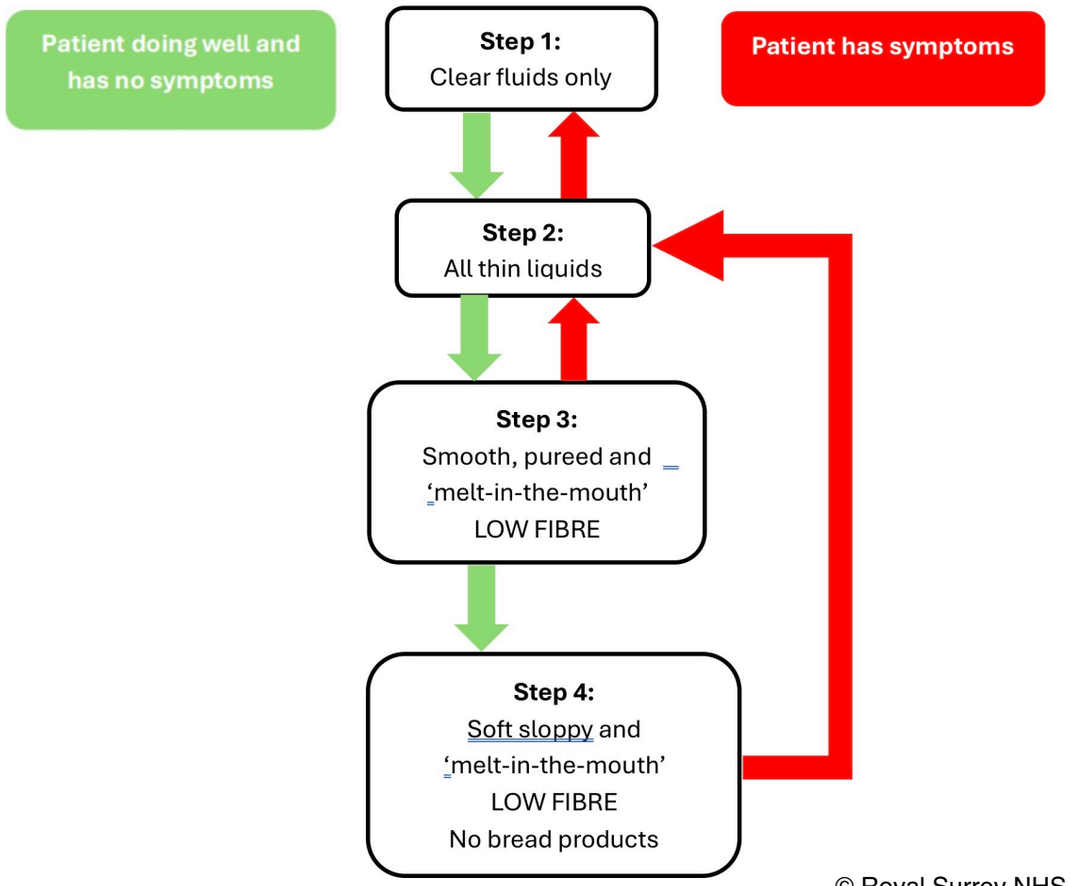
- Nausea and/or vomiting
- Early satiety
- Feeling of tightness across the abdomen
- Bloating
- Abdominal distention
- Abdominal pain
- Constipation or reduction in stoma output
- Watery stool / stoma output

Diet

It is not always possible to prevent a bowel obstruction, but the risk may be reduced and symptoms improved by dietary modification. It is recommended that a specialist dietitian provides advice on starting the diet after a detailed assessment, as well as guidance on each of the steps.

Each patient is an individual and they should be reviewed regularly to ensure their diet is as liberal as symptoms allow and provides a nutritionally balanced diet.

The flow chart below shows how to move from one step to another if oral intake is suitable:



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Notes

Patients stable on Step 4 and not experiencing symptoms can start to introduce more soluble fibre and toasted bread products to their diet. This needs to be done gradually and to tolerance. If symptoms recur, they should return to Step 4. Dietetic review recommended for patients with stable symptoms who are finding dietary restrictions challenging.

It is likely that patients will require Oral Nutritional Supplements to optimise their dietary intake and prevent nutritional deficiencies.

Additional multivitamin & mineral preparations may need to be considered if the diet is more limited

Parenteral Nutrition must be considered if patients are unable to meet their requirements via the oral/enteral route.

References

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