GI 8  Large bowel obstruction

Large bowel obstruction

Clinical history and physical examination  
Supine AXR ± erect AXR

Diagnosis established  
e.g. colonic volvulus

Indeterminate

Suspected mechanical causes

Colonoscopy + biopsy  
+/- Contrast enema

Suspected adynamic ileus

Contrast enema

Mechanical

Functional obstruction

+/- CT
REMARKS

1 Plain radiograph
   1.1 When acute large bowel obstruction is suspected, abdominal X-ray (AXR) may be used as an initial examination to help establish the diagnosis and to indicate the likely level.¹
   1.2 Erect AXR is not indicated routinely. It may be taken when supine AXR is normal but there is strong clinical suspicion of bowel obstruction.

2 CT
   2.1 CT is the investigation of choice after AXR. It will confirm the diagnosis, delineate the level of acute large bowel obstruction and can also identify the cause.²
   2.2 CT is also used for evaluation of extrinsic lesions and for staging of confirmed carcinoma.

3 Contrast enema
   3.1 Helps to exclude pseudo-obstruction.
   3.2 May consider it for problem solving if CT is not available or equivocal.¹

REFERENCES