

## A Clinical Study on Surgical Management of Acute Intestinal Obstruction

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### Abstract

**Background:** Management of acute intestinal obstruction is important because early recognition and intervention can prevent irreversible ischemia and decrease mortality and long-term mobility. Successful treatment depends on adequate recognition and skillful management. **Methods:** A total of n=50 cases of patients belonging to both sex groups were included in the study. All patients were evaluated thoroughly from their history and clinical examination. The routine examination includes hemoglobin percentage, blood grouping and typing, WBC count and differential count, ESR and blood urea, serum creatinine, serum electrolytes. **Results:** Patients were evaluated for the various presenting features the pattern of clinical signs among these patients was variable with only 44% of patients presenting with rebound tenderness and 36% of patients had exaggerated bowel sounds. Postoperative Adhesions are the most common cause of intestinal obstruction accounting for 36% of the cases, with the obstructed hernia being the next common cause accounting for 30% of patients. Out of n=14 cases of obstructed hernia, n=8 cases were due to inguinal hernia, n=1 in the femoral region, n=1 umbilical hernia, and the rest due to the incisional hernia. N=7 patients had presented with sigmoid volvulus. **Conclusion:** acute intestinal obstruction is adhesions followed by hernia. Clinical radiological and operative findings put together can bring about the best and accurate diagnosis of intestinal obstruction. Mechanical obstruction is not associated with any specific biochemical marker, which can help the surgeon differentiate simple obstructions from ischemia or a closed-loop obstruction with impending bowel infarction.