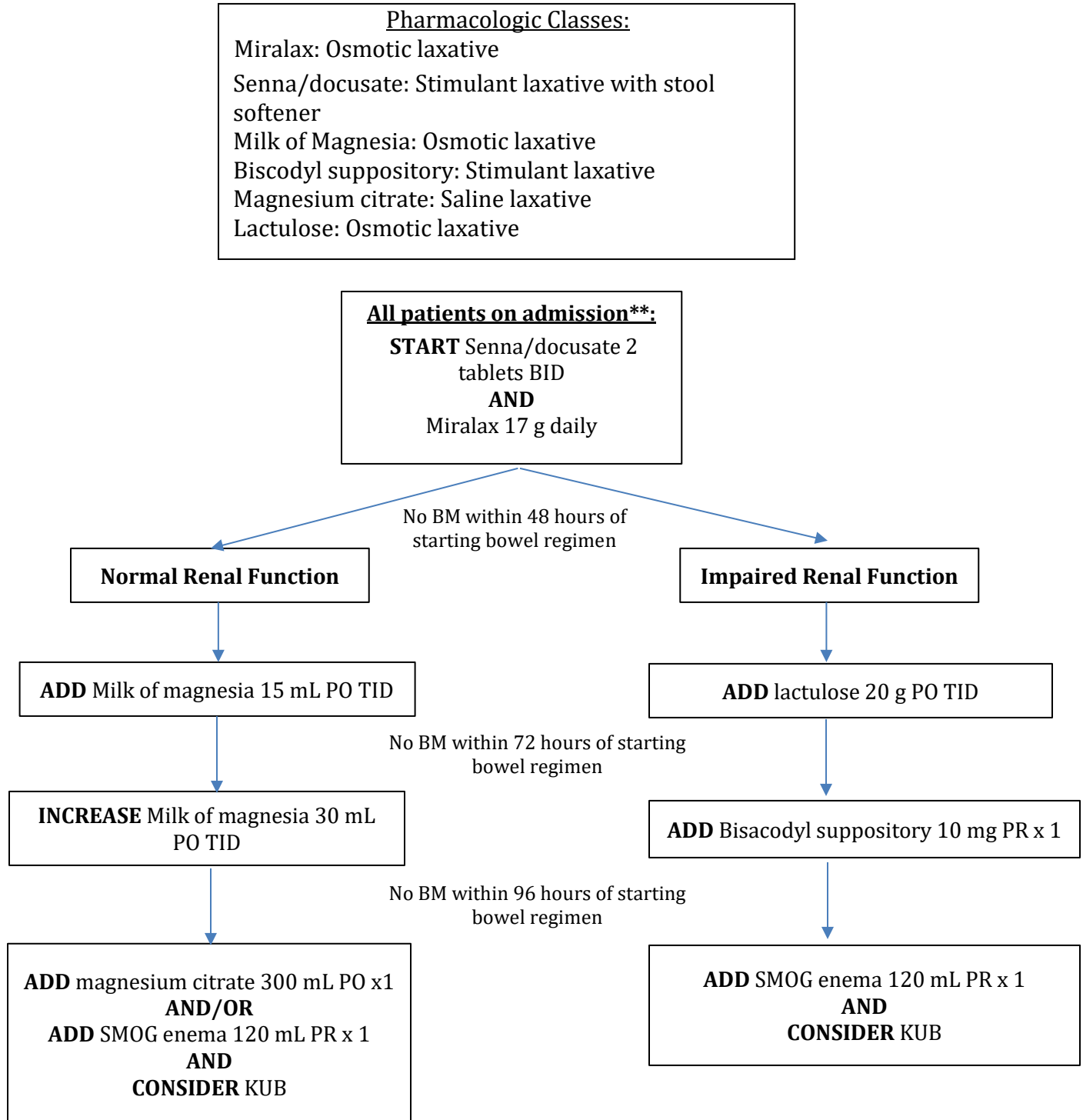


## Bowel Regimen Recommendations for Functioning Gastrointestinal Tract:



### MONITOR PHYSICAL EXAM:

Obtain KUB to assess for ileus or obstruction if patient has the following symptoms in addition to constipation:

- Increased abdominal distention/discomfort/firmness
- Decreased or minimal flatus
- Increased belching or hiccups
- Nausea or vomiting

### Bowel Regimen Recommendations for a Non-Functioning Gastrointestinal Tract

If an ileus is present based on clinical presentation or imaging:

- Place NG tube to low wall suction and monitor NG tube output
- Make patient NPO
- Initiate maintenance IV fluids while NPO
- Monitor electrolytes prn while NPO
- Continue per rectal bowel regimen
- Encourage ambulation if appropriate
- KUB prn to monitor bowel gas pattern
- Discontinue or limit offending medications (e.g. opioids, anticholinergics, dopamine agonists, anti-serotonergics)
- Consider neostigmine if Ogilvie's Syndrome on imaging (can only be administered on 10N) **USE CAUTION IN PATIENTS WITH AN ANASTOMOSIS**
- Although no current RCTs, one may consider the use of methylnaltrexone 12mg SQ x 1 dose for postoperative ileus if no obstruction confirmed on imaging (may give one additional dose 24h after 1<sup>st</sup> dose if no resolution)- **DISCUSS WITH ATTENDING PHYSICIAN BEFORE ORDERING**
  - o Single center, retrospective cohort study was conducted at Vanderbilt looking at the efficacy and safety of methylnaltrexone for the treatment of post-operative ileus (dosing extrapolated from trial using for treatment of opioid-induced constipation)
    - Did not show difference in efficacy compared to those who did not receive therapy
    - Did not show difference in safety - **USE CAUTION IN PATIENTS WITH AN ANASTOMOSIS**

### References:

Gathers K, Fawad K, Petros K. Evaluation of methylnaltrexone bromide for the treatment of postoperative ileus. *Crit Care Med*. 2013;41(12):929.

Chamie, K., Golla, V., Lenis, A.T. *et al*. Peripherally Acting  $\mu$ -Opioid Receptor Antagonists in the Management of Postoperative Ileus: a Clinical Review. *J Gastrointest Surg* (2020).  
<https://doi.org/10.1007/s11605-020-04671-x>.

Valle, RG, Godoy, FL. Neostigmine for acute colonic pseudo-obstruction: a meta-analysis. *Ann Med Surg (Lond)*. 2014;3(3):60-64.

Dudi-Venkata NN, Kroon HM, Bedrikovetski S, et al. Impact of STIMULant and osmotic LAXatives (STIMULAX trial) on gastrointestinal recovery after colorectal surgery: randomized clinical trial. *Br J Surg*. 2021 Jul 23;108(7):797-803.