

SURGERY OF THE INTESTINE (1)

By

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ونعر من ثوبين من يلبسهما
يلق الردى بمذلة وهوان
ثوب من الجهل المركب فوقه
ثوب النعيب. بثست الثوبان

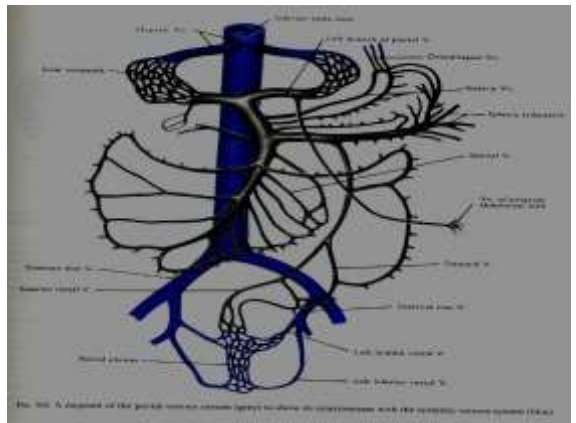
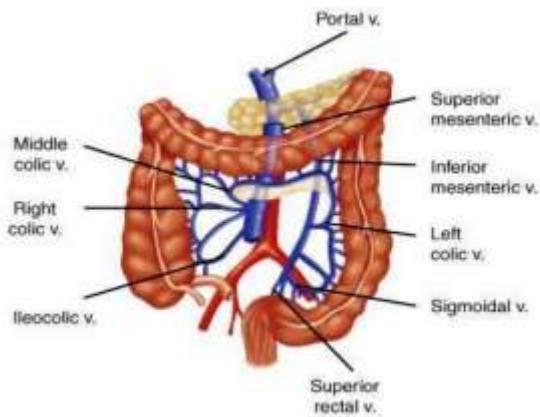
*- Anatomy of the intestine.

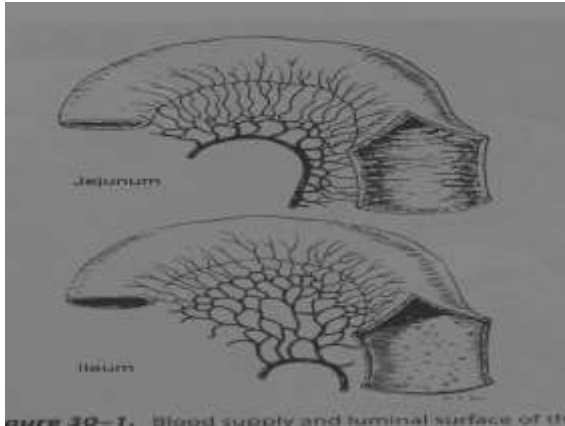
*- Blood supply.

*-Lymphatic drainage

*- Physiology of the intestinal movement and secretion.

*- Gross appearance of normal intestine.





Causes of intestinal obstruction

A- Dynamic obstruction

- *-Intra-luminal: e.g stone, fecolith, bezoar
- *-Intra-mural : e.g stricture
- *-Extra-luminal: e.g hernia, band, adhesion

B- Adynamic obstruction

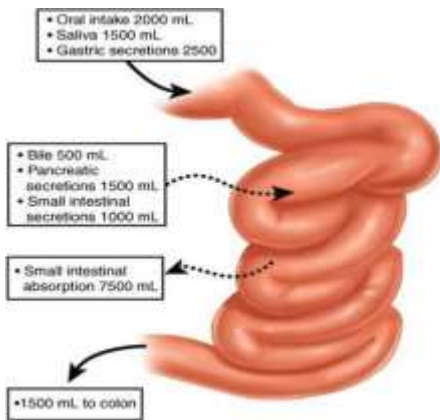
- *-Absent peristalsis: e.g paralytic ileus
- *- Non propulsive peris. : e.g vasular , pseudo obst

Classification of obstruction

- *-High obst.
- *- Low obst.
- *-Small bowel obst.
- *- Large bowel obst.
- *- Acute obst.
- *- Sub acute obst.
- *- Chronic obst.
- *-Pseudo-obst.
- *- True obst.
- *- Simple obst.
- *- Complicated obst

Table 58.2 Approximate volumes of digestive juices produced by the gut in 24 hours

Saliva	1000-1500 ml
Gastric juice	1500-2500 ml
Bile	1000 ml
Pancreatic juice	1500 ml
Succus entericus	3000 ml



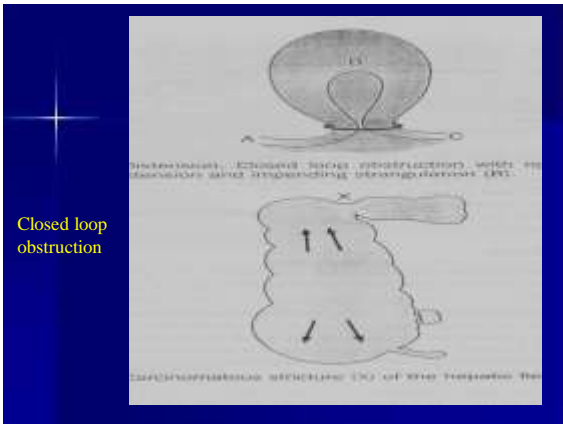
Patho-physiology of obstruction

*- Proximal to the obstruction

Dilatation by Gas & Fluid
 Vomiting Dehydration
 Gas / Fluid levels

*- At the site of obstruction

Strangulation Infection Rupture
 Intestinal organisms translocation, septicaemia



Clinical picture:

- *-Pain
- *-Vomiting
- *-Distention
- *-Constipation
- ?? Obst. + Diarrhoea
- Stone
- Vascular
- with pelvic abscess
- Spurious

Other manifestations:

- *-Dehydration
- *-Hypokalaemia
- *-Pyrexia ? Hypothermia
- *-Abdominal tenderness
- *-Clinical feature of strangulation

Diagnosis:

- *-Clinical examination
- *-Radiologic diagnosis
 - X-Ray supine position
 - X-Ray erect position
 - X-Ray inverted position
 - Barium study
- *-Abdominal Sonography
- *-CT scan *-MRI scan
- *-Laboratory diagnosis





