

Ileus

A plain-English guide for you and your family

WHAT IS HAPPENING

Your gut is a long muscular tube that squeezes in waves to push food, fluid, and waste downstream — like a hand squeezing toothpaste from the back of the tube. That squeezing wave is called the gut's squeezing waves (peristalsis). Sometimes after surgery, during serious illness, or when the body's chemistry goes off (low potassium or low magnesium), that motor shuts down. The bowel walls stop squeezing. Food, gas, and liquid pile up inside instead of moving forward. Your belly swells, you feel sick and throw up, and no stool or gas comes out. Bowel sounds (the gurgles the doctor listens for with the stethoscope) go quiet, because there is no squeezing to make noise. This is a stalled gut (ileus) — a traffic jam with no actual roadblock. The body shut down the bowel on purpose to protect itself from stress, pain, or chemical imbalance. Fix the upstream cause (balance the salts, lower the pain medicine, treat the infection, get you moving) and the squeezing waves come back, pushing everything through again.

What you might feel

- The belly is bloated and feels tight
- No bowel movements or gas comes out
- Belly pain that is crampy or achy
- Nausea and vomiting
- No appetite or feeling full very quickly
- Belly sounds are very quiet or silent when the doctor listens
- Fever
- Severe, sharp belly pain that keeps getting worse

Call the doctor right away if...

- Fever above 100.4°F (38°C) — may mean infection or a leak in the gut
- Severe, sharp belly pain that keeps getting worse — may mean the gut is tearing or dying

- Vomiting material that looks like poop or is dark green — means a very high blockage or the gut is working backward
- Signs of shock: fast heartbeat, very low blood pressure, confusion, or cold, clammy skin — means the body is failing and needs emergency care

What the care team will do

- Keep patient NPO (nothing by mouth) and place or maintain nasogastric tube if patient is vomiting
- Check potassium and magnesium lab values and give IV replacements as ordered
- Monitor abdomen every 4 hours: measure girth at belly button, listen for bowel sounds, check for firmness and tenderness
- Work with provider to reduce opioid pain medicine; give non-opioid options like scheduled acetaminophen, NSAIDs if allowed, ice packs, or assist with regional nerve blocks
- Get patient out of bed: sit in chair for meals if allowed, stand at bedside, walk in hallway at least 3 times per day
- Watch for infection signs: fever over 100.4°F, increased heart rate, new or worsening belly pain, high white blood cell count
- Track fluid balance: measure all intake and all output (urine, NG tube drainage, drains); give IV fluids as ordered
- Document time of first flatus (gas) and first bowel movement; report to provider when these occur

Medicines you may be given — and why

NPO (nothing by mouth) + nasogastric decompression

When the bowel stops moving, food and liquid pile up and can cause vomiting or unsafe swelling. Stopping all food and drink by mouth (NPO) lets the bowel rest so it is not asked to push anything along while it recovers. If the stomach fills with fluid and air, a thin tube is gently passed through the nose into the stomach (nasogastric tube) to drain the backup. This prevents vomiting and makes the patient more comfortable while the bowel wakes up.

Potassium chloride (IV)

Smooth muscle in the bowel wall needs potassium (an electrically charged mineral) to contract properly. When potassium drops too low (often from vomiting, diarrhea, or diuretics), the muscle cannot fire its electrical signals, and the bowel stops moving. Giving potassium through an IV restores the normal level in the blood and muscle cells, allowing the bowel to squeeze and push again.

Magnesium sulfate (IV)

Magnesium (another electrically charged mineral) helps smooth muscle in the bowel relax between contractions and also helps cells use potassium correctly. When magnesium is too low (often alongside low potassium), the bowel muscle cannot contract or relax in a coordinated way, and a stalled gut (ileus) develops. Giving magnesium through an IV restores the balance, allowing the bowel to work again.

Opioid dose reduction or rotation

Opioid pain drugs (morphine, oxycodone, hydromorphone, fentanyl) plug into receptors in the bowel wall (mu-opioid receptors) that normally help coordinate the squeeze-and-push rhythm. When opioids fill these receptors, the bowel muscle becomes paralyzed and stops moving. Lowering the opioid dose or switching to a different pain method (nerve blocks, acetaminophen, lidocaine patches, ice) frees up the receptors so the bowel can wake up.

Alvimopan (Entereg)

Alvimopan is a blocker that sits on the mu-opioid receptors in the bowel wall and prevents opioid pain drugs from plugging into them. It works **ONLY** in the bowel (it does not cross into the brain), so it restores bowel movement without taking away pain relief. It is given around the time of major bowel surgery to prevent or shorten a stalled gut (ileus) caused by surgery and post-operative opioids.

Metoclopramide (Reglan)

Metoclopramide blocks dopamine receptors in the stomach and upper small bowel. Dopamine normally slows stomach emptying; blocking it speeds up the squeeze-and-push of the stomach and upper gut. It also blocks dopamine in the brain's vomiting center, so it reduces nausea. It is sometimes used for mild a stalled gut (ileus) or delayed stomach emptying, though evidence for true a stalled gut is weak.

Neostigmine (IV, monitored setting only)

Neostigmine stops the enzyme (acetylcholinesterase) that breaks down acetylcholine, a nerve signal that tells the bowel to squeeze. By blocking this enzyme, acetylcholine builds up at the nerve-muscle connection in the bowel wall, and the bowel contracts more strongly. It is used as a last resort for severe colonic a stalled gut (ileus) (acute colonic pseudo-obstruction, Ogilvie syndrome) when the colon is dangerously swollen and other treatments have failed.

Early mobilization (walking)

Movement and walking stimulate the enteric nervous system (the bowel's own nerve network) through gentle jostling and increased blood flow. Walking also reduces inflammation, lowers

stress hormones (cortisol), and shifts the body out of the paralyzed state that follows surgery or critical illness. Even short walks (to the chair, down the hall) help the bowel wake up faster.

Gum chewing (sham feeding)

Chewing gum tricks the brain and gut into thinking food is coming (called sham feeding). This activates the vagus nerve (the main nerve from the brain to the bowel), which releases acetylcholine in the bowel wall and starts the squeeze-and-push rhythm even though no food is actually swallowed. Small studies show it may shorten a stalled gut (ileus) after surgery, especially colorectal surgery.

Where this information comes from

- American Society of Colon and Rectal Surgeons (ASCRS) postoperative ileus guideline
- UpToDate clinical reference
- American College of Gastroenterology (ACG)
- Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)

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