

Ileus

A stalled gut (Ileus) means the bowel quits squeezing but is not blocked. Find what turned off the motor and let the belly drain.

THE ONE-LINE TRUTH

The bowel's muscle waves stop — food, gas, and fluid pile up inside, even though there is no blockage.

The chain — how it unfolds

1. The enteric nervous system (nerves in the bowel wall) stops firing coordinated peristaltic signals, or the smooth muscle cannot respond. — why: Surgery stress, opioid drugs, low potassium or magnesium, severe illness, or nearby inflammation all quiet the nerve signals or weaken the muscle. The bowel's automatic squeezing waves pause or stop entirely.
2. Food, fluid, and gas stop moving forward and pile up inside the stomach and bowel. — why: Without the gut's squeezing waves (peristalsis), nothing pushes the contents downstream. The bowel becomes a stagnant pool instead of a flowing river.
3. The belly swells visibly (distension). — why: Trapped gas stretches the bowel loops like balloons. You can see and feel the tight, bloated belly. The patient feels full, crampy, and uncomfortable.
4. The patient throws up (nausea and vomiting). — why: The stomach and upper bowel fill up with backed-up fluid and food. The brain's vomiting center triggers reverse waves to empty the stomach upward, because there is nowhere else for the contents to go.
5. No gas or stool comes out (obstipation). — why: The paralyzed bowel cannot squeeze hard enough to push anything to the rectum. The last bit of stool or gas that was already near the exit may pass at first, but then nothing.
6. Bowel sounds become very quiet or absent (silent abdomen). — why: The gut's squeezing waves (Peristalsis) makes the gurgling sounds you hear through a stethoscope. No squeezing waves means no noise. A silent belly is a red flag — either a stalled gut (ileus) or a complete blockage.

7. Fluid leaks out of stretched bowel walls into the belly cavity and bowel wall itself (third-spacing). — why: The bowel walls stretch and become leaky. Plasma seeps out of blood vessels, causing bowel-wall swelling (edema) and free fluid in the abdomen. The patient becomes dehydrated even though their belly is full of fluid.
8. If the cause is not fixed, the bowel can tear (perforate), lose blood supply (ischemia), or a hidden mechanical obstruction can be missed, leading to sepsis or death. — why: Extreme stretching crushes the tiny blood vessels in the bowel wall, starving the tissue of oxygen. Dead bowel can perforate, spilling bacteria into the belly. A real blockage (adhesion, hernia, tumor) may be hiding under the a stalled gut (ileus) picture, and treating it like simple a stalled gut delays life-saving surgery.

Spot it — what you see, and why

- The belly is bloated and feels tight: The intestines stop squeezing food and gas along (like a conveyor belt that stops moving), so everything piles up inside and stretches the gut walls, making the belly swell.
- No bowel movements or gas comes out: Because the gut muscles aren't pushing anything along, stool and gas stay trapped inside instead of moving toward the exit.
- Belly pain that is crampy or achy: The stretched, swollen gut walls send pain signals; sometimes the gut tries to squeeze but can't move anything, which feels like a cramp.
- Nausea and vomiting: When the gut is full and nothing moves forward, the body tries to empty the stomach the other way—by throwing up.
- No appetite or feeling full very quickly: The backed-up gut signals the brain that there's no room for more food, so hunger shuts off.
- Belly sounds are very quiet or silent when the doctor listens: Normally the gut makes gurgling noises as it squeezes; in a stalled gut (ileus) the muscles are still, so the belly is unusually quiet.

Red flags — act now

- 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

Treat it — in this order

1. NPO (nothing by mouth) and place a nasogastric (NG) tube if the patient is vomiting or the belly is very swollen → Stops new food and fluid from piling up in a paralyzed bowel. The NG tube sucks out what is already backed up, dropping the pressure inside and giving the bowel a chance to rest and wake up.
2. Replace low potassium and magnesium through IV fluids → Potassium and magnesium are the spark plugs for muscle contractions in the bowel wall. Bringing them back to normal (potassium 3.5–5.0 mEq/L, magnesium 1.7–2.2 mg/dL) lets the nerve signals restart the squeezing waves that push food forward.
3. Cut down opioid pain medicines; switch to non-opioid pain control like acetaminophen, NSAIDs, ice packs, or nerve blocks → Opioids bind to receptors in the bowel wall and block the nerve signals that trigger squeezing. Lowering the dose or switching to other pain relief removes the brake and lets the bowel start moving again.
4. Treat the root cause: IV antibiotics for infection, drain an abscess, or go back to surgery if there is a leak or complication → Infection and inflammation release signals (like cytokines) that tell the bowel to stop moving. Treating the infection or fixing the surgical problem shuts off those signals and lets the bowel wake up naturally over a few days.
5. Get the patient moving: sit up in bed, stand, and walk as soon as it is safe → Movement and gravity stimulate the vagus nerve (the main nerve that controls bowel squeezing) and naturally restart the waves. Early walking after surgery is proven to shorten a stalled gut (ileus) and get the bowel moving faster.

Your top priorities at the bedside

1. Keep patient NPO (nothing by mouth) and place or maintain nasogastric tube if patient is vomiting — why: The paralyzed bowel cannot move food or fluid forward so contents back up into the stomach; vomiting can go into the lungs (aspiration) and cause pneumonia or death; NG tube drains stomach and prevents aspiration
2. Check potassium and magnesium lab values and give IV replacements as ordered — why: Potassium and magnesium make bowel muscle cells contract; when levels are low the bowel muscle cannot squeeze and a stalled gut (ileus) continues; correcting electrolytes allows the bowel to start moving again
3. Monitor abdomen every 4 hours: measure girth at belly button, listen for bowel sounds, check for firmness and tenderness — why: A belly that keeps getting bigger or becomes hard and very tender suggests perforation (a hole in the bowel) or dead bowel tissue (necrosis) which needs emergency surgery; return of bowel sounds means a stalled gut (ileus) is resolving