

Patient information from BMJ

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Large bowel obstruction

A large bowel obstruction means that something is blocking your large bowel (lower intestine). It is a medical emergency that usually needs surgery.

Several things can cause a large bowel obstruction, but the most common cause is bowel cancer. Most people with bowel cancer usually have surgery to remove the part of the bowel that is affected by cancer.

What is a large bowel obstruction?

The large bowel is the lower part of the digestive system. You might also hear it called the large intestine, lower intestine, or colon. Water and vitamins are absorbed into your body from here, and waste material (faeces or “poo”) is pushed down towards the rectum.

When something blocks the large bowel it’s called a large bowel obstruction. This is a medical emergency, as the obstruction can cause serious problems.

For example, you can become quickly dehydrated because you are not absorbing water, and the bowel can become damaged (perforated), which can lead to an infection and damage to nearby blood vessels.

If you have a large bowel obstruction you will almost certainly need surgery.

The most common cause of large bowel obstruction is bowel cancer. This happens when a tumour grows in the bowel. Large bowel obstructions are more common in older people and in women.

As well as surgery to remove any part of the bowel that is affected by a tumour, treatments for bowel cancer include chemotherapy (drug treatments) and radiotherapy.

For more information on bowel cancer and its treatments, see our leaflets: **Bowel cancer: what is it?**; **Bowel cancer: what treatments work?**; and **Bowel cancer: should I be screened?**

Bowel cancer causes about 90 in 100 bowel obstructions. But several other things can cause them, including:

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- twisting of the bowel. The medical name for this twisting is “volvulus
- narrowing of a section of the bowel. The medical name is “stricture”. This can be caused by several things, including problems with blood vessels, and a bowel condition called diverticulitis
- hernia
- an object that has been swallowed, or an object inserted into the rectum
- some cancers that only affect women, such as cervical cancer
- a condition that affects women called endometriosis. If you have endometriosis, tissue that should only grow inside the uterus (womb) grows on other parts of the body, including the bowel.

What are the symptoms?

Symptoms of a large bowel obstruction can include:

- pain in the abdomen (tummy)
- a hard, swollen abdomen
- changes in your bowel habits: for example, you might need to go to the toilet more than usual, or you might not be able to go at all
- stools (faeces) can become either harder or softer than usual
- unexplained weight loss
- inability to pass wind
- nausea and vomiting
- bleeding from your rectum
- fever. This is a sign of infection. It could mean that the bowel has become damaged, or is about to be damaged, and that the contents are leaking into the abdomen. This damage is called a **perforation**.

These symptoms can vary depending on the cause of the obstruction. The cause can also affect whether the symptoms come on suddenly or more gradually over time.

When **bowel cancer** is the cause, the symptoms come on gradually. Symptoms will probably include recent weight loss and bleeding from the rectum. This type of obstruction is more common in older people.

When **twisting (volvulus)** is the cause, the symptoms come on quickly. This type of obstruction is more common in people:

- with a history of serious bowel problems
- who have had abdominal surgery in the past
- with diabetes, and
- who use laxatives for a long-term bowel condition.

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When **diverticular disease** is the cause, the symptoms come on gradually, and will probably include pain and tenderness in the abdomen. (For more information, see our leaflet: **Diverticular disease**.)

When **narrowing of the bowel (stricture)** is the cause, the symptoms will probably include having to go to the toilet a lot, and only producing a small amount of faeces each time.

This type of obstruction is more common in people who have had previous radiotherapy of the abdomen, and previous surgery in the abdomen.

How is it diagnosed?

If you have symptoms that suggest a possible bowel obstruction, your doctor will want to examine you and arrange some tests.

- During a physical exam, your doctor will listen to the sounds in your abdomen. He or she might also feel inside your rectum for anything unusual. This is called a digital rectal examination or DRE.
- If you are a woman you might also need a vaginal examination, especially if you have endometriosis.
- An x-ray or other type of scan can usually detect an obstruction and what has caused it.
- A biopsy can show whether the obstruction is caused by a tumour. A small amount of tissue is taken using a needle, and tested for cancer cells. Your faeces can be tested to see if there is blood in it.
- A test called a contrast enema can show a blockage. This test can also clear some types of obstruction that are not caused by a tumour.

What treatments work?

If you are diagnosed with a large bowel obstruction you will not be allowed to eat or drink anything until your doctor knows more about what has caused the problem, and probably not until you have been treated.

You probably won't feel like eating anyway. And you can be given fluids through an intravenous (IV) drip. You might also need to have:

- oxygen to breathe, to help make sure that you have enough oxygen in your blood.
- a blood transfusion - again, to increase the amount of oxygen in your blood intravenous antibiotics.
- a catheter installed to drain urine and make sure that your body is making it normally.
- the contents of your stomach and the part of your bowel above the blockage removed. This is done using **nasogastric decompression**. A tube is inserted through your nose and the contents of your stomach are gently sucked out. This means you can have surgery more safely, and it should also make you feel more comfortable.

Everyone with a large bowel obstruction will need some kind of procedure or operation to clear the obstruction. But if your bowel is perforated (torn) you will probably need emergency surgery, because perforation can cause an infection.

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Different procedures are used to treat different types of blockage. For example, if you have an obstruction caused by bowel cancer, you will need surgery to remove the part of the bowel affected by the tumour.

The type of surgery you have will depend on how far your cancer has spread and on how ill you are. Some people with bowel cancer can be completely cured.

But if someone's cancer has spread far beyond the bowel, and they are too ill to have major surgery and can't be cured, they might have what's called palliative care. This means making them as comfortable as possible.

If your obstruction is caused by a twisted bowel, you will probably need surgery to remove the part of the bowel that is twisted.

If you have a blockage caused by narrowing of the bowel, you might just need a procedure to gently open up the compressed area.

People with other types of blockage, such as those caused by diverticular disease and endometriosis, often, but not always, need to have surgery to remove the obstruction.

What will happen?

Having a large bowel obstruction usually means having major surgery. This can be life changing, at least for a while after the operation.

For example, some people need a **colostomy** after surgery. If you have a colostomy, the surgeon makes a hole in your abdomen. Part of your bowel is then attached to this hole.

Waste from your bowel then passes out through the hole in your abdomen, instead of passing out through your rectum. The waste is collected in a bag. Not everyone will need a colostomy. And some people only need it temporarily, while their bowel heals.

You might worry about having a colostomy. But you'll get plenty of help learning to cope. Modern technology means that a colostomy is much less inconvenient than it used to be.

For example, the bags are small and they don't show through your clothes. They usually have a filter, so they don't smell. And a colostomy shouldn't stop you from doing things you did before, such as playing sport.

Many people recover well after surgery for a large bowel obstruction. But it is a major operation, and there are risks. For example, the bowel can perforate (tear), causing an infection.

Sepsis can also sometimes happen. This is when the body's immune system over-reacts to an infection and begins to attack the body. Your doctor should discuss all the possible outcomes with you, as well as what can be done if they happen.

If you have bowel cancer your doctor will monitor you for at least 5 years after you finish treatment. You will occasionally need a test called a colonoscopy. A tiny camera on the end of a long, thin tube is inserted into the rectum so that your doctor can check for any problems.

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If your large bowel obstruction was caused by something else, your doctor will explain whether you need monitoring and what this will involve.

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