



GASTROENTEROLOGY

Department of the
CIUSSS de l'Estrie – CHUS

Chronic Intestinal Pseudo-Obstruction Syndrome:

Treatment and Advice

HOW DOES THE DIGESTIVE SYSTEM WORK?

The digestive system is composed of a series of hollow organs that form a tube from the mouth to the anus.

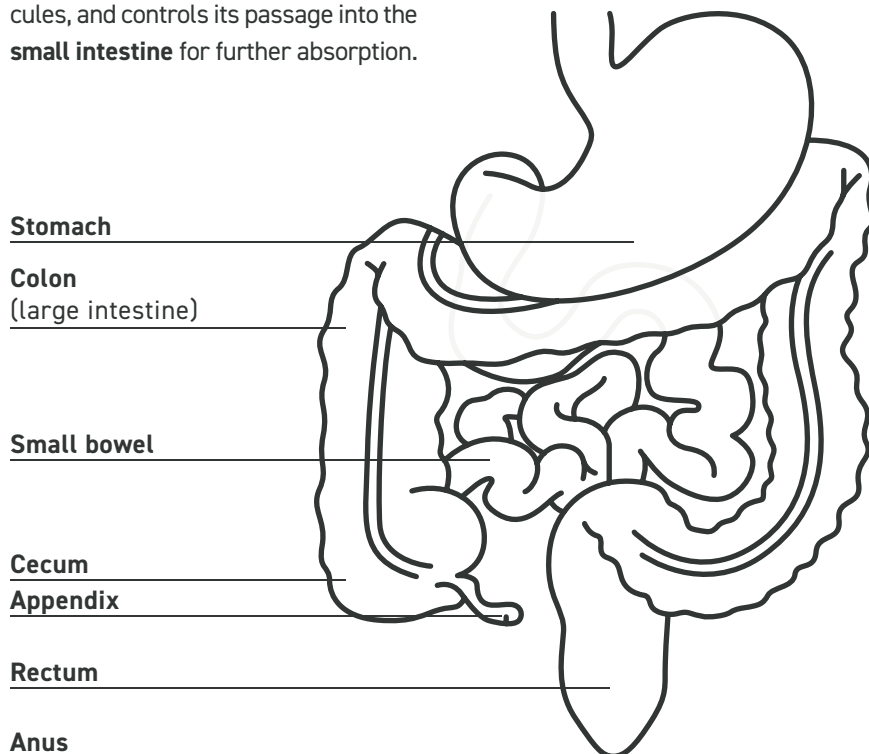
Every section of the digestive system has a specific, important function in food absorption and digestion.

The **esophagus** helps to transport food from the mouth to the stomach.

The **stomach** accumulates food, digests (breaks) it into small molecules, and controls its passage into the **small intestine** for further absorption.

The **pancreas** and liver secrete substances that facilitate food absorption in the small intestine.

The final segment of the digestive system is the **colon (large intestine)**. Its primary function is to absorb water and undigested foods as well to evacuate the waste products of digestion.



WHAT IS CHRONIC INTESTINAL PSEUDO-OBSTRUCTION SYNDROME?

Chronic intestinal pseudo-obstruction syndrome is a rare disease that is characterized by obstructive-like symptoms in the intestine when nothing impedes its proper functioning. Chronic pseudo-obstruction is caused by neuropathic (i.e., nerves) and/or myopathic (i.e., muscle) anomalies in the digestive tract.

Symptoms can include: bloating sensation, nausea, vomiting, abdominal pain, and changes related to the stools (constipation, diarrhea). Symptoms will vary depending on the organ affected.

There are multiple causes of chronic pseudo-obstruction. Your physician will investigate them. Unfortunately, there is no single test that can confirm the diagnosis.

WHAT ARE THE POTENTIAL TREATMENTS?

Various treatments can be considered depending on the cause of the pseudo-obstruction and the organ afflicted. Your physician can prescribe medications to accelerate motility in your intestine and, in certain cases, antibiotics to treat the excess bacteria in your intestine that are causing the bloating.

Your physician will also recommend that you stop taking certain medications that can slow down motility in the intestine. These may include:

- Narcotics: hydroprmorphone (e.g., Dilaudid®), morphine (e.g., Statex®), oxycodone (e.g., Percocet®), fentanyl (e.g., Duragesic®), etc.
- Anticholinergics such as amitriptyline (e.g., Elavil®)
- Fibre supplements (e.g., Metamucil®, Benefiber®)

Changes to your diet are important in managing chronic intestinal pseudo-obstruction. Among others, you will be prescribed vitamin supplements.

NUTRITIONAL ADVICE

Below is some general nutritional advice for you. It is important that you consult a nutritionist for further details.

- Have several small meals throughout the day (4 to 6).
- Eat slowly and chew well.
- Avoid fibre.
 - Fibre delays the emptying of the stomach and can worsen the bloating sensation.
- Avoid solid foods that are rich in fat.
 - Fat delays the emptying of the stomach and can worsen the sensation of nausea and bloating.
- Limit the consumption of products containing lactose (dairy products).
 - Lactose can sometimes worsen the sensation of nausea and bloating. (This advice does not apply to everyone. Speak to your nutritionist or physician about it.)
- Avoid lying down after eating.
 - Walking after a meal can help to regulate intestinal function.



WHAT SHOULD YOU DO IF THE PROBLEM PERSISTS DESPITE TREATMENTS AND DIETARY CHANGES?

You may be advised to choose liquid or pureed (mashed) foods. At that moment, it will be necessary to eat sufficient calorie-rich foods (energy dense) to enable your body to function properly. The intervention of a nutritionist will be important.

Here are food ideas that should be chosen in a liquid or semi-liquid diet:

- Milk
- Shakes (milk shakes, smoothies)
- Yogurt
- Pudding
- Pureed or mashed foods
- Soup

To meet your nutritional requirements, it will probably be necessary to complete your diet with nutritional supplements such as Ensure® or Boost®.

Blending your solid foods might also be recommended. Speak to your physician or to your nutritionist.

As a last resort, you may be offered nutritional support in the form of tube feeding (or enteral feeding) through your stomach or intestine, or even intravenous feeding (parenteral nutrition). Your physician will speak to you if he considers it to be the appropriate treatment for your case.



If you have any questions or concerns, speak to your nurse or physician.

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