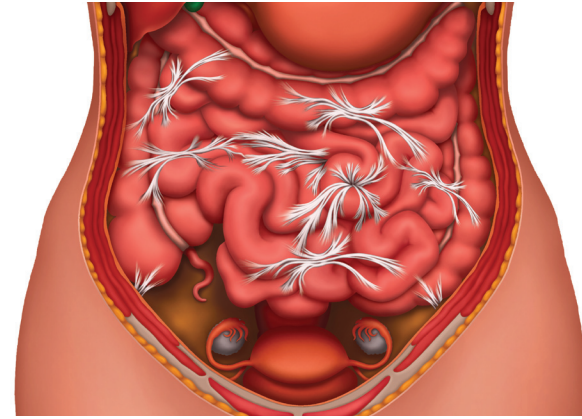




10 Common Questions Answers SBO

1 What is Small Bowel Obstruction (SBO)?

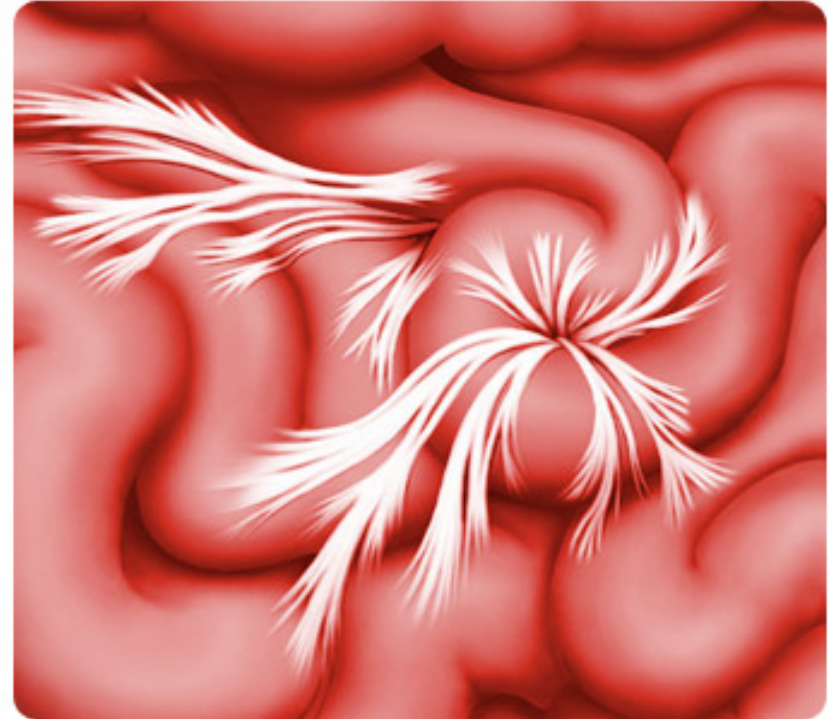
After food passes through our stomach, it soon arrives in our intestines, starting at the small bowel. This tube-like organ meanders more than twenty feet inside our abdomen and pelvis, as we digest our food. During life, the delicate tissues of the small bowel may become adhered after infection, inflammation or surgery. As the bowel heals from these events, tiny cross-links, the building blocks of adhesions, form to contain areas of tissue damage. Like the tiny but powerful strands of a nylon rope, these cross-links form glue-like



bonds that attach to, and sometimes restrict the small bowel. When the bowel becomes restricted, it is called a small bowel obstruction (SBO.) SBO is potentially a life threatening condition. The patient is quickly transported to a hospital where s/he is fed intravenously because s/he cannot ingest food. Physicians may wait a few days to see if the obstruction will clear on its own. If it does not clear, they will recommend surgical repair.

2 What are Adhesions?

These are tiny but powerful collagen fibers that form naturally as the first step in healing. In fact, they can form anywhere in the body that healing occurs. As adhesions form to help the body heal, they sometimes draw nearby structures into their glue-like network. In most cases, the pliability and extensibility of the human body allows for this pull. The muscles, organs, or connective tissues may be pulled toward the area of surgical repair, but for most people, the body is able to accept surgical intervention with relatively few side effects.



Definition of Adhesions: Adhesions are scar tissue resulting from infection, inflammation, trauma, or prior surgery occurring anywhere in the body.

3 How do Surgical Adhesions Cause Pain?

Surgical pain generally passes within the first days or weeks after a surgery. In the most invasive surgeries, pain may take two or three weeks to dissipate. When pain persists several weeks or more after surgery, we suspect that post-surgical adhesions may be causing the symptoms.

Chronic pain caused by adhesions is generally noticed within the first 6 to 12 months after surgery. In some cases, patients notice a pulling immediately after surgery, a pull that never goes away. In other cases, the pull of surgical and secondary adhesions may cause pain weeks or months after surgery.

In other instances, the slow formation of compensatory adhesions in the body causes inflammation that begins two or more years after a surgery.



4 How does the pain feel?

In some cases, pain occurs as a direct response to adhesions attaching to nerves. This is generally experienced as a sharp or piercing pain. In other cases, adhesions can create a pull into broad areas or larger pain-sensitive structures, such as muscles, organs, and their support tissues. In this case, pain may come with certain movements or body positions. This pain may be specific, but is usually duller than with adhesions that have attached more directly to nerves.

Post-surgical adhesion symptoms can range from confusing and annoying to totally debilitating. In the digestive tract, they can decrease the ability to move or digest food. In the case of bowel obstructions, they can become life-threatening. They can close

intestines, squeeze arteries and veins, impose upon muscles, nerves, and supporting ligaments. In short, they can glue tissues down, from the strongest to the most delicate structures in the body.

Pain may also radiate into a broad area, or into other areas of the body. When this happens, the pain pattern that evolves can be confusing to the patient and the physician. Patients with post-surgical pain may be sent to specialist after specialist to try to determine the cause of the pain. The tragedy is that beyond the confusion, this steals time and valuable quality of life from the patient who is searching for relief of pain, but cannot even find the cause.

5 What causes bowel obstruction?

Once food has passed through the stomach and duodenum, it proceeds to the small intestines, or “bowel”. This long tubular organ fills the lower abdomen in a sinuous course over its 7 1/2 to 12 foot length.

Since it is not located within the rib cage which encases or partially protects many of the upper abdominal organs (stomach, pancreas, and spleen), the bowel is more exposed to trauma than many other organs. Whether it receives the blow of a steering wheel or air bag in a car accident, or a more indirect trauma, such as

absorbing the shock of a fall, the bowel may be more susceptible to trauma than neighboring organs above it.

The bowel is also close to and adjacent to the pelvic organs. These structures are even more susceptible to tissue damage from infections, inflammation, and surgery. These organs are often deeply involved in cases of endometriosis, infections such as Chlamydia and pelvic inflammatory disease, and traumas such as a fall onto the back, hip or tailbone.

10 Common Questions Answered

Finally, the bowels themselves are often diagnosed with inflammatory conditions such as diverticulitis, appendicitis, irritable bowel syndrome, and Crohn's disease. Any and all of these conditions may cause an adhesive response, as the body sends out thousands of tiny but powerful collagenous cross-links to begin the healing process. Adhesions begin to form first at the site of greatest tissue damage, and then at other areas of inflammation.



6 How does this affect the formation of bowel obstructions?

The subtle geographical shift between structures can set up a pattern of increased adhesion growth that may become problematic. The pull between structures tends to cause additional inflammation as the body participates in the activities of life. The inflammation begets more adhesions, and new adhesions can cause further inflammation. This can create a spiral of adhesion formation within the delicate folds of the bowels.

These adhesions can create a weave of occlusion within the bowel, constricting its inner walls, slowly decreasing its ability to allow food and nutrients to pass. Adhesions may be found on the outer walls of the bowel, kinking them like a garden hose or binding them to other structures in the abdomen or pelvis. The recurrent build-up of adhesions can lead to a partial or total bowel occlusion (or obstruction). Adhesions may also form within the tube-like bowel, much as they do in fallopian tubes.

7 How do I treat my adhesions?

The usual medical solution to post-surgical adhesions is to first administer pharmaceuticals to decrease inflammation, ease the pain, or improve function.

If drugs fail to adequately address the symptoms, the physician may suggest a “second look” surgery to help determine the exact cause of the pain.

If the surgeon finds more adhesions, he or she would generally cut or burn the ones which are accessible.

However, due to the invasiveness of yet another surgery, additional adhesions generally form following the surgery.



8 How does one treat Small Bowel Obstruction?

The usual medical solution to post-surgical adhesions is to first administer pharmaceuticals to decrease inflammation, ease the pain, or improve function. If drugs fail to adequately address the symptoms, the physician may suggest a “second look” surgery to help determine the exact cause of the pain. If the surgeon finds more adhesions, the usual response would be to cut the ones which are accessible.



9 Doesn't Surgery cause more adhesions to form?

There are several challenges for the surgeon, namely;

- A conscientious surgeon will avoid adhesions on delicate structures that might be damaged by surgery, such as certain parts of the fallopian tube or ovary,
- The surgeon will also avoid areas where cutting might harm the patient, such as parts of the bowel where too deep a cut could spill intestinal contents into the abdomen or pelvis (causing peritonitis),
- Even the most skilled physician cannot prevent the body's natural healing response from creating additional adhesions, as a natural part of healing after surgery.

Adhesions have always been a big problem for surgeons and their patients. A study published in *Lancet: The British Journal of Surgery* showed that a third of all patients who received open surgery returned for repeat surgery to address adhesions within two years after the original surgery. As shocking as this statistic is, a large number of these people then went on to have subsequent adhesion removal surgeries over the next several years.

10 Is there an effective alternate to surgery?

Yes. The focus of the Wurn Technique® is to find adhered tissues and structures wherever they exist in the body. As noted earlier adhesive cross-links act like the thousand tiny fibers of a nylon rope. When they bind together, they can create persistent pain or dysfunction, gluing together structures within the body.

While a surgeon might cut or burn the adhered tissues, this therapy uses a different mechanism. The focus is to detach the chemical bonds that attach the tiny cross-links to each other.



This manual physical therapy uses more than 200 specific manual techniques to treat patients, developed over the last 20 years. Studies about the effectiveness of the therapy have recently appeared in highly respected medical journals.

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