Intermittent obstructive symptoms (adhesions / strictures)

A Practical Guide For Patients

GastroDoxs

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Introduction: Intermittent obstructive symptoms (adhesions / strictures)

Intermittent obstructive symptoms occur when the movement of food, fluid, gas, or stool through the intestine becomes temporarily or partially restricted. Symptoms may improve between episodes and then return, especially when the narrowing is incomplete. Two important structural causes are abdominal adhesions and intestinal strictures.
Adhesions are bands of scar-like tissue that can develop inside the abdomen, most commonly after abdominal surgery. They may pull, kink, twist, or compress the bowel. A stricture is a fixed narrowing of the intestinal passage and may develop from chronic inflammation, scar tissue, previous surgery, radiation, or other intestinal disease.

Key Takeaways

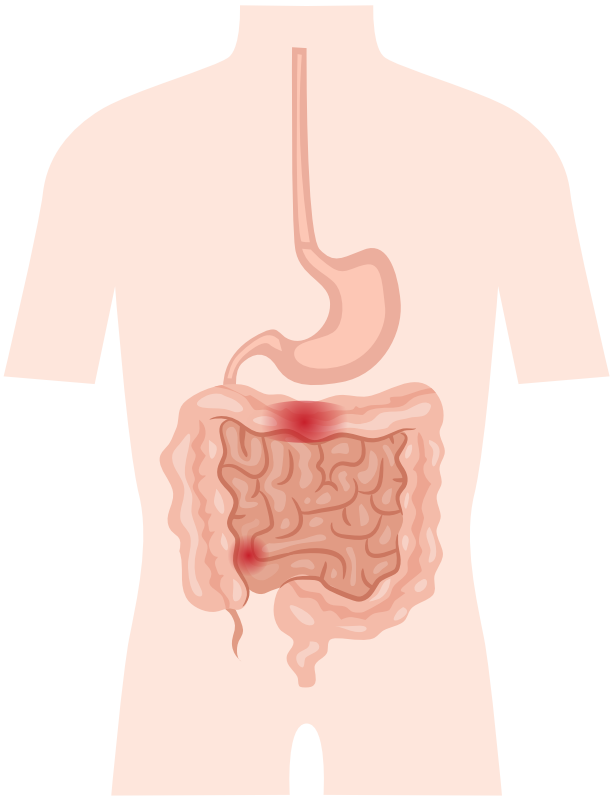
- Intermittent obstruction means intestinal contents are periodically having difficulty passing through the bowel.
- Symptoms may come and go when the blockage is partial.
- Abdominal adhesions are a major cause of small-bowel obstruction.
- Adhesions commonly develop after abdominal or pelvic surgery.
- Intestinal strictures create a narrowed segment through which food and fluid must pass.
- Crohn's disease can cause inflammatory and fibrotic intestinal strictures.
- Previous surgery can also produce anastomotic strictures.

What Causes Intermittent obstructive symptoms (adhesions / strictures)?

Known Causes:

Intermittent symptoms occur when an intestinal passage is narrowed but not continuously or completely blocked. The degree of narrowing, the amount and consistency of intestinal contents, inflammation, and bowel movement patterns can influence when symptoms occur.

- **Post-surgical adhesions**
- **Crohn's disease strictures**
- **Anastomotic strictures**
- **Postoperative scarring**
- **Radiation-related injury**
- **Chronic abdominal inflammation**



Common Signs & Symptoms

Symptoms depend on where the narrowing is located and how severely intestinal contents are restricted. Partial obstruction may cause episodes that improve temporarily, whereas complete obstruction tends to produce more persistent and potentially serious symptoms.

Core Symptoms Include:

- Crampy abdominal pain: Pain may build and ease in waves as the intestine attempts to move contents through a narrowed area.
- Abdominal bloating: The abdomen may feel enlarged or tight.
- Abdominal distension: Gas and fluid may accumulate above the narrowed segment.
- Nausea: Often develops as intestinal contents back up.
- Vomiting: May occur when obstruction becomes more significant.

Severe cases can also cause:

- Severe or persistent abdominal pain
- Increasing abdominal distension
- Repeated or persistent vomiting
- Inability to keep liquids down
- Complete inability to pass stool
- Complete inability to pass gas
- Fever
- Rapid heart rate

Diagnosis & Medical Testing

Evaluation aims to determine whether symptoms represent a true mechanical obstruction, identify its location and severity, and determine the cause. Previous abdominal surgery is especially important because adhesion-related complications can appear even many years after an operation.

Diagnostic Tools:

- **Medical history**: Reviews abdominal pain, vomiting, bloating, bowel movements, previous obstruction episodes, and meal-related symptoms.
- **Surgical history:** Previous abdominal or pelvic operations increase suspicion for adhesions.
- **Inflammatory bowel disease history**: Crohn's disease increases the possibility of inflammatory or fibrotic strictures.
- **Physical examination:** Checks abdominal distension, tenderness, masses, bowel sounds, fever, and heart rate.
- **Blood tests**: Can identify dehydration, electrolyte disturbances, inflammation, infection, or complications.
- **CT abdomen and pelvis**: Helps identify the location, severity, and possible cause of obstruction.
- **CT enterography:** Can provide detailed assessment of the small bowel in selected patients with intermittent or low-grade obstruction.
- **MR enterography:** Can evaluate small-bowel disease without ionizing radiation and may be useful in selected patients, including those with Crohn's disease.

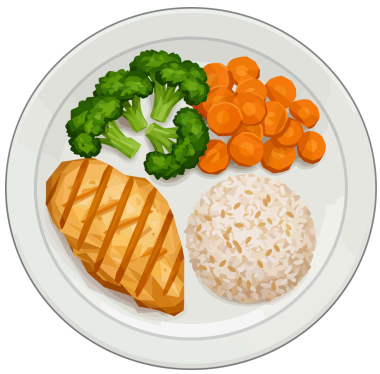
Diet

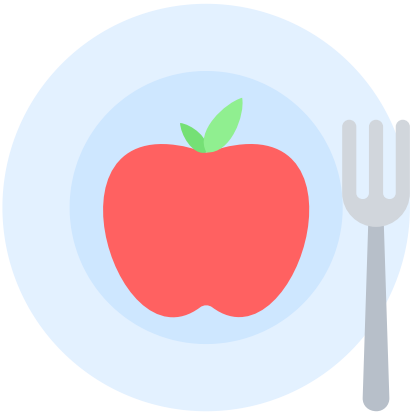
Dietary treatment depends on how narrow the bowel is, what caused the narrowing, and whether active obstruction is present. Food changes cannot dissolve abdominal adhesions or remove a fixed fibrotic stricture.
In people with Crohn's disease who have symptomatic intestinal strictures, expert guidance supports modifying food texture.

Key Insights:

- Follow individualized dietary advice from the treating clinician or dietitian.
- Consider smaller meals if large meals repeatedly trigger discomfort.
- Chew food thoroughly.
- Cook vegetables until soft when a symptomatic stricture is present.
- Peel, puree, blend, or finely process foods when recommended.
- Coarse raw vegetables may be difficult to tolerate with a significant stricture.
- Large amounts of insoluble fiber may need modification in selected patients.







Medications & Treatment Options

There is no medication that can simply dissolve an adhesion or reverse established fibrotic scar tissue. Treatment depends on whether the narrowing is temporary, inflammatory, fibrotic, postoperative, or associated with another disease.

Treatment Options

- **IV fluids:** Replace fluid losses during significant obstruction.
- **Electrolyte replacement:** Corrects abnormalities caused by vomiting or reduced intake.
- **Anti-nausea medication:** May be used under medical supervision for significant nausea or vomiting.
- **Pain management:** May be provided during acute treatment while the cause is being addressed.
- **Crohn's disease therapy:** Medical treatment can help when active inflammation contributes substantially to narrowing.
- **Medication review:** Drugs that slow intestinal movement may require reassessment when obstruction is suspected.
- **Nutritional support:** May be needed when strictures limit adequate oral intake.
- **Observation:** Selected partial adhesive obstructions may improve with close hospital monitoring and conservative management.
- **Surgical referral:** Recurrent, fixed, or complicated obstruction may require operative treatment.

Advanced Therapies & Procedures

When intermittent symptoms become frequent, nutritional intake becomes difficult, or imaging demonstrates a clinically significant obstruction, treatment may need to address the structural problem directly.

Therapy Options:

- **Nasogastric decompression:** A tube passed through the nose into the stomach can remove accumulated fluid and gas during significant obstruction.
- **IV fluid therapy:** Supports hydration while the bowel is being rested.
- **Water-soluble contrast evaluation:** Can help assess selected adhesive small-bowel obstructions and may assist in determining whether surgery is needed.
- **Endoscopic balloon dilation:** Can widen selected short, accessible benign strictures. Endoscopic dilation plays an established role in carefully selected Crohn's-associated strictures.
- **Endoscopic treatment of benign colonic strictures:** Current 2026 ASGE guidance favors balloon dilation as first-line endoscopic therapy for symptomatic benign noninflammatory colonic strictures when appropriate.
- **Adhesiolysis:** Surgery can divide adhesions responsible for obstruction.

Coping With Intermittent obstructive symptoms (adhesions / strictures)

Because symptoms may disappear between episodes, it can be tempting to ignore recurrent bloating or cramping once the episode passes. Recording the pattern can help clinicians distinguish an intermittent mechanical problem from other causes of abdominal symptoms.

Practical Strategies

- Record when each episode begins and how long it lasts.
- Track the location and severity of abdominal pain.
- Note whether symptoms begin after meals.
- Record episodes of nausea or vomiting.
- Monitor abdominal bloating or visible distension.
- Track bowel-movement frequency.
- Note whether you are still passing gas during an episode.
- Keep a list of all prior abdominal and pelvic surgeries.
- Tell your clinician about known Crohn's disease or previous intestinal strictures.
- Follow any individualized texture or fiber recommendations.
- Chew food thoroughly when a stricture-specific diet has been recommended.
- Avoid self-imposed prolonged fasting or highly restrictive diets without medical guidance.



FAQS

Q1: Can adhesions cause bowel-obstruction symptoms years after surgery?
A: Yes. Abdominal surgery is the most common cause of abdominal adhesions, and complications from adhesions can begin months or even many years after the original operation. Adhesions can kink, twist, or compress the intestine and produce partial or complete obstruction.

Q2: Why can obstructive symptoms come and go?
A: A partial or low-grade narrowing may still allow some intestinal contents to pass. Symptoms can therefore become worse at certain times and improve at others. Because intermittent symptoms do not exclude a structural obstruction, recurrent episodes may require imaging.

Q3: How are intermittent obstruction and intestinal strictures diagnosed?
A: Evaluation usually combines the medical and surgical history, physical examination, blood testing, and imaging. For suspected intermittent or low-grade small-bowel obstruction, CT abdomen/pelvis with IV contrast or CT enterography are usually appropriate imaging approaches; additional tests depend on the suspected cause.

Q4: When do intermittent obstructive symptoms become an emergency?
A: Urgent evaluation is needed for severe or persistent abdominal pain, repeated vomiting, rapidly increasing abdominal distension, fever, rapid heart rate, or inability to pass stool or gas. Complete intestinal obstruction can compromise intestinal blood flow and may become life-threatening.

Take Action

If you experience repeated episodes of crampy abdominal pain, bloating, nausea, vomiting, or difficulty passing stool or gas, particularly if you have had prior abdominal surgery or have a history of Crohn's disease or intestinal strictures, the pattern deserves medical evaluation. Intermittent symptoms can sometimes reflect a partial mechanical obstruction rather than simple indigestion.

For additional resources, visit **GastroDoxs.com**.

Your health starts with knowledge.
Take the first step today!

SCHEDULE AN APPOINTMENT



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