

## Postoperative ileus

Transient loss of bowel motility. Prolonged ileus (>72hrs) is the most common complication of major abdominal surgery.

**Incidence:** 15-20 percent of all major abdominal procedures, including 30,000 colorectal resections in UK each year

**Effects:** i) nausea, vomiting, pain  
delayed hospital discharge ii) poor nutrition / need for IV nutrition iii) more complications

**Prevention:** Laparoscopic surgery and enhanced recovery strategies have a limited benefit in time to return to function (~1 day).

**Treatment:** Supportive. No proven benefit from prokinetic drugs or laxatives. Opioid blocking drugs being evaluated may have a limited benefit



### Healthcare burden:

- i. Extended hospital stay: £500 /day
- ii. IV nutrition: £100/day
- iii. higher complication rate (POI costs \$1bn/year in US)

### Unmet Clinical Needs:

- i. prevention of POI by decreasing trauma of surgery or selectively modifying inflammatory response
- ii. prevention of effect of painkilling drugs on bowel motility
- iii. identification of patients most at risk of prolonged POI
- iv. provision of effective means to re-stimulate bowel motility.

