

This factsheet is about adhesions

Adhesions are areas of scar tissue that can make organs or tissues in the abdomen stick together. They mainly affect the small intestine (gut), but can also affect other organs within the abdomen. The small intestine is a long part of the digestive system and forms many loops which randomly pile on top of each other in the central part of the abdomen. When adhesions occur, some of these loops can stick together which can cause obstruction (blockages) in the gut.

Causes of adhesions

Almost all patients undergoing surgery to the abdomen will develop adhesions. When the abdomen is operated on, the outer surface of the small intestine can get damaged and these areas are prone to sticking to each other, causing adhesions. Adhesions can sometimes form in people who haven't had surgery due to conditions such as endometriosis or following infections or inflammation within the abdomen.

What are the usual symptoms?

Adhesions often cause no symptoms at all. However, they can cause kinks or twists in the gut, reducing the movement of the gut, causing obstruction and other symptoms. These include recurrent episodes of colicky (cramping) abdominal pain, bloating, nausea (feeling sick), vomiting (being sick) and a change in stool frequency and consistency. Pain from adhesions is caused by the increased muscle contraction of the gut trying to force its' contents through the narrowed segment. Long term abdominal pain (chronic pain syndrome) can result from adhesions and can be difficult to treat. If the bladder or ovaries are affected by adhesions it can cause water problems and difficulty getting pregnant or infertility.

How are adhesions diagnosed?

The only way to be sure of the presence of adhesions is laparoscopic (keyhole) surgery, which involves looking inside the abdomen and visualising the adhesions directly. Laparoscopic surgery means there will be a few small incisions/cuts made into the abdomen, rather than a large cut. However, it is important to be aware that this surgery can increase the risk of further adhesions forming.

Other symptoms and investigations can suggest the presence of adhesions. If there is a history of previous abdominal surgery and typical symptoms, then the doctor may suspect adhesions and request tests to investigate further. This may include a barium swallow with x-ray, which involves drinking a liquid that highlights the shape of the bowel when an x-ray is taken. It may indicate presence of adhesions by highlighting abnormal dilatation (enlargement) or shape of the small bowel. A CT or MRI scan may also be carried out as these can sometimes show evidence of adhesions, but importantly, they can also miss the presence of adhesions. Therefore, keyhole surgery is often the only investigation that can provide a confident diagnosis of adhesions.

What can be the impact of adhesions?

Whilst most people with adhesions will never be troubled, they can impact a person in many ways. These include the complications from the condition and its overall impact on general wellbeing caused by symptoms.

A serious complication of adhesions is partial or complete obstruction. In cases of partial (or 'sub-acute') obstruction symptoms such as bloating, pain and nausea can come and go intermittently over time. If the obstruction is complete, symptoms can be severe and hospital admission is likely to be needed. Chronic pain, in other words pain that is there all the time, is unlikely to be due to adhesions. Symptoms for this include an inability to pass stool or wind, constant severe pain and vomiting, which sometimes contains gut content such as faeces. Very rarely, adhesions can cause the gut to twist, cutting off its blood supply ('strangulation') and this can cause sudden, severe abdominal pain and bleeding from the back passage. This is an emergency and medical attention must be sought immediately.

It is recognised that chronic pain from adhesions is rare, but can cause major upset, frustration and feelings of hopelessness amongst many patients. If any of these feeling are experienced, it is important to let the doctor know, who can also make a referral to a psychologist to help with emotional support.

If you have found this information useful please consider supporting Core

Donate at www.justgiving.com/Core or call 020 7486 0341

Written by Samantha Morgan and Mark Samaan. Published in 2016. Next review in 2018. Full range at www.corecharity.org.uk.

References for this factsheet are available from Core. Please acknowledge source when quoting from this factsheet.

What treatment is available for adhesions?

The majority of patients with adhesions do not need treatment as they often do not cause any symptoms. However, if there are symptoms there are non-surgical and surgical treatments.

Non-surgical treatment includes medications or simple observation. If a blockage is suspected, hospital admission may be required for observation and 'bowel rest'. This means no eating or drinking for 24-48 hours while fluids are given into the vein to help with hydration and salt replacement. Sips of water are slowly introduced, followed by soft and then more solid foods. If the blockage does not improve, surgery may be recommended.

A change in diet can help, such as foods low in fibre so stool can pass through the gut more easily. If the main symptom is pain, then initially it is recommended to take over the counter pain relief such as paracetamol or ibuprofen. If these do not help then the patient should see a doctor who can recommend other treatments and consider referral to a pain specialist. If the main symptom of adhesions is difficulty getting pregnant, then referral to a gynaecologist can be made.

If these measures do not help, pain is ongoing despite medications, obstruction is complete or there is an emergency (strangulation), then surgery is recommended. It is usually laparoscopic (keyhole) surgery. However, in an emergency a large cut may be needed. The surgery involves 'adhesiolysis', where the adhesions are cut so organs are no longer sticking together. However, it should be recognised that formation of new adhesions can occur after surgery and although good surgical technique can help reduce this, they cannot entirely avoid it.

Do adhesions need to be monitored and if so, how?

Once adhesions have been diagnosed, consultation with a surgeon will help decide whether surgical intervention is required. If surgery is not recommended then medications and changes in diet may be needed. Therefore, follow-up with the doctor is needed to ensure symptoms are well controlled. If pain is not well controlled, referral can be made to a pain specialist.

How do adhesions behave over time?

Adhesions can be unpredictable. Some patients will be able to manage their symptoms without any intervention, some can be treated with medications alone, and some may require surgery. After surgery, symptoms may improve, stay the same or get worse. Unfortunately, some patients require numerous surgeries and despite this, symptoms may persist long term.

What to ask your doctor when you see them?

May I be referred to a dietician to see if there are any changes to my diet that may help with my symptoms?

What are the risks and benefits of surgery for me? Do you think I will benefit from surgery?

Are there any other treatments I can try before going ahead with surgery?

What more research needs to be done on adhesions?

Adhesions almost always form after surgery to the abdomen. Currently, there is research into developing 'adhesion prevention products' which can be used during surgery.

For more information about research in this area please contact Core.

If you have found this information useful please consider supporting Core

Donate at www.justgiving.com/Core or call 020 7486 0341

Written by Samantha Morgan and Mark Samaan. Published in 2016. Next review in 2018. Full range at www.corecharity.org.uk.
References for this factsheet are available from Core. Please acknowledge source when quoting from this factsheet.

All content provided for information only. The information found is not a substitute for professional medical care by a qualified doctor or other health care professional. ALWAYS check with your doctor if you have any concerns about your condition or treatment. The publishers are not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information in this factsheet.

Please contact us if you believe any information in this factsheet is in error.