Intestinal Obstruction

- 1 in 2000 live births

Causes

- Disordered embryogenesis
    - Anorectal malformation
    - Duodenal atresia
    - Malrotation
- Failed peristalsis
    - Hirschprung's
- Intestinal content
    - Mucoidviscoidosis (Cystic Fibrosis)
- Secondary causes
    - After in utero insult

Presentation

- May be diagnosed antenatally or shortly after birth. Distention and not passing stool
- Usually easily resuscitated
- May progress to pH/electrolyte imbalances if missed

Anaesthetic Considerations

- The higher the defect the greater the fluid, pH and electrolyte issues
- Abdominal distention May compromise ventilation
- Aspiration risk for RSI
- May be septic secondary to perforation
- Require fluid and electrolyte resuscitation prior to surgery
- Coagulopathy in sepsis should be addressed
- Exclude aspiration pneumonitis/pneumonia
- Avoidance of N2O

- Systemic analgesia with(out) post operative ventilation vs regional analgesia is dependent on clinical picture