

# Management of bowel obstruction in Gynaecological Cancer Patients - Full Clinical Guideline

Reference no.: UHDB/10:23/B2

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### 1. Introduction

Bowel obstruction in gynaecological malignancy is most commonly associated with ovarian cancer. Up to 50% of women with ovarian cancer will experience bowel obstruction during their illness. Bowel obstruction is often a manifestation of recurrent disease and is associated with a poor prognosis. The outcomes following bowel obstruction are poorly documented, with a limited evidence base in which to guide management. Management therefore requires a multidisciplinary approach to achieve an individualized management plan for these women.

### 2. Purpose and Outcomes

- To improve survival in women with bowel obstruction due to Gynaecological Cancer.
- To improve quality of life in women with bowel obstruction due to Gynaecological cancer.

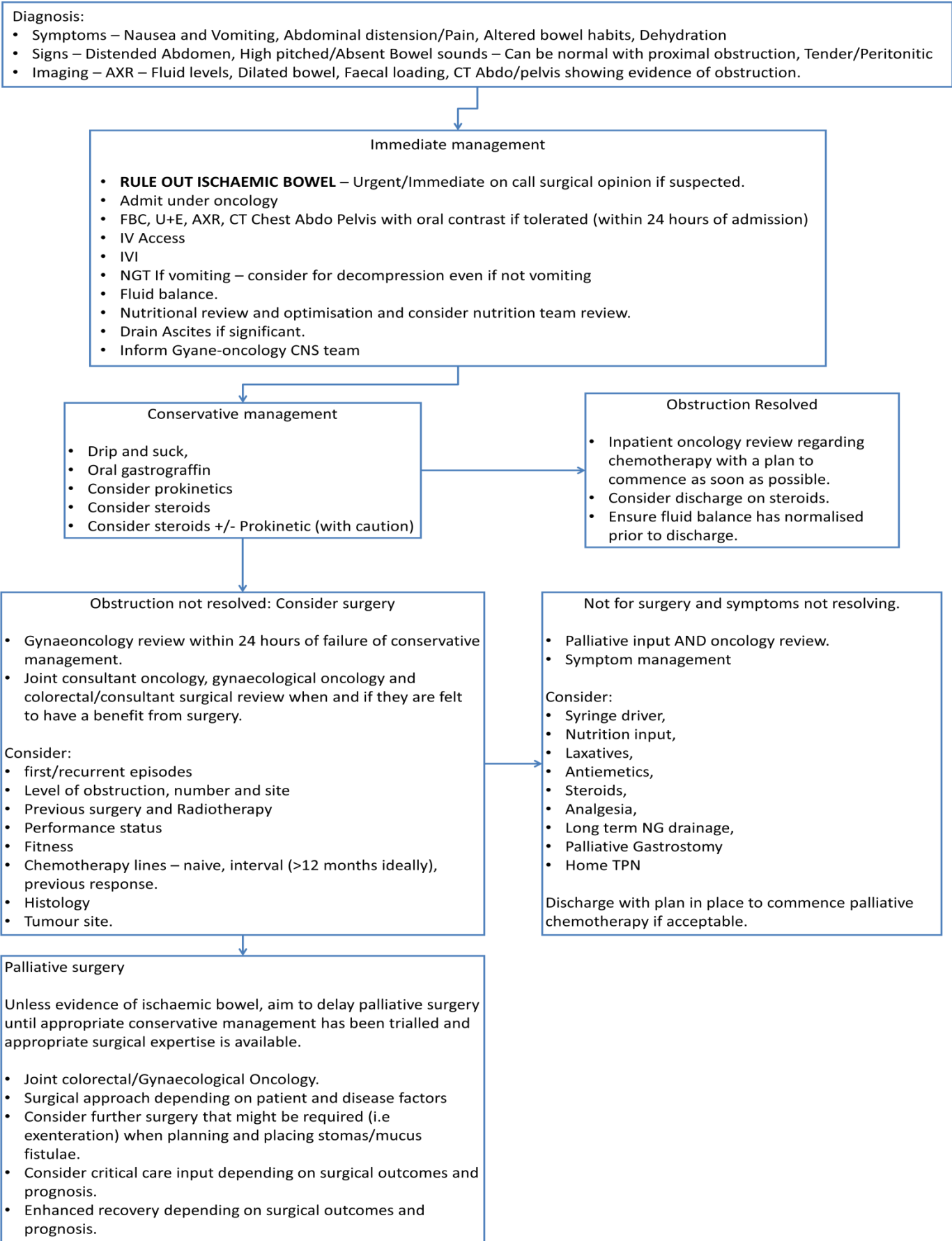
### 3. Key Responsibilities and Duties

- To give a structured management approach to women with bowel obstruction in Gynaecological cancer
- To allow auditable standards regarding the management of bowel obstruction.

### 4. Abbreviations

AXR	–	Abdominal X-Ray
CT	–	Computerised tomography
FBC	–	Full blood count
IV	–	Intravenous
IVI	–	Intra venous infusion
U+E	–	Urea and Electrolytes

## 5. Main guideline



6. **Monitoring Compliance and Effectiveness**

As per agreed business unit audit forward programme

7. **References**

Kolomainen DF, Riley J, Wood J, Barton DPJ. Surgical management of bowel obstruction in gynaecological cancer. *The Obstetrician Gynaecologist* 2017;19:63-70

Report of the National Audit of Small Bowel Obstruction

<https://www.acpgbi.org.uk/resources/report-national-audit-small-bowel-obstruction/>

**Documentation Control**

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