Fact sheet on adhesions and bowel obstruction surgeries

Surgery, abdominal adhesions and life-threatening adhesive small bowel obstructions (ASBO) are closely linked. Here are some referenced facts:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4807323/
- There are over 300,000 annual hospital admissions for ASBO in North America;
- Adhesive disease is the most frequently encountered disorder of the small intestine; it is a consequence of all intra-peritoneal surgeries;
- Intra-abdominal adhesions following abdominal surgery are the primary cause of small bowel obstruction.

**JAMA Surgery (2016)**
The 7 procedures listed below account for 80% of hospital admissions, deaths, complications, and inpatient costs in the U.S. each year. Digestive tract problems account for 6 of the 7.

The non-surgical therapy cited in the article addresses 2 of the 7 without surgery: abdominal adhesions and small bowel resection (ABSO repair), shown in bold below.

- **Small bowel resection**
- **Removal of abdominal adhesions**
  - Removing part of the colon
  - Gall bladder removal
  - Procedures to repair torn or bleeding ulcer
  - Open abdominal surgery
  - Appendectomy

**Medscape:**
Post-operative adhesions are the leading cause of bowel obstruction - see text over cover image at this URL: http://emedicine.medscape.com/article/774140-overview

**U.S. Dep’t Health & Human Services (recent data, 2010):**
Costs of adhesion removal surgery (adhesiolysis) in dollars, and quality of life
- 381,364 patients underwent adhesiolysis surgery
- $65,955 average cost per surgery
- Extrapolates to over $25 billion a year
- 42,125 (11%) readmitted within 30 days
Cost of bowel obstruction surgery in dollars:
- 100,335 pts had bowel resection surgery
- $114,175 average cost
- Extrapolates to $11.5 billion a year

Total of the two:
- 481,000 patients
- $36.3 billion a year

**Quality of Life costs to patients for bowel obstruction surgery**
- Patients average 14.2 days in the hospital (over two weeks)
- After surgery, 15,050 (15%) are readmitted to the hospital within 30 days, often for ‘inadvertent enterotomy’ (where the surgeon mistakenly cuts into another organ; if it’s the bowel, the contents leak out into the body, causing serious infection. The doctor must then perform another surgery, pour in antibiotics, and let the scar form from the inside out – causing even more scarring.

*Digestive Surgery (2001) – a mammoth study of 50+ years of Western surgeries showed 55% to 100% of patients develop adhesions after abdominal or pelvic surgery*


*Lancet Journal (1999) – a study of over 25,000 patients found that*
- Over 33% of people who undergo bowel resection (repair) surgery will undergo another adhesion-related surgery within 10 years (most in the first year)
- Surgeries continue for these patients throughout life

Examining the cited therapy:
Perhaps the major concern for people who undergo bowel obstruction surgery is the fear of another surgery. The therapy seems to help these people tremendously, per peer-reviewed study.

“Return to surgery rate” without therapy = 30% (24 months)
“Return to surgery rate” after therapy = 3% (19 months)

Rice et al, 2016 *Intussusception and Bowel Obstruction: Symptoms, Diagnosis and Treatment Options*, NOVA Scientific Publishing – 2015
*[Decreasing Post-Surgical Adhesions That Cause Recurrent Small Bowel Obstructions with a Conservative Manual Physical Therapy](http://www.mdpi.com/2077-0383/2/1/1)*

*Journal of Clinical Medicine – (Rice et al, 2013)*
[http://www.mdpi.com/2077-0383/2/1/1](http://www.mdpi.com/2077-0383/2/1/1)
Independent radiographic images showed totally cleared obstructions and stricture, after therapy alone

*Gastroenterology – (Rice et al, 2016) (abstract)*
Improvements in four of six quality of life issues for people with recurring ASBO

*BioMed International – (Rice et al, 2016)*
[https://www.hindawi.com/journals/bmri/2016/7610387/](https://www.hindawi.com/journals/bmri/2016/7610387/)
Improvements in four of six quality of life issues for people with recurring ASBO