

### 928 Current Practice in The Investigation and Management of Post-Operative Ileus

C. English<sup>1</sup>, A. Jakes<sup>2</sup>, S. Wheatstone<sup>1</sup>

<sup>1</sup>Guy's and St Thomas's NHS Foundation Trust, London, United Kingdom, <sup>2</sup>St. Helier hospital, Epsom and St Helier University Hospitals NHS Trust, UK, London, United Kingdom

**Introduction:** Post-operative ileus is non-obstructive impairment of gastrointestinal motility after surgery. Treatment involves nil-by-mouth, correction of electrolytes and stopping aggravating medications. There is no current national/trust guideline for investigation and management of post-operative ileus.

**Aim:** To assess current practice in investigation and management of post-operative ileus on surgical wards at St Thomas's Hospital.

**Method:** All patients with a diagnosis of post-operative ileus on surgical wards between November - December 2020 were identified. Their clinical notes were reviewed, and common themes explored.

**Results:** 16 patients were diagnosed with post-operative ileus. 12 (75%) patients were male, with a median age of 60 (IQR: 28). 10 (63%) were open procedures, majority being colorectal (10; 63%), cardiothoracic (3; 19%), urological (2; 13%), vascular (1; 6%) operations. Average time between operation and diagnosis was 5.2 (range: 2-14) days. Bowel sounds were auscultated in only 2 (12.5%) patients at initial assessment. 8 (50%) patients had imaging to confirm diagnosis (AXR; 5, CT scan; 4). Majority (15; 94%) of patients had serum magnesium and potassium checked at diagnosis. All patients with serum potassium <4.0mmol/L (5) and magnesium <0.7mmol/L (2) had intravenous supplementation. 14 (88%) were administered Hartmann's solution. 10 (63%) patients were made nil-by-mouth and 15 (94%) had a Ryles tube inserted. 2 (12.5%) patients were prescribed a prokinetic, and only 2 had either opioids or laxatives stopped. No patients were offered gum.

**Conclusions:** There is apparent clinical variation in investigation and management of post-operative ileus. We plan to develop an evidence-based trust guideline to reduce unwarranted clinical variation.