INTRODUCTION

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Intestinal obstruction was observed and treated by Hippocrates. The earliest recorded operation for intestinal obstruction was probably performed by Praxagoras (350 B.C), who created an enterocutaneous fistula to relieve the obstruction. However, nonoperative treatment remained the general rule, including reduction of hernias, opium for pain, orally administered mercury or lead shot in an endeavor to open the occluded bowel, electrical stimulation, and gastric lavage.

In the nineteenth century, amid considerable debate, surgery became used more frequently for intestinal obstruction. Most of the significant advances in the management of this disorder were made after the turn of the twentieth century. Hartwell and Houget (1912) observed that parenteral administration of saline solution prolonged the lives of dogs with intestinal obstruction, and this has become a cardinal principle of the management of intestinal obstruction today. The second decade of the twentieth century saw the development of radiographic techniques in the diagnosis of intestinal obstruction. In the 1930s nasogastric or intestinal tubes were employed to prevent or relieve intestinal distention in patients with intestinal obstruction.

Antibiotics were added to the therapy of the bowel obstruction in the 1940s and 1950s. Fluid replacement , intestinal decompression, antibiotics, and improvements in surgical and anesthetic techniques have reduced the mortality rate in simple intestinal obstruction; however, the recognition and treatment of strangulating intestinal obstruction remain more important and more problems, for surgeons today (Jones,1981).

Obstruction of the small intestine is one of the most common surgical emergencies and comprises approximately 20% of all acute surgical admissions. The mortality rate is still disturbingly high, although it has fallen from the 60% of the four decades ago to approximately 10%, if all types of obstruction are considered. Three factors are responsible for the lower mortality rate; intestinal decompression, increased understanding of the fluid and electrolyte problems involved, and the use of antibiotics.

Bizer et al. (1981) reviewed 405 patients with mechanical small bowel obstruction. They reported that the aetiology of obstruction was adhesions in 300 cases (74%),malignancy in 8.6 %, hernias in 8.1 %, inflammatory bowel disease in 5.2 %, and miscellaneous causes in 4.1 % . Mortality rates for patients with intestinal obstruction

have been declining since 1900s. In spite of this decline there is no unanimity of opinion regarding the indications for operative management and the role of conservative therapy.

Success in the treatment of acute intestinal obstruction depends largely upon early diagnosis, skillful management, and appreciation of the importance of treating the pathological effects of the occlusion just as much as the cause itself.