Summary

Postoperative ileus is a pervasive problem after major abdominal surgery and may lead to significant postoperative morbidity, prolonged hospitalization, and increased health care costs. Several mechanisms are thought to play a role in POI, including sympathetic neural reflexes, local and systemic inflammatory mediators, and changes in various neural and hormonal transmitters. Many potential treatment options exist for POI, but data regarding the efficacy of various therapies are generally limited. It appears that thoracic epidural anesthetic agents decrease the duration of POI, in part by blocking neural reflexes at the spinal cord and by decreasing post-procedure narcotic use by the patient.

NSAIDs may also speed recovery of bowel function by inhibiting bowel inflammation and by decreasing opioid use. Prokinetic agents such as metoclopramide and erythromycin have not been conclusively shown to decrease the duration of POI. Early enteral feeding and early ambulation have also not been definitively shown to shorten the duration of POI, but each appears to have other beneficial effects and may decrease postoperative morbidity and thus should be encouraged.

Opioid-receptor antagonists have shown promise in reducing postoperative ileus but still require further studies. Multimodality treatment approaches combining several therapies may represent a logical approach but require further evaluation in larger, randomized trials, as do novel emerging therapies such as vasointestinal peptide (VIP) and substance P antagonists or nitric oxide synthesis inhibitors.

The aim of this randomized controlled study was to determine whether gum chewing in the immediate postoperative period enhances return of bowel function after Cesarean Section.

This study was conducted on 220 patients planned for elective Cesarean Section under general anaesthesia and they were divided into 2 groups: study group 110 patients and control group into 110 patients according to randomization plan.

The study group allowed chewing gum postoperative 15 minutes every 2 hours and the control group didn't have any thing by mouth postoperative.

Regarding the results; the time interval from end of cesarean section to the first hearing of satisfactory intestinal sounds, first passage of flatus and first bowel motion were significantly shorter in the study group.

Also there was significantly decrease in the need for analgesics in post operative care in the study group than the control one. As well as the overall satisfaction of the subjects in the study group was significantly more than the control one. Postoperative hospital stay shows significant difference between the two groups as it was less among study group.