Summary and conclusion

Intestinal obstruction in all age groups is one of the most important surgical problems facing surgeons. Obstruction of small and large intestine due to adhesions, hernia and malignancies accounted for (95%)of causes in developed countries ***(Zadeh et al., 1995).***

Postoperative adhesions are abnormal unions between tissue surfaces which occur after almost every intra-abdominal surgical intervention and can lead to a number of complications ***(Van et al., 1997).***

In spite of this, some authors like ***(Ellis, 1982).***advised us to cease to regard the adhesion as evil-the vastmjority are harmless and in many instances have been protective or even life-saving by prevention of leakage from suture lines, obviating necrosis of damaged bowel or walling off inflammatory collections .

Various methods and agents have been investigated to prevent adhesion formation, but as yet few have been to be effective. ***(Ivarsson et al,. 1997).***

There is continuing debate among surgeons about whether adhesive intestinal obstruction is best managed operatively (with laparotomy and lysis of adhesions) or non- operatively (by use of nasogastric decompression and bowel rest until normal bowel funstion returns ***(Ivarsson et al., 1997).***