

Patient information from BMJ

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Ischaemic bowel disease: what treatments work?

Ischaemic bowel disease can happen when the blood supply to your intestines (bowels) becomes restricted. It can come on suddenly or develop over time. Treatment can help many people, but it is a serious condition that can be life threatening.

What treatments are available?

Like all the body's organs, the digestive system needs a healthy supply of blood to work properly. Blood brings oxygen and nutrients and carries away waste products. If the blood flow to the intestines is restricted for any reason it can cause ischaemic bowel disease. The word 'ischaemia' means restricted blood supply.

Ischaemic bowel disease is not one specific condition. The name covers any problems that can be caused by reduced blood supply to the bowel. For more background information see our leaflet *Ischaemic bowel disease: what is it?*

The treatment you need will depend on which blood vessels are affected and on how severe the problem is. But many people need surgery.

Mild ischaemic bowel disease

If the blood supply to your bowel is only slightly restricted, and if there are no signs of infection, you probably won't need surgery. Some types of mild ischaemic bowel disease get better by themselves.

But even if your ischaemia is mild you will need treatment to make you comfortable and stable and to prevent the problem getting worse.

First treatments

The first treatments you will be given will be to help make you stable. They may include oxygen via a mask and intravenous (IV) fluids. You may need a tube inserted into your stomach or treatment to correct an irregular heart rhythm.

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You will also be given antibiotics. This is because any damage to the bowels can cause bacteria to spread quickly around the body. If you have signs of heart failure you will also be given medicine to help your heart pump more strongly.

Surgery

Many people with ischaemic bowel disease need surgery. This is usually done either to remove a blockage from a blood vessel or to bypass a blocked or badly damaged portion of a blood vessel.

Both these methods can help restore a healthy flow of blood. The type of surgery you need depends on which blood vessels are affected and how badly.

You might also need surgery if the lining of your abdomen is inflamed (this swelling is called peritonitis), or if there is a tear in your bowel. To begin with you will need what's called exploratory surgery.

This means that the surgeon makes a cut in the abdomen and is then able to see clearly any swelling and damage. He or she can then remove any badly damaged section of bowel and repair the more healthy parts.

After surgery

If you have surgery you will need drug treatment to help your recovery. You will probably need to take at least one of the following drug treatments. You may need to take some of them for some weeks or months:

- Antibiotics to target any specific infection that has been identified
- Drugs called anticoagulants to stop your blood from clotting too easily and to help prevent more blockages while you recover
- Other drugs to help dilate (open up) narrow blood vessels to improve blood flow. You only take these for a few days.

If you have inflamed blood vessels you may need to take powerful anti-inflammatories called corticosteroids to help relieve the swelling.

What to expect in the future

The follow-up care that you need will depend on whether you needed surgery.

If you didn't have surgery you may need to have tests and procedures so that your doctor can check for any damage to your digestive system.

If you had surgery you will need regular check-ups to make sure you are healing well. But, whether you had surgery or not, you will need check-ups so that your doctor can look out for signs of anything that might cause another episode of ischaemia. You will also need treatment for any other problems that might have caused the ischaemia.

You will need to be aware of the symptoms of bowel ischaemia returning. If you have any abdominal pain, bloating, bloody stools, nausea, or vomiting, seek medical help straight away. And it's vital that you take your follow-up medicines as instructed by your doctor.

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Unfortunately an episode of bowel ischaemia can be fatal, especially if it was diagnosed late and there is already a lot of damage. The chances of survival also depend on which blood vessels are involved and how bad the blockage is.

The outlook is better for people with chronic ischaemic bowel disease. With treatment, between 70 and 90 in 100 people survive. For people whose large intestine is affected, rather than their small intestine, the outlook is even better.

But acute ischaemic bowel disease tends to be more serious. More than half of people with this type of ischaemia will die.

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