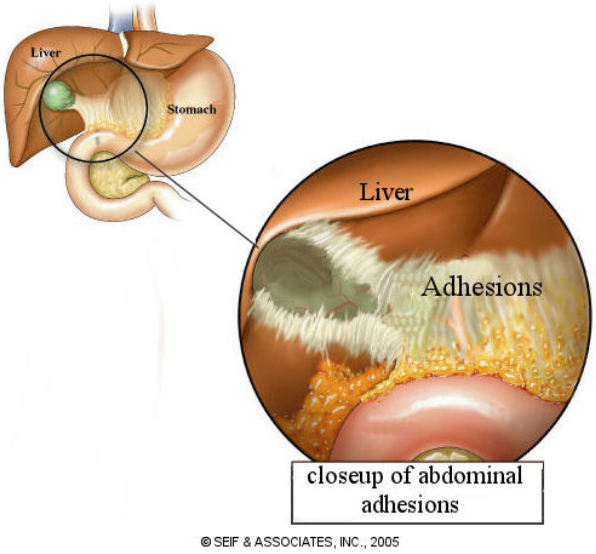
Adhesions

Adhesions are stringy (*fibrous*) bands of tissue. Adhesions are similar to scars, but they are on the inside of your body. Adhesions form between two surfaces of the body.



CAUSES

- The most common adhesions are those that occur following surgery. Touching and moving things within the belly (abdomen) leads to inflammation and adhesions can form. Not all people get adhesions following surgery. But, adhesions may happen even with the gentlest handling of the organs in the abdomen. There is no way to predict who will have adhesions. The adhesions can occur between:
  - Loops of bowel.
  - The bowel and other organs such as the liver.
  - The contents in the pelvis such as the uterus, bladder, ovaries and tubes.
- Inflammation within the abdomen even if there is no surgery. An example would be an infection in the tubes and uterus *(pelvic inflammatory disease)*. Any infection will cause inflammation that may lead to adhesions.
- Radiation treatment.

SYMPTOMS

Many people have no signs or symptoms from adhesions. However, adhesions may cause a number of symptoms. Some of these are:

- Abdominal pain, tenderness or cramping.
- Abdominal bloating.
- Constipation or diarrhea.
- Vomiting.
- Painful sex.
- In females, difficulty getting pregnant.

DIAGNOSIS

- An exam by your caregiver may suggest that adhesions are present.
- A surgical procedure using a small incision and a thin scope can be used to look inside the abdomen at the adhesions.
- Sometimes x-rays may suggest adhesions inside the abdomen.

TREATMENT

Surgery can be performed to separate the adhesions. This often takes care of the problems caused by the adhesions, although surgery may also cause more adhesions to develop.

PROGNOSIS

- The outcome is usually good if an operation is used to fix adhesions inside the belly.
- All adhesions may reoccur and the problem can come back.

HOME CARE INSTRUCTIONS

- Take usual medications as directed by your caregiver.
- Only take over-the-counter or prescription medicines for pain, discomfort or fever as directed by your caregiver.

- Pay attention to the pain:
  - Has it changed?
  - Has it moved?
  - Is it gone?
- Do not eat solid food until your pain is gone.
- **While you have pain:** Stay on a clear liquid diet. A clear liquid is one you can see through (water, weak tea, broth or bouillon, lemon lime carbonated drinks, gelatin, apple juice, popsicles or ice chips).
- **When your pain is gone:** Start a light diet (dry toast, crackers, applesauce, white rice, bananas, broth or bouillon). Increase the diet slowly as long as it does not bother you. **No dairy products** (including cheese and eggs) **and no spicy, fatty, fried or high fiber foods**. Your caregiver will tell you if you should be on a special diet.
- No alcohol, caffeine or cigarettes.
- If your caregiver has given you a follow-up appointment, it is very important to keep that appointment. Not keeping the appointment could result in a permanent injury or lasting *(chronic)* pain or disability.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your pain is not gone in 24 hours.
- Your pain becomes worse, changes location or feels different.
- You have an oral temperature of 102° F (38.9° C) of higher.
- Your vomiting will not stop.
- You have blood or brown flecks (like coffee grounds) in your vomit.
- You have blood in your bowel movements.
- Your bowel movements are dark or black.
- Your bowel movements stop (become blocked) or you can not pass gas.

Document Released: 03/09/2005 Document Re-Released: 10/15/2010
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