Subject: **MESENTERIC ISCHEMIA**

Original Date: October 2003

**DEFINITION:** Mesenteric ischemia results when the bloodstream fails to carry sufficient amounts of oxygen and other nutrients to meet intestinal needs. Ischemia may be related to an artery occluded by an embolus or thrombus, or there may be no physical occlusion.

**SUBJECTIVE**

- Severe, cramping, generalized, or periumbilical abdominal pain
- PMH
- Precipitating factors
- Medications

**OBJECTIVE**

- Vital signs
- Early in the course of the disorder, no abnormalities are found on examination.
- Possible rectal bleeding with colonic ischemia
- Hypotension and abdominal distention suggest infarction
- CBC-leukocytosis
- Review BMP
- Lactic acidosis suggests infarction
- Blood cultures
- Consider cardiac enzymes

Consult MD prior to ordering:

- Mesenteric arteriography -useful in locating a vascular occlusion
- Barium contrast radiography-thickening of the intestinal wall
- Contrast-enhanced MR angiography has sensitivity and specificity in the detection of mesenteric ischemia

**ASSESSMENT**

- Embolism
- Thrombus
- Arterial thrombus
- Surgical accidents
- Abdominal trauma
- Tumors
• Non-occlusive mesenteric vascular disease

PLAN

• Assess patient
• Monitor vital signs and I/O
• Patient with significant hypotension require rapid fluid resuscitation and vasopressors may be used. Notify MD for treatment plan
• Notify MD for findings (occlusive disease) noted on radiology.
• If infarction has occurred, resection of that part of the bowel should be performed.
• Consult with MD regarding need for TPN
• Non-occlusive disease-correct or alleviate underlying problems; hypovolemia, heart failure, and digitalis toxicity
• Refer to EGS antibiotic protocol
• Consult with MD: Vasodilator drugs can be also administered via an interarterial cath placed during arteriography. Glucagon, 0.25-1 mg IV
• Update MD

GENERAL INFORMATION:

1. Surgical treatment: Embolectomy or bypass of the occluded vessel to prevent infarction
2. Stent placement for stenosis or occlusions has been effective as an adjunct therapy to angioplasty.

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