# Decreasing Postoperative Ileus with Gum Chewing: An RN Driven Intervention for Postoperative Patients

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## Background
- Postoperative ileus (POI) is a common complication following abdominal surgeries. Patients with postoperative ileus often experience abdominal distention, pain, and nausea and vomiting and require a prolonged hospitalization while awaiting return of bowel function. Gum chewing is a relatively inexpensive, low risk, nurse driven intervention that may decrease the occurrence of postoperative ileus.
- Patients that develop postoperative ileus must remain in the hospital for longer periods of time while awaiting return of bowel function. The increase in length of stay ultimately results in increased cost of care. Consequently, the estimated cost of treating postoperative ileus in the United States is estimated to be greater than 7.5 billion dollars annually (Marwah, Singla, & Tinna, 2012). The postoperative ileus complication rate at NorthBay is 1.1%. Gum chewing is an inexpensive intervention that can potentially decrease the costs related to this complication.
- This RCT looked to extrapolate the effect to acute inpatient with open abdomen surgeries.

## Methods
- A randomized controlled trial with 2 arms was chosen to allow us to compare gum chewing with the standard treatment to the standard treatment alone.
- Staff pulled the next envelope (randomized for treatment vs control)
  - Treatment – 1 stick sugar free gum, three times a day, for a minimum of 30 minutes
  - Control – current treatment strategies
- Treatment group along with RN kept track of frequency and duration of gum chewing, return of flatus.
- Adults only (18yo or older, GCS 15, admission to acute surgical unit, status post open abdominal surgery)
- Ineligibility (less than 18yo, Intubated, GCS < 15, mandible fx, multi facial fx, dysphagia or aspiration risk, history TMJ, adentulous)
- Participants could withdraw at any time.

## Results
- Incidence of POI treatment versus control group p>.05
- LOS treatment versus control group p>.05

## References