

Parent Policy: None	Title: Management of Ogilvie's Syndrome	Standard Operating Procedure Effective Date: 04/26/2021
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**WHO SHOULD READ THIS PROCEDURE:**

This procedure shall be read by all practitioners and clinicians in WPP Surgery

**PROCEDURES:**

**Definition:** Acute colonic pseudo-obstruction (Ogilvie's syndrome) is a disorder characterized by acute dilatation of the colon in the absence of an anatomic lesion that obstructs the flow of intestinal contents.

**Etiology:**

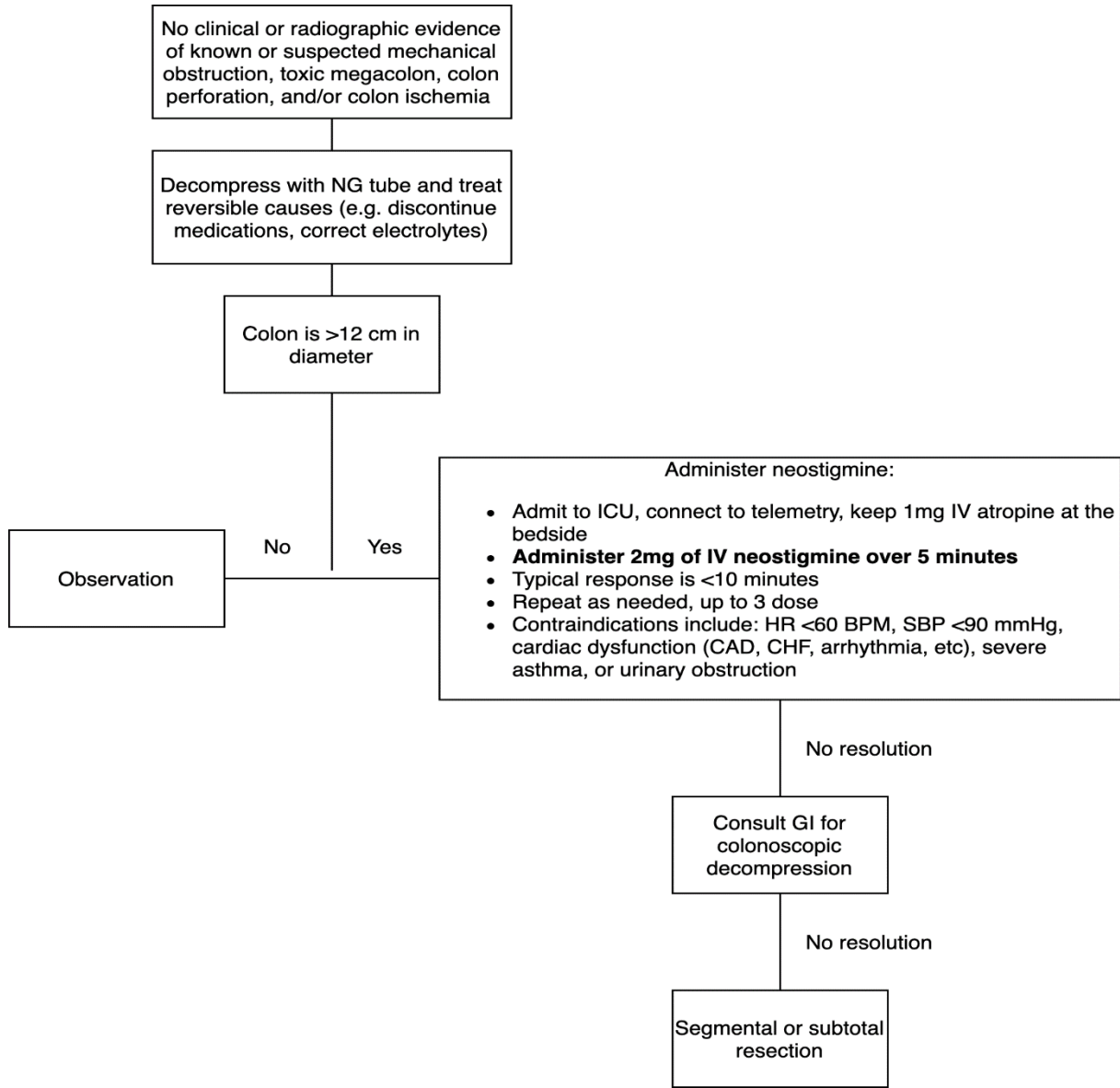
- Medications: opioids, anti-cholinergics, anti-psychotics, calcium channel blockers, etc.
- Orthopedic surgery (especially hip and spine)
- Pelvic surgery
- Cardiothoracic surgery
- Neurological diseases: Parkinson's, stroke, dementia
- Metabolic/electrolyte imbalance

**Epidemiology:** Most common in men > 60 years old

**Pathogenesis:** Unknown

**Diagnosis:** Colon dilation without evidence of obstruction on cross sectional imaging. The differential diagnosis includes mechanical obstruction and toxic megacolon.

**Treatment:**



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**References:**

1. Ogilvie H. Large-intestine colic due to sympathetic deprivation; A new clinical syndrome. Br Med J 1948 Oct 9;2(4579):671-3.
2. Ponc RJ, Saunders MD, Kimmey MB. Neostigmine for the treatment of acute colonic pseudo-obstruction. N Engl J Med 1999 Jul 15;341(3):137-41.
3. Vogel JD, Feingold DL, Stewart DB, et al. Clinical Practice Guidelines for Colon Volvulus and Acute Colonic Pseudo-Obstruction. Dis Colon Rectum 2016; 59:589.

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