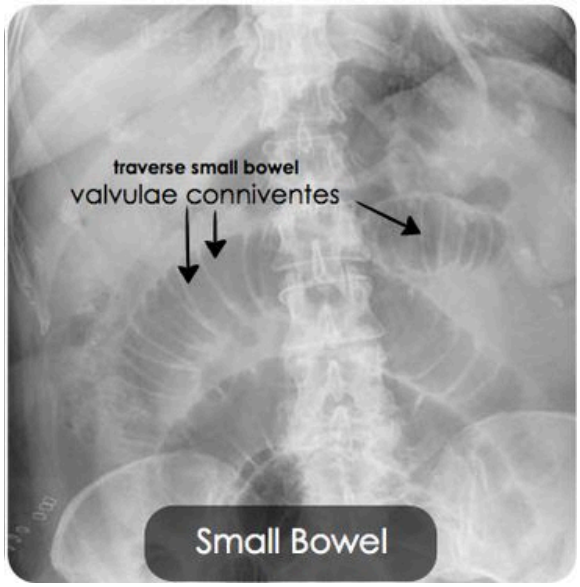
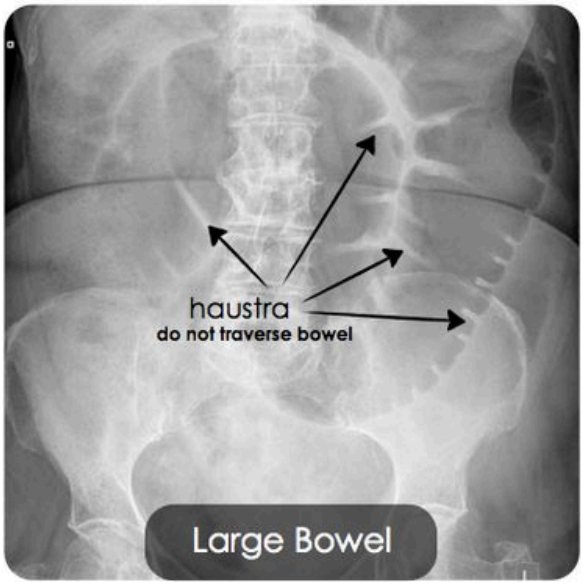
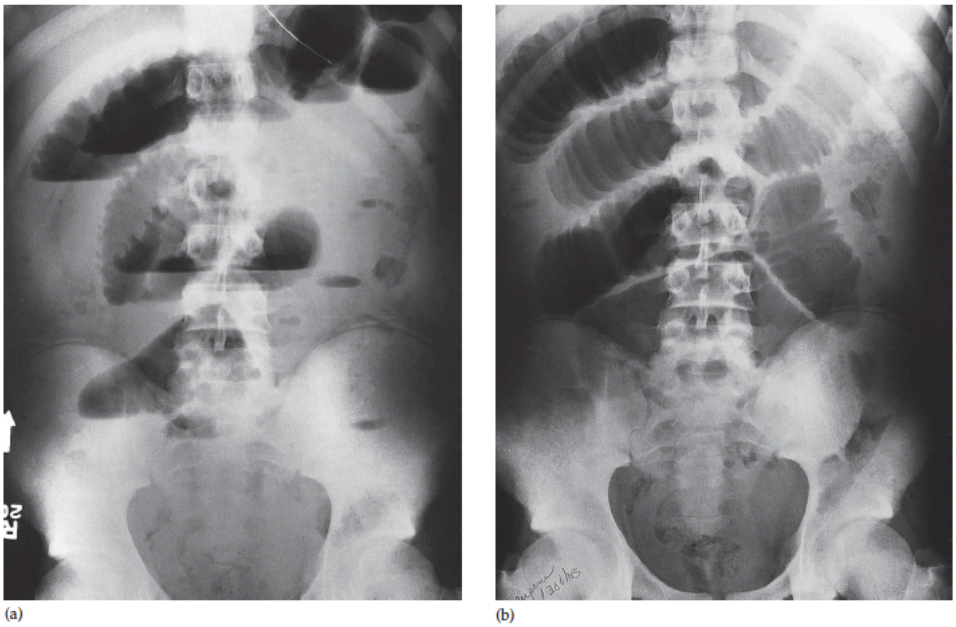
Modalities: (1) Initially clinically + plain abdominal x-ray.
* No signs of obstruction + not evident on plain x-ray → contrast study [water-soluble preferred not barium]
(Disadvantage of water-soluble contrast: in distal small bowel obstruction, the contrast becomes too diluted)
(2) CT to identify site & cause + confirm diagnosis

	Small Bowel Obstruction	Large Bowel Obstruction
Position	**Central** framed by the large bowel	Peripheral (except transverse colon + sigmoid = central)
Pattern	Dilation (before) → **Point of obstruction** → empty or reduced caliber after	Dilation (before) → Point of obstruction
# loops	Numerous	Less number of loops
Specific Structure	valvulae conniventes Also known as Plica cirularis Gives **"Stack of coins" sign**  	Haustration (incomplete ring) Also known as sacculations [Can be absent in structures distal to splenic flexure) 
Barium	Follow-through **OR** enterolysis (small bowel enema)	Enema
If ileocaecal valve involved like in paralytic ileus **obstruction is in both bowels**		



(a) (b)

Fig. 5.2 Small bowel obstruction due to adhesions. (a) The jejunal loops are markedly dilated and show air–fluid levels in the erect film. The jejunum is recognized by the presence of valvulae conniventes. (b) The 'stack of coins' appearance is well demonstrated in the supine film. Note the large bowel contains less gas than normal.

Fig. 5.3 Large bowel obstruction due to carcinoma at the splenic flexure. There is marked dilatation of the large bowel from the caecum to the splenic flexure.