

What are some important points to remember?

- Help is available
- Symptoms may be similar to other digestive disorders
- If able, eat small frequent meals
- Consume pureed foods
- Eat baby food
- Chew foods thoroughly
- Patients may have frequent bouts of bacterial overgrowth
- Work with a dietitian
- Supplement diet with protein powders and/or liquid nutrition
- For those who are unable to eat, nutritional support may be advised
- Check with your doctor or pharmacists about any medications you are taking that might be contributing to slow digestive motility
- Contact your physician to discuss any questions or concerns regarding your symptoms, treatments, or diagnosis

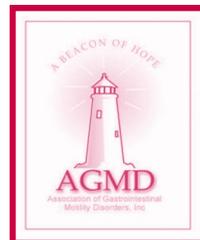
Additional Helpful Resources

- Association of Gastrointestinal Motility Disorders, Inc. (AGMD): <http://www.agmd-gimotility.org>
- University of Virginia Health System Digestive Health Center: <http://healthsystem.virginia.edu/internet/digestive-health/nutrition/patientedu.cfm>
- American Neurogastroenterology and Motility Society: <http://www.motilitysociety.org/>

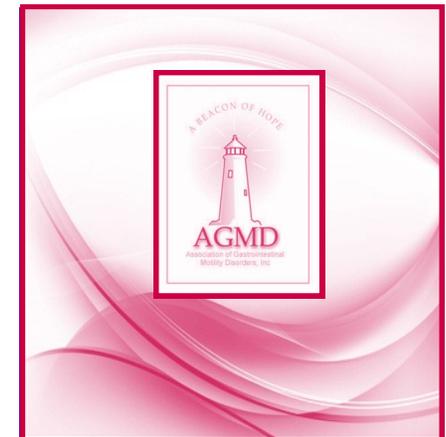
The information contained in this educational brochure should be used as a reference only. Patients are urged to contact their physician regarding any concerns or questions relating to their health or the material presented in this publication.

The content of this publication has been reviewed by members of the AGMD Medical, Scientific, and Nutrition Advisory Board.

For further information concerning the Association of Gastrointestinal Motility Disorders, Inc. (AGMD) and digestive motility diseases and disorders, contact the AGMD International Corporate Headquarters.



Information About Chronic Intestinal Pseudo-Obstruction



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What is Chronic Intestinal Pseudo-Obstruction?

Chronic intestinal pseudo-obstruction (CIP, CIPO), is a rare digestive disorder affecting the motility (wavelike contractions known as peristalsis) of the digestive tract. In normal digestion, peristalsis propels food and liquid content throughout the digestive tract. When CIP is present, these contractions become altered and inefficient, resulting in slow or rapid peristalsis or a combination of both. Peristalsis may be totally absent in some patients as well.

Why is it called chronic intestinal pseudo-obstruction?

In CIP, the intestines react as if there were a bowel obstruction, however, in reality, there is none. Therefore, patients may experience the same symptoms as if they were having a true obstruction. The “pseudo” part of CIP denotes a mimicking of an obstruction.

What are some of the symptoms of CIP?

Some of the symptoms of CIP include, abdominal pain, nausea, vomiting, abdominal distention (swelling), constipation, diarrhea (or a combination of both), early satiety (fullness), weight loss, malnutrition, and difficulty with urination. Not every patient will have every symp-

tom. In addition, there is no pattern to these symptoms and they can often be unpredictable.

Can CIP progress to other parts of the digestive tract?

In some cases, CIP may progress to either certain parts, or the entire gastrointestinal tract. The bladder may also become affected.

Are there different forms of CIP?

There are different forms of the disorder.

- Neuropathic - affecting the nerves in the intestinal tract
- Myopathic - affecting the muscles in the intestinal tract

What causes CIP?

- Pseudo-obstruction may be genetic or congenital
- Secondary to an existing disease such as scleroderma, lupus, endocrine disorders, infections (i.e. Epstein-Barr virus), muscular dystrophy and neurological diseases (i.e. Parkinson's disease, dysautonomic), malignancies, intra-abdominal surgery, and certain drugs (i.e. narcotics).
- Idiopathic, meaning no known cause

Who is affected by CIP?

The disease can strike anyone at any age. It can also affect individuals of any sex and ethnic background.

Is CIP difficult to diagnose?

Diagnosis can be difficult. In many cases, the patient may not look ill. Blood laboratory tests may be normal and in addition, barium studies, colonoscopies, x-rays, computed tomography, ultrasonography may also reveal unremarkable results. One clue may be the appearance of dilated bowel loops, which can be found in some patients.

A definitive diagnosis is therefore made based on patient medical history, physical examination, manometry studies, and microscopic examination of the bowel wall.

Are there any proven treatments for CIP?

Unfortunately, treatment is very individual because what works for one patient, may not work for another. Treatment focuses on symptom management. To date, there is still no cure. Some treatments include: prokinetics, antiemetics, proton pump inhibitors, stool softeners, antibiotics, analgesics, surgery, and nutrition supplementation. There have also been recent advances in bowel transplantation and the use of gastric electrical stimulators