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# Postoperative Ileus Complicated with Incomplete Evisceration after Hysterectomy for Benign Pathology

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**Abstract**
Postoperative ileus (POI) is a complex phenomenon with important morbidity and mortality, well known in many surgical fields. POI occurs commonly after abdominal and pelvic surgery, especially in cancer patients. We report the case of a 63-year-old patient without known risk factors for POI, who underwent total hysterectomy with bilateral adnexectomy for ovarian tumor with suspicion of malignancy, invalidated by the extemporaneous pathology examination. The postoperative evolution is marked by reduced bowel movements, lack of intestinal transit for flatus and stool for 6 days. In cooperation with the general surgeon conservative treatment for POI was administered, without effect. The abdomen remained distended, with no nausea or vomiting. On the 6th postoperative day a wound dehiscence with incomplete evisceration occurred, after a CT scan of the abdomen and pelvic region was requested to make a differential diagnosis between an intestinal mass and other pathology involving the bowell. In conjunction with the General Surgery team the surgical reintervention was decided and performed. After the procedure, the patient successfully regained transit, with flatus and stool emission, but another 2 complications occurred, which were successfully treated: sepsis and deep vein thrombosis. Understanding the pathophysiology could help to prevent, diagnose, and implement protocols in order to avoid POI and its complications, to reduce hospital stay and cost burden.
**Key words:** POI, incomplete evisceration, prophylaxis measures, thromboembolism