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Summary

Panel discussion: Untangling malabsorption in dysmotility and short bowel syndrome

UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Neurogastroenterology & Motility | Small Intestine & Nutrition

October 5, 2025

This panel discussion addressed practical management challenges in chronic intestinal pseudo-obstruction (CIPO) and short bowel syndrome, emphasizing the need to avoid long-term opioids, comprehensive nutritional monitoring beyond BMI, and individualized prognosis assessment based on underlying pathology.

KEY POINTS

- The speakers recommend using neuromodulators such as amitriptyline, duloxetine, and gabapentin instead of long-term opioids in CIPO patients, because opioids cause paradoxical hyperalgesia leading to increased pain rather than relief.
- Nutritional monitoring in intestinal failure patients should include body composition measures (mid-arm muscle mass, calf circumference, hand grip strength) and bioelectrical impedance analysis rather than relying solely on weight and BMI, with micronutrients checked every three months and blood tests twice weekly when starting parenteral nutrition.
- For CIPO patients with constipation, the speakers reported using prucalopride as first-line prokinetic therapy because it acts on both small bowel and colon, while linaclotide should be avoided as it fills the small bowel with liquid and worsens symptoms.
- The speakers stated that patients with severely dilated bowels (true CIPO) usually do not improve and often worsen with progressive dilation and complications, whereas younger patients with bowel myopathy and short bowel patients on long-term parenteral nutrition generally have good prognosis, with some patients maintained for 30 to 40 years.
- When using high-dose loperamide (above 8 mg four times daily), the speakers now perform baseline ECG monitoring due to QT prolongation concerns, after observing that reducing loperamide doses affected QT intervals in some patients.

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