

ELECTIVE GASTROPEXY:

Low morbidity procedure preventing high morbidity emergency



Synopsis

The elective gastropexy is effective at dramatically reducing the occurrence of gastric volvulus and the emergent patient scenario that it creates. By surgically inducing a permanent adhesion between the right body wall and the gastric antrum, one reduces the chance of the antrum rolling craniodorsally into a 180-360 degree volvulus. In significantly predisposed breeds and/or body shapes, this procedure can be prophylactically life-saving. The morbidity associated with the procedure itself is quite low; when added on to another elective procedure requiring general anesthesia, the relative morbidity is further reduced.

Complications that may arise with this procedure are:

- Postoperative **gastric stasis** (uncommon, usually short-lived, noted by poor appetite or vomiting; treated with gastric motility enhancers)
- Postoperative **ileus** (rare, related to intraabdominal manipulations and anesthetic drugs; self-limiting)
- Gastric **perforation** w/ leak (very rare; serious/life-threatening, requiring emergent re-operation)

Poor postoperative outcomes may be due to the above complications, and/or:

- **Incomplete adhesion** (may allow gastric volvulus to occur)
- Excessively **elongated adhesion** (may allow gastric volvulus or may result in strangulation of other GI structures)
- Recurrent **gastric dilatation without volvulus** (may be self-limiting or emergent; typically non-surgical treatment, if necessary)

Proper owner expectations are important to a successful experience and patient outcome. Please discuss this information with your clients while assisting them with decision-making for an **Elective Gastropexy**.