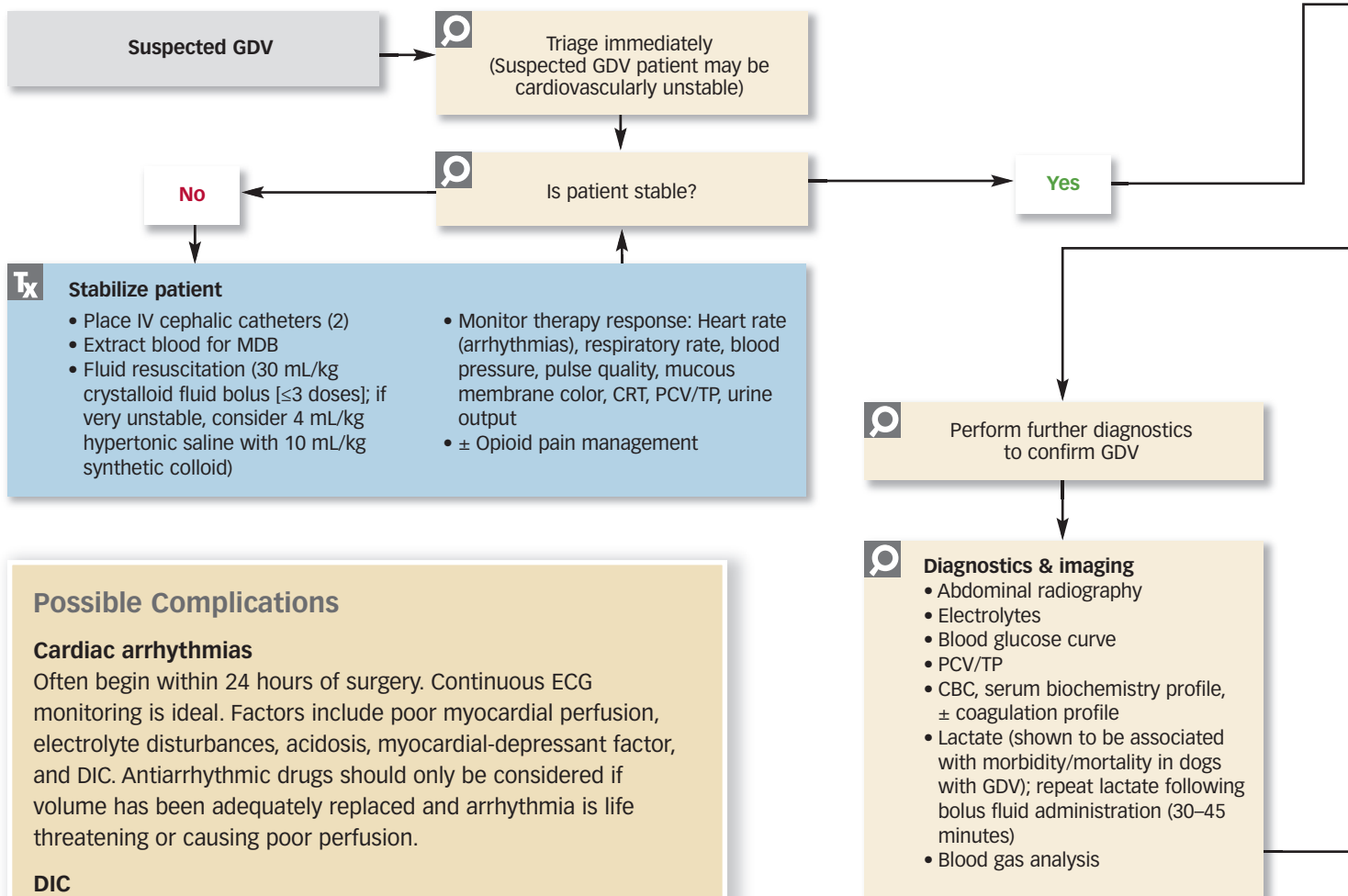


Gastric Dilatation-Volvulus

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Possible Complications

Cardiac arrhythmias

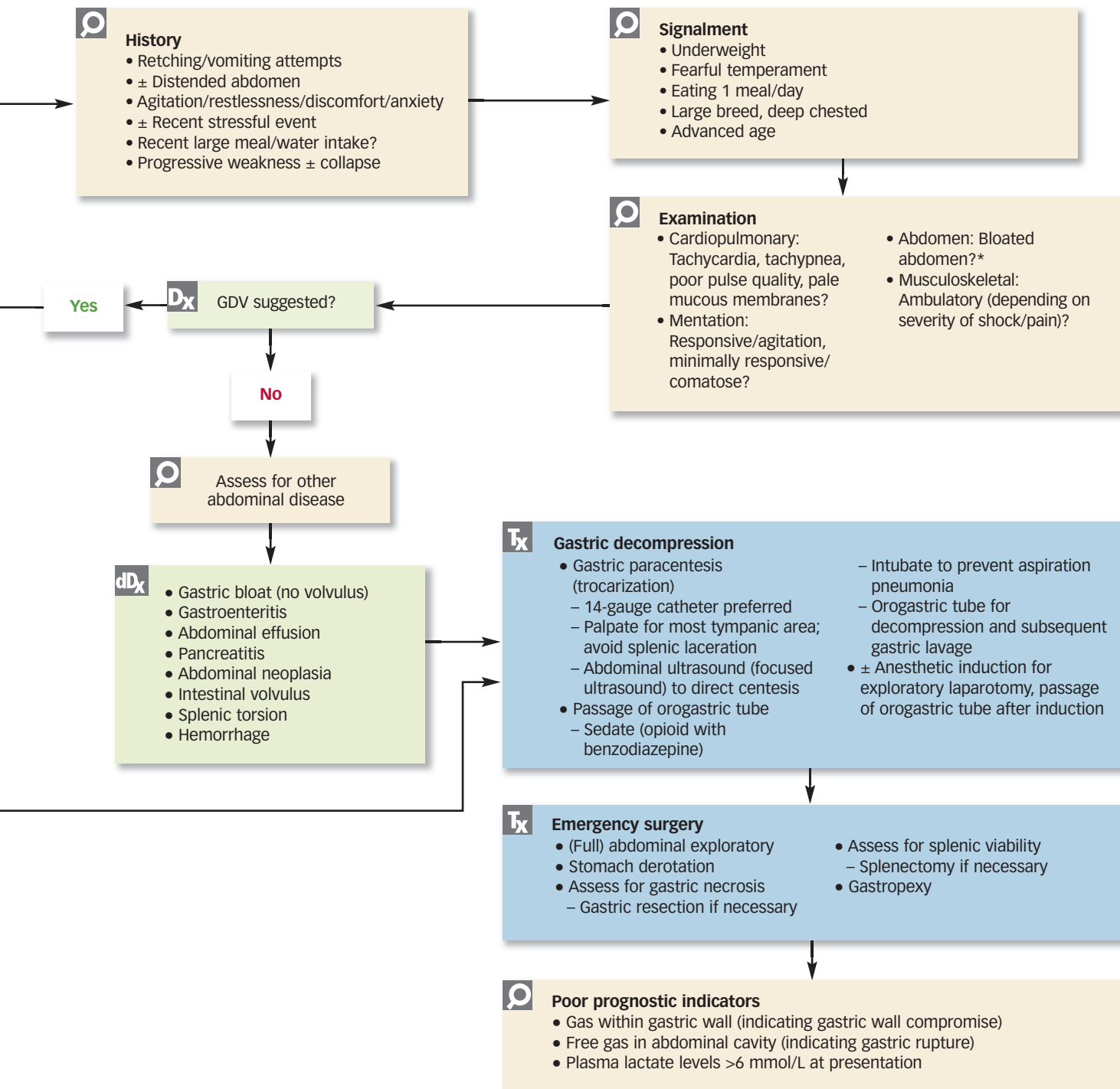
Often begin within 24 hours of surgery. Continuous ECG monitoring is ideal. Factors include poor myocardial perfusion, electrolyte disturbances, acidosis, myocardial-depressant factor, and DIC. Antiarrhythmic drugs should only be considered if volume has been adequately replaced and arrhythmia is life threatening or causing poor perfusion.

DIC

Can persist after surgery. Factors include blood pooling in portal circulation and the caudal vena cava, sepsis, vascular thrombosis, endotoxemia, acidosis, tissue hypoxia, and splenic congestion. Diagnosis may be confirmed by prolonged activated clotting time or abnormalities in platelet, FSP, and PTT values. Treatment should target underlying cause; microvascular thrombosis should be prevented with adequate tissue perfusion via IV fluid therapy.

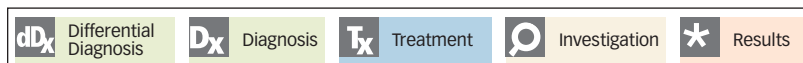
Sepsis

Can occur postoperatively; aspiration pneumonia is a frequent cause (vs gastric leakage). Thoracic radiography and peritoneal lavage can help identify origin.



* Abdomen may vary from remarkable, distended, and firm to tympanic. If stomach is contained in rib cage or if there is gastric torsion with minimal air, visual bloat (ie, distention) may not be present.

DIC = disseminated intravascular coagulation, FSP = fibrin split products, GDV = gastric dilatation-volvulus, PTT = activated partial thromboplastin time



See Aids & Resources, back page, for references & suggested reading.