



Prophylactic laparoscopic procedures

Included are: laparoscopic assisted gastropexy, laparoscopic gastropexy, laparoscopic ovariectomy, laparoscopic cryptorchid neuter. A gastropexy entails suturing the stomach to the body wall, creating a permanent adhesion. The aim is to prevent the rotation part of GDV (gastric dilatation volvulus). This can be done open, laparoscopic assisted or fully laparoscopic.

Indications:

Preventative/prophylactic gastropexy in at-risk breeds for GDV (large breeds, deep chested dogs), removal of ovaries in female dogs/cats, removal of abdominally located (cryptorchid) testicles in dogs.

Preoperative workup and other diagnostics:

- General physical examination
- Preoperative laboratory work (for a young, healthy animal typically only baseline)

Procedure:

A small (1-2cm) opening ('port') is made to allow us to place a camera (laparoscope) in the abdomen. This port is also used to insufflate the abdomen with gas, allowing us to look around and visualize organs. Depending on the procedure, one or two additional small ports are made. After the procedures are completed, the gas will be allowed to escape from the abdomen, deflating it to its normal size.

Ovariectomy/Cryptorchidectomy: The blood supply to the ovaries/testicles is sealed with a sealing device, after which they are cut from their attachments, and can be removed via one of the ports.

Gastropexy: The stomach is grasped, and placed next to the bodywall in the location where the pexy will be performed. An incision (just behind the ribs on the right) can be made & used to suture the stomach in placed. Alternatively, a specialized suturing technique can be used to suture the stomach to the body wall without an additional incision. Not everyone will offer this option – and please ask your surgeon which technique will be used.

Complications:

As with any surgical procedure, there are always risks associated with general anesthesia. For otherwise healthy pets, these risks are usually low, but are considered increased in animals with systemic illness.

One of the inherent risks for a minimally invasive procedure is the need to convert to an open procedure. Reasons to do so might be:

- inability to fully visualize the organs
- bleeding

Your surgeon will discuss these complications in more detail during your pet's visit.

Postoperative Care:

In hospital care: the pet will be monitored closely during their recovery from anesthesia, and will receive incisional care, that could include icing the incisions.

At home care: Even though the incisions are smaller, we would still recommend wearing an E-collar, and leash walks/exercise restriction for the first 10-14 days after surgery to allow all the incisions to heal.

Prognosis:

Good, although in some pets a dilation (without rotation) might still occur, and there is a ~10% rate reported in the literature (across all gastropexies) for the pexy to fail to create a persistent adhesion.