

Informed Consent

Enterotomy (Incision into the Intestine) And Intestinal Resection and Anastomosis (Removing a Portion of the Intestine)

You have elected to have your pet undergo a surgical procedure called a enterotomy, where an incision is made into the intestine (for example, to remove foreign material, obtain a biopsy sample, or accomplish some specific procedure) or a portion of the intestine may need to be removed (intestinal resection and anastomosis) because it may be compromised by lack of blood supply, perforation, or tumor. The prognosis with surgery is generally very good to excellent, however, complications occur in about 15% of patients. Below, general risks of abdominal surgery are outlined, followed by those specific to enterotomy/intestinal resection and anastomosis procedures. Let us know if you have any questions or concerns.

Abdominal Surgery Risks

Skin incision infection- this is a risk with any surgery, and usually treatable with oral antibiotic therapy

Damage to abdominal structures- this could cause bleeding, or contamination by contents of the intestines

Abdominal wall dehiscence (opening)- this can occur when the incision line used to close the abdominal wall fails. At first, the abdominal contents may stay covered by skin and subcutaneous tissue and revision is recommended. If they are not covered, emergency intervention is required.

Abdominal foreign body- very rarely, sponges or even instruments can be left in the abdominal cavity during surgery. We take precautions to ensure this doesn't happen, but it is possible.

Enterotomy/Resection and Anastomosis

Leakage from the intestinal incision site (dehiscence)- if the incision in the intestine leaks, the intestinal contents end up in the abdomen and that causes irritation and infection. The consequence in this case is almost invariably an infection called peritonitis. Peritonitis can be life-threatening and emergency revision surgery is recommended.

Recurrence of any tumor- if the underlying cause was some type of tumor, we remove as much as possible and/or as much as we can see and feel plus a significant “margin” of normal tissue where possible. Despite these efforts, there could be cells that remain that could spread after surgery, causing a recurrence.

Intestinal stricture- opening and closing of the intestine is pretty straightforward, but healing can impact the diameter of the inside of the intestine (lumen) due to scar tissue. If a stricture forms in the weeks to months after surgery, it has the potential to cause its own problems, leading to partial obstructions and revision surgery may be recommended.

Intussusception- this is when part of the intestine ends up inside another part of the intestine and this can be life threatening if not treated.

Scar tissue within the abdomen (adhesions)- adhesions are very common but most do not cause problems. If an adhesion forms in certain places, it could lead to bowel constrictions which could require additional surgery

Poor gastrointestinal motility (ileus)- this is a direct result of the original disease process, handling the intestine, and the surgery itself. It is usually self-limiting, but therapies may be required.

Short bowel syndrome- if an excess amount of small intestine must be removed, there can be side effects, that may require medical therapies. This does have the potential to improve over time, if it occurs.