

Informed Consent

Gastropexy for Gastric Dilation and Volvulus (GDV) ("Stomach Tack")

Your pet has been diagnosed with gastric dilation and volvulus, also known as bloat, or GDV. This is a medical and surgical emergency and you have elected to have your pet undergo a surgical procedure called an emergency derotation, decompression, and gastropexy. Essentially, the stomach is deflated, placed back into normal position, and secured to the body wall (the gastropexy) to prevent it from flipping or rotating again. The prognosis with surgery is generally guarded, however, and complications occur in about 50% of patients. Below, general risks of abdominal surgery are outlined, followed by those specific to the GDV/gastropexy procedure. 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

Adhesion formation (scar tissue formation in the abdomen)- scar tissue can impact the tissues in the abdomen in the future

Peritonitis- this is a rare but serious infection within the abdomen. If this occurs, additional therapies may likely be recommended.

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.

GDV/Gastropexy

Need for additional procedures- following the deflation and repositioning of the stomach, an exploratory is performed, where the abdominal organs are assessed. During explore, we may identify the need for additional procedures including partial gastrectomy (removal of part of the stomach) and splenectomy (removal of the spleen). Sometimes, when the stomach flips, the blood supply to parts of the stomach and/or spleen may be cut off. If some of the stomach and/or spleen looks unhealthy or nonviable, it may need to be resected or removed. If there is vascular compromise to the stomach or spleen that is not appreciated at the time of surgery, this would likely need to be addressed by an additional surgery.

Bleeding (hemorrhage)- there is commonly rupture of some of the vessels between the stomach and spleen, leading to bleeding during surgery. Life-threatening hemorrhage as a result of this is rare, but still possible as a sequela of the GDV.

Low blood pressure (hypotension)- may occur due to systemic effects of the GDV and additional therapies may be needed

Heart rhythm disturbances (arrhythmias)- may occur due to systemic effects of the GDV and additional therapies may be needed

Blood infection and possibly systemic inflammatory response syndrome (sepsis and SIRS)- may occur due to systemic effects of the GDV and additional therapies may be needed. These problems are severe and life-threatening.

Low oxygen in the blood (hypoventilation)- may occur due to systemic effects of the GDV and additional therapies may be needed

Poor intestinal motility (ileus)- may occur due to systemic effects of the GDV and additional therapies may be needed

Effects on other abdominal organs-organs affected could include pancreas, as mentioned the stomach, spleen and the liver and gall bladder. These adverse effects may occur due to systemic effects of the GDV and additional therapies may be needed.

Aspiration pneumonia- this occurs following accidental inhalation of material meant to be swallowed and can be mild, or very severe, and life-threatening

Air in the chest (outside of the lungs, called pneumothorax)- can occur during the gastropexy procedure. Additional therapies may be needed.

Inadvertent entry into the stomach- this is not usually a concern, because we can close it, but if the incision goes into the stomach, that includes risk of failure of that incision site. Although rare, if the incision in the stomach leaks, the stomach contents ends up in the

abdomen and that causes infection and irritation. Usually additional therapy would be needed.

Failure of gastropexy/ recurrence- if the incision line holding the stomach to the body wall fails, the intended protection is not present. Unfortunately, there may not be a way to know that unless the pet suffers another gastric dilation and volvulus (GDV) episode.

Bloat (gastric dilation)- while the gastropexy prevents the torsion (or volvulus) component of GDV, the gastropexy cannot prevent the dilation, or bloat, component. This isn't usually life threatening, but care, diagnostics, and medical therapies are often recommended.