

Postoperative Considerations for Gastrotomy

- Food can be offered 12 to 24 hours after surgery if the animal is not vomiting or nauseous.
- Postoperative vomiting or nausea may result from ileus, electrolyte abnormalities (especially hypomagnesemia), pain, gastric irritation, or the underlying condition. Treatment may include intravenous fluids; gastroprotectants (sucralfate); gastric acid inhibitors (eg. omeprazole or famotidine); motility enhancing drugs for ileus (eg. metoclopramide); or antiemetics (eg. chlorpromazine, ondansetron, dolasetron, or maropitant).
- Toxicity from lead or zinc gastric foreign bodies may require chelation therapy.
- The most common complication is vomiting, which could lead to aspiration pneumonia. If the mucosa has not been closed, animals may vomit partially digested blood, which looks like coffee grounds. Animals that persistently vomit should be evaluated with plain or contrast radiographs or endoscopy for potential obstruction.
- Failure of gastrotomy closure is rare since the stomach heals rapidly and has extensive blood supply. Gastric dehiscence could occur with violent vomiting or in animals with ischemic, neoplastic, or markedly diseased stomachs.
- Closure of antral gastrotomies with nonabsorbable suture such as polypropylene can result in inflammatory pyloric obstruction.
- Pyloric obstruction can also occur from excessive tissue inversion or distortion of the antrum during incision closure.