# Gastrotomy

**Indications:** Removal of foreign body, gastric dilatation volvulus syndrome, ulcers, neoplasm and other intervention in the stomach.

**Premedication and anaesthesia:** Animal is placed in dorsal recumbency, tranquilized and general anaesthesia is induced by ultra short acting barbiturate or diazepam-ketamine IV anaesthesia. Nitrous oxide is avoided because it can double the size of air filled loops of intestine within 2 hours.

**Surgical procedure:** Site of incision is cranial mid line laparotomy which starts just behind the xiphoid and extends towards umbilicus or left paracostal incision, half inch posterior to and parallel with the edge of the costal arch, it commences about 1" to the left of midline and extends from there for 3 or 4" in large and deep chested dogs. The left lobe of liver will probably be visible.

Two fingers are inserted into the wound and passed behind and beneath the liver and stomach is palpated digitally. If omentum interferes, it is displaced caudally. By reaching deep into the epigastric region the fundus of stomach will be recognized more flaccid and of larger caliber than the neighboring loops of intestine. A fold of stomach is grasped between two fingers and withdrawn gently to its full extent. Moistened drapes are placed on either side of incision and are folded over the cut edges. Stomach is stabilized with two stay sutures or babcock forceps. Gastrotomy incision is made in a relatively least vascular area approximately midway between and parallel to the greater and lesser curvature and equidistant between pylorus and cardia. The seromuscular layer is incised first. The bulged mucosa is perforated with a stab incision and extended by scissors. A suction tube is used to remove the fluid that spills from the stomach. Foreign body is searched and removed by grasping with fingers or forceps. The wound of stomach is closed in two layers. First layer consists of either simple continuous or Cushing sutures and second layer by Lambert sutures using No. 1 or 1-0 catgut. The lifted portion of the stomach is swabbed gently and lavaged with warm sterile saline solution to remove contamination and antibiotic is applied. Stay sutures or forceps are removed and omentum is wrapped over the incision and stomach is gently replaced into the abdomen. The surgeon should remove the contaminated instruments, drapes and scrub again before suturing the laparotomy wound. The laparotomy wound is closed in usual manner.

**Note:** Stomach fluid can be aspirated by stomach tube prior to induction of anaesthesia. Insertion of cuffed endotracheal tube is necessary because during manipulation regurgitation and vomiting may takes place.

**Post operative care:**

1. Glucose saline or ringers should be administered IV for first 24-48 hours.

2. Only water with glucose should be given after 24 hours followed by liquid food in small quantity at frequent intervals during the successive days.

3. Antibiotics may be given for 5-7 days and site is dressed on alternate days.

4. If vomiting occur oral food is immediately stopped.

5. Skin sutures are removed on $8^{th}$ postoperative day.