



Laparoscopic-assisted gastropexy

Information Sheet

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What is gastric dilation-volvulus?

Gastric dilation-volvulus (GDV, bloat, twisted stomach) is a life-threatening condition which develops when the stomach is full of gas and twisted. This causes a compromise in breathing and circulation and is fatal if left untreated. Even with rapid surgical management the survival rates are only around 50%.

Which dogs are most at risk?

GDV is most common in older, large and deep-chested dogs. The at-risk breeds are all giant breeds plus large breeds with a deep chest (narrow but high). The breeds most commonly seen with GDV include Great Danes, Irish Wolfhounds, St. Bernards, Afgans, Standard Poodles, Weimaraners, Rottweilers, Pointers, Vizslas, Bloodhounds, Old English Sheepdogs and Irish Setters. Cross-breeds of these types may also be affected.

What is a gastropexy?

A gastropexy is a procedure in which a small incision is made part way through the stomach wall and this is attached to a similar incision in the body wall. This creates a permanent adhesion between the stomach and the body wall.

How can a gastropexy be performed?

A gastropexy can be done at open surgery via a large abdominal incision or we can use a camera and three small holes in the abdominal wall (at the time of spay or as a stand-alone procedure) to assist in performing the gastropexy.

What are the advantages of laparoscopic-assisted over open surgery?

- As there are three small incisions in the body wall (two 0.5cm and one 3-5cm incision) with laparoscopic-assisted surgery the post-operative discomfort levels are significantly

lower than those associated with open surgery.

- The dog's activity restriction following laparoscopic-assisted gastropexy is less critical following surgery (we do recommend ten days of lead exercise only).
- The duration of a laparoscopic-assisted gastropexy is significantly shorter than open surgery.
- We can combine this surgery with laparoscopic spay surgery.

What are the risks?

- The anaesthetic risk for both procedures is low and there is no difference between open and laparoscopic-assisted gastropexies.
- The surgical risk for both procedures is similar, although wound healing complications are lower with laparoscopic procedures.
- Occasionally it is necessary to convert from a laparoscopic procedure to open surgery. This is usually when adhesions are present preventing access to the stomach with a minimally invasive approach.
- Following surgery, fluid can sometimes accumulate under the skin at the pexy site (behind the ribs on the right side). This usually resolves in the few weeks following surgery with no intervention required.

Post-operative instructions

- Usually we would advise not to feed a full meal the evening of surgery due to the presence of nausea. The following day we would advise 4-6 smaller meals which we would then gradually increase over the next few days.
- For the first ten days we would advise 10-15 minute lead walks three to four times a day. After this, exercise can be gradually increased.
- A pet bodysuit will be recommended to prevent interference with the wounds. A

buster collar may be required in addition to this.



If you have any questions about this information please raise them during your consultation with the vet.

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