Mark Your Calendars!

We look forward to seeing you at our CE event at Rose Bank Winery on Sunday November 3rd. For more details, visit www.vetcares.com/rsvp. In other news, please join us in congratulating Dr. Martha Low, who is now board certified by the American College of Veterinary Ophthalmologists. Dr. Low has been a member of the CARES team for the past four years while she completed a rotating small animal internship and residency in Ophthalmology. She is excited to join Dr. Robert Pfeifer as a full-time member of the CARES Ophthalmology staff. Dr. Low’s extended availability allows the Ophthalmology service at CARES to see patients 6 days per week, Monday through Saturday. CARES would also like to congratulate Christopher Ryan who is now board certified by the American College of Veterinary Radiology. Chris has been with us during his residency at Penn. He is at CARES on Fridays for ultrasounds. As always, our goal is to provide you with the best client experience, accessibility and a gold standard of care!

Thank you, as always for reading VETnews. Enjoy the fall season and we look forward to seeing you November 3rd!

Sincerely,

Jon M. Rappaport, VMD
Director, CARES

Laparoscopic Gastropexy at CARES

By: Brian Bretz, DVM, DACVS

Chip is an 8 year old 92 pound male castrated black Labrador who has been a very happy dog but has suffered from several episodes of gas bloat. In the last several years, Chip has had several episodes where his stomach becomes distended with gas which is painful. This often occurs as a result of underlying gastrointestinal disease and although it is generally not a life-threatening condition, in some cases the stomach can twist. This condition, called gastric dilatation and volvulus (GDV or commonly called “bloat”) IS life-threatening.

Since Chip had several episodes of stomach distension, Michele was worried that a future episode could result in a GDV that she may not be able to catch it in time before he suffered fatal consequences. She brought him to CARES to see Dr. Brian Bretz for a surgical consultation for a laparoscopic gastropexy. He examined Chip who was very healthy and had no other major medical problems. Bloodwork and chest x-rays were taken by Chip’s primary veterinarian, Perkiomen Animal Hospital, prior to his surgery to make sure that his internal organs (liver and kidneys) were functioning normally and to make sure that his heart and lungs looked normal. The risks of surgery were discussed and Chip appeared to be a good candidate for surgery.

Michele was excited to bring him to CARES as well (which meant driving over an hour for her each way), because it meant that Chip could have his procedure performed laparoscopically. Michele says, “This was the driving factor in choosing the surgery. There aren’t many referral hospitals that do this surgery, so I was happy to find that CARES did. CARES is in a convenient location and was an easy drive from the Lehigh Valley. Some may think the hour drive is too long, but for the level of care and outstanding service, it was well worth it.”

Chip returned several weeks later for his procedure. He was anesthetized under the supervision of our board-certified anesthesiologist, Dr. Andrea Caniglia and Dr. Bretz performed his surgery. Michele was very interested in the surgery and she stayed in surgery to watch during the entire procedure! Specialized instruments were used to gain access to the abdomen through small incisions, grasp the stomach and allow it to be sutured to the inside of the abdominal wall. Chip’s recovery from surgery and anesthesia was very rapid. He was walking outside within a few hours of his procedure and was discharged from the hospital the following day. Michele adds, “The post-op care was minimal and recovery was quick. I will certainly come back to CARES if my pets require specialty care in the future.”

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Gastropexy is performed in dogs to prevent the twisting of the stomach that occurs with a GDV. Often the first sign that owners notice is retching which looks like a dog is trying to vomit without producing much fluid/material other than white frothy saliva. As the condition worsens, the gums can become pale; the heart rate becomes rapid, the abdomen becomes very distended and ultimately collapse and death can result. When the stomach twists, it compresses the large blood vessels in the abdomen (aorta and vena cava) which prevents blood from returning to the heart. In addition, the twisting can disrupt the blood supply to areas of the stomach causing necrosis of the stomach and perforation (peritonitis). In severe cases, euthanasia is performed if the damage to the stomach is too severe to be surgically repaired. These effects can happen quickly and may be fatal before an owner is able to notice the signs and seek appropriate emergency medical treatment. That is why Michele wanted a gastropexy performed for Chip. Additionally, treatment for a GDV often costs several thousand dollars so there is a significant financial burden in the very sick patients.

An open gastropexy procedure involves surgically opening the entire abdomen and then suturing the stomach to the right side of the inner abdomen. This does not prevent the stomach from becoming distended with gas but it does prevent the stomach from twisting and keeps a patient from having the life-threatening complications with GDV that were previously discussed. At CARES, we have taken this one step further and offer this procedure laparoscopically and is one of several minimally invasive procedures that is offered through our surgery service.

In the past, a gastropexy for a dog of Chip’s size was performed by making a large incision (~12-14 inches in his case) down the middle of the abdomen to obtain an appropriate amount of space in the abdomen to visualize his stomach and perform the procedure. The exciting part of performing the surgery laparoscopically is that the incisions are only ~1-2 inches in length. From the outside, laparoscopy in dogs is similar to what you would see in a human and Chip’s procedure was performed with only two small incisions. The advantages of this were obvious during Chip’s recovery—

- he was comfortable the evening after surgery, able to go for a walk outside and recovered quickly at home. The other advantage of laparoscopy in Chip’s case is that it reduced the size of the incisions necessary. This is important in older patients who may have other diseases that slow healing time. This procedure can also be combined with a laparoscopic spay in large breed, young female dogs which are susceptible to GDV. The breeds that are most commonly affected by GDV are the Great Dane, Standard Poodle, Irish Setter, German Shepherd and a number of other large breeds.

One of the first reports of laparoscopic gastropexy was published in 2001 by Rawlings et al which showed that laparoscopic gastropexy is effective in forming a strong adhesion between the stomach and body wall. Additionally, there was no change in gastric emptying time following gastropexy in those dogs. More recently, Rivier et al published a prospective study in 2011 in female dogs which combined laparoscopic-assisted gastropexy with ovariohysterectomy. This study resulted in no major post-operative complications and ultrasound examination at one year after surgery showed an intact gastropexy site.

We feel that having the option of a less painful surgical treatment with laparoscopic gastropexy offers a significant advantage over standard open surgery and reduces the morbidity, mortality, and cost typically associated with GDV. If you have any questions about this or any other surgical procedure, please feel free to call the surgery service at CARES.

Cystoscopy and Debulking of an Obstructive Urethral Transitional Cell Carcinoma in a Dog

By: Jennifer Adler VMD, DACVIM (SAIM) and Beth Overley VMD, DACVIM (Oncology)

Sandy is a 10-year-old, female spayed Labrador Retriever with no prior medical history. She presented to CARES for a sudden onset of urinary obstruction. Her exam was unremarkable aside from a large, turgid bladder and intermittent and unproductive straining to urinate. Other than white fluid/material which looks like frothy saliva, there was no prior medical history. She presented to CARES with urinary incontinence (in around ¼ of cases) or endoscopic diode laser ablation, which requires special equipment and training to avoid risk of wall rupture. As an alternative, de-bulking via cystoscopy proved to be a safe, diagnostic and effective option. Cure is still unexpected, but improved quality of life for as long as possible is the ultimate goal.

Despite the metastatic nodule in Sandy’s lungs, the biggest concern for her is re-obstruction of her urethra, which is likely to occur sooner than compromise of respiratory function secondary to metastatic disease. Should she re-obstruct, a change of protocol would be recommended in addition to a second cystoscopy for evaluation and de-bulking. Effective treatment options continue to become available so that some of these patients can be managed chronically and enjoy years of good quality of life.

For now, Sandy is urinating without straining and feeling well on her treatment protocol. We continue to wish her the best.

If you are interested in learning how minimally invasive procedures can benefit your patients please call one of our specialists.