

# Intestinal Intussusception

## Surgery Service



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### Locations

#### **Auburn Hills**

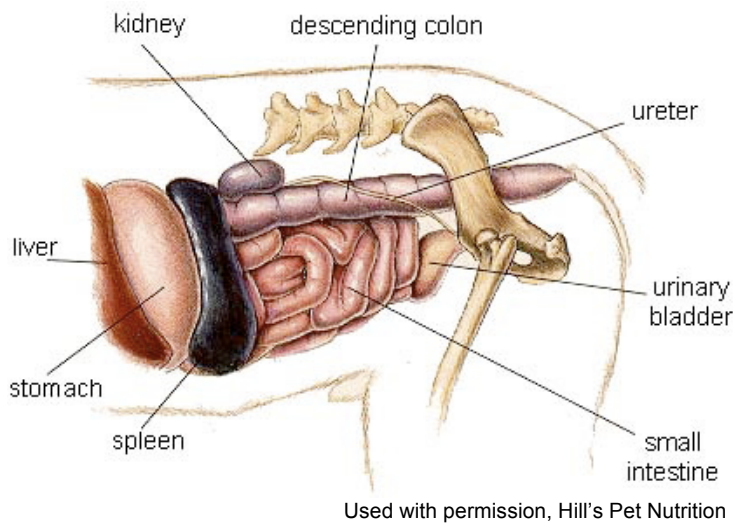
3412 E. Walton Blvd.  
(West of Squirrel Rd.)  
(248) 371-3713

#### **Grand Rapids**

1425 Michigan St. NE  
(East of Fuller Rd.)  
(616) 284-5300

#### **MVS Southfield**

29080 Inkster Rd.  
(North of 12 Mile Rd.)  
(248) 354-6660



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## Anatomy

The gastrointestinal tract consists of a tube that runs from the mouth to the anus. Its function is to digest food and absorb nutrients into the body. The stomach is a dilated part of the GI tract that produces acid which helps with the initial breakdown of proteins. The small intestine extends from the stomach to the colon and serves to further breakdown food into absorbable nutrients. The colon is the reservoir for stool and serves as a water

absorber and is the site for production and absorption of certain vitamins.

## Intussusception

An intussusception causes an obstruction of the bowel and can compromise its blood. By definition, an intussusception is the invagination or telescoping of one part of the bowel into an adjacent part of the bowel. This is similar to collapsing a telescope together. An intussusception is incited by abnormal motility (movement) of the bowel which can be caused by viral infections, bacterial infections, intestinal parasites, intestinal foreign bodies, dietary changes, intestinal tumors, and surgical procedures previously performed on the bowel.

## Signs and diagnosis

The primary signs of an intussusception include vomiting, diarrhea, anorexia, depression, and dehydration (mouth becomes less moist and saliva becomes tacky). Crying, whimpering, not willing to lie down or assuming a hunched or praying position (down on the forelimbs and up on the hind limbs) may be a sign of abdominal pain. Some dogs afflicted with an intussusception located at the terminal part of the small intestine may have signs of progressive weight loss, vomiting and poor appetite that are present for weeks. In other cases, the intussusception may protrude out of the anus.

The diagnosis of an intestinal intussusception generally is made with a physical examination (abdominal palpation) and x-rays. Abdominal ultrasound is an excellent tool to diagnose an intussusception. Blood work is used to evaluate overall health of your companion and to help the veterinarian direct stabilizing treatments prior to surgery. The veterinarian will tailor a diagnostic plan for your companion that will allow for an expedient diagnosis and treatment.

## The day of surgery

Our anesthesia and surgical team will prescribe a pain management program, both during and

# Intussusception Continued...

after surgery that will keep your companion comfortable. This may include a combination of general anesthesia, injectable analgesics, and oral analgesics.

## Treatments

An incision will be made into the abdomen to allow the surgeon to examine the internal organs. If the bowel affected by the intussusception is in good condition, it is massaged to separate the telescoped bowel. In most cases, the affected portion of bowel must be removed and the bowel surgically reconnected. Up to 20% of patients that are surgically treated for an intussusception may have a recurrence of the problem, however, if adjacent loops of bowel are tacked to each other with sutures (called surgical plication) this problem can be prevented. Occasionally, an intussusception can spontaneously reduce by itself and the bowel will appear normal at the time of surgery; however the intussusception commonly recurs if the bowel is not surgically plicated. While in our hospital, your companion will continue to receive intravenous fluids, electrolytes and in some cases plasma or an artificial plasma product called Hetastarch. Your companion will be carefully monitored in the intensive care and will be given narcotics to ensure a pain-free recovery. Most patients that have abdominal surgery leave our hospital within 48 to 72 hours.

## Aftercare and results

After surgery, you can continue to give your companion a prescribed pain reliever to minimize discomfort. A commercially available diet (Hill's I/d or Eukanuba's Low Residue diet) or a home made diet (50:50 mix of cooked chicken breast, turkey breast or lean hamburger and rice) should be fed for 3 days at home; then the pet should be weaned onto the regular diet over the next three days. It's also extremely important to limit your companion's activity and exercise level for three weeks after surgery. The incision should be checked daily for signs of infection. Two weeks after surgery, the surgeon will evaluate the healing. Short-term complications following surgery are uncommon and may include continued vomiting due to inflammation of the intestines and a localized infection of the incision. Bowel leakage with resultant infection (peritonitis) is a serious uncommon complication that occurs within the first 5 days after surgery. Signs of peritonitis include continued anorexia, vomiting, fever and abdominal pain. If the bowel is leaking, another operation will be needed to repair the bowel.

# Intussusception Continued...

## Assessment and recommendations

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

### Treatment

- Surgery is recommended
- Conservative treatment is recommended

### The following has been prescribed

- No treatment is needed
- Regular diet
- Prescription diet: \_\_\_\_\_
- Antibiotic: \_\_\_\_\_
- Anti-vomiting medication: \_\_\_\_\_
- Antacid: \_\_\_\_\_
- Other medication: \_\_\_\_\_

### Exercise

- Unlimited
- Confine your pet to the house other than very short leash walks necessary for bowel movements and urination
- Restrict exercise to leash walks 10 minutes twice daily

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