GASTRIC DILATATION AND VOLVULUS

Client Fact Sheet No 72

Gastric Dilatation-volvulus (GDV) is also known as bloat, stomach torsion or twisted stomach. This is an extremely serious condition and should be considered a life-threatening emergency when it occurs. Dogs can die from bloat within several hours.

The gastric dilatation is one part of the condition and the volvulus or torsion is the second part. In dilatation, due to a number of different and sometimes unknown reasons, the stomach fills up with air and puts pressure on the other organs and diaphragm. The pressure on the diaphragm makes it difficult for the dog to breathe. The air-filled stomach also compresses large veins in the abdomen, thus preventing blood from returning to the heart. Filled with air, the stomach can easily rotate on itself, thus pinching off its blood supply. Once this rotation (volvulus) occurs and the blood supply is cut off, the stomach begins to die and the entire blood supply is disrupted and the animal/s condition begins to deteriorate very rapidly.

GDV tends to primarily affect large, deep-chested dogs. Stress may precipitate an acute episode of GDV. There is no apparent sex or age predisposition, but incidence increases with age, being most common in dogs 7-10 yr old. Doberman Pinschers, German Shepherds, Standard Poodles, Great Danes, Saint Bernards, Irish Setters, and Gordon Setters are affected most commonly.

Clinical signs may include an acute onset of restlessness, apparent discomfort, abdominal pain, repeated unproductive retching, excessive salivation, and abdominal distention. A history of ingestion of a large meal followed by exercise and repeated attempts to vomit is common. Dogs not in a state of shock may appear anxious. Hypersalivation and abdominal distention with gas are noted on physical examination. Any of these symptoms require immediate veterinary intervention.

PTO
Your veterinarian may recommend initial bloodwork that includes a complete blood count (CBC), serum chemistry, and a urinalysis. These allow for the determination of the nature of the metabolic disturbances that may be concurrently happening. It also allows the veterinarian to rule out certain diseases which may mimic the clinical signs of gastric dilatation.

Stabilization of the patient is paramount and often begins with intravenous fluids and oxygen therapy. Gastric decompression often follows, which includes the passing of a tube down the esophagus into the stomach to release the air and fluid accumulation and can be frequently followed with lavage (flushing of water) into and out of the stomach to remove remaining food particles. In certain cases this is not possible and a needle or catheter may be placed into the stomach from outside the body to release air and aid in the passing of the tube. The time for general anaesthesia and surgical stabilization will be determined by the stability of your pet and at the discretion of the veterinarian.

Surgery involves full exploration of the abdomen and de-rotation of the stomach. Once the stomach is returned to the normal position in the abdomen, it will be fixed to the body wall (gastropexy).

Most pets will be hospitalised and given intravenous fluids for several days and evaluated for cardiac arrhythmias and other postoperative complications. Immediate postoperative care will include exercise restriction for a few weeks to allow the incisions to heal. Antibiotics and additional medications may need to be given.

Long term, dietary management will likely be recommended including multiple small meals (2-3) per day rather than a single large meal and continued monitoring for recurrence of clinical signs.

AFTERCARE CONSIDERATIONS

- Large dogs should be fed two or three times daily, rather than once a day.
- Water should be available at all times, but should be limited immediately after feeding.
- Vigorous exercise, excitement, and stress should be avoided one hour before and two hours after meals.
- Diet changes should be made gradually over a period of three to five days.