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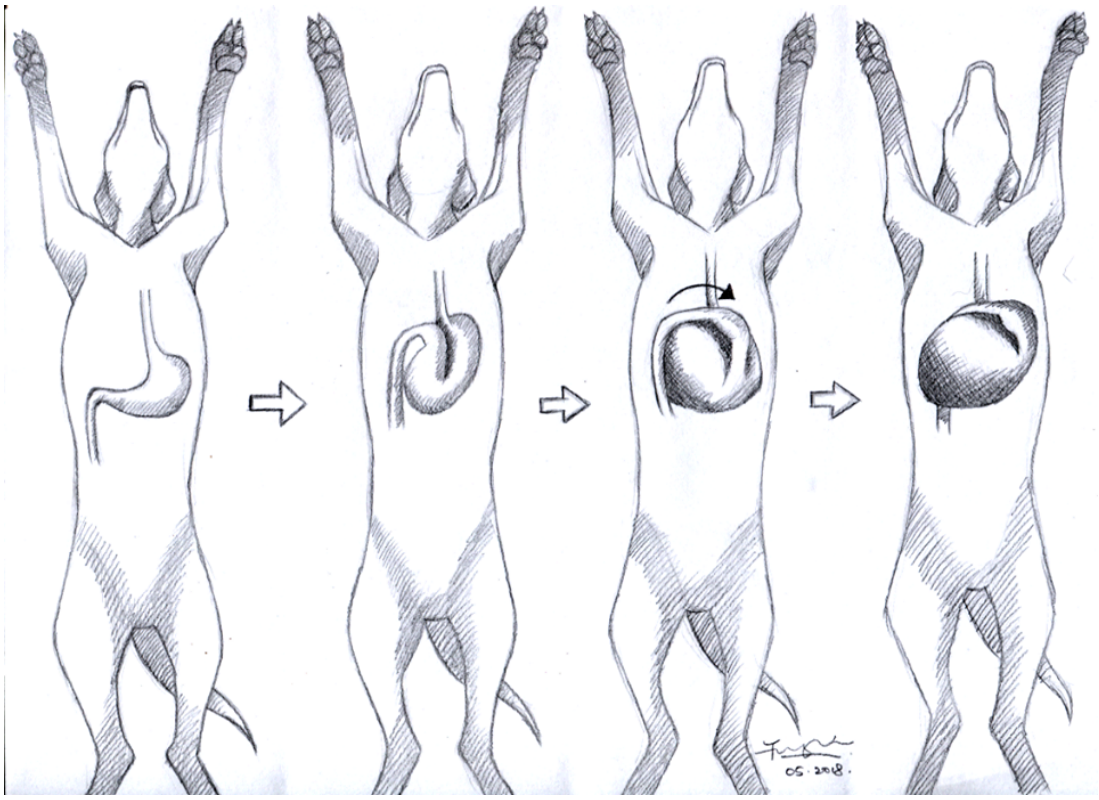
LAPAROSCOPIC (KEYHOLE) GASTROPEXY

To Reduce the Risk of Gastric Dilatation—Volvulus

What is gastric dilatation—volvulus?

Gastric Dilatation Volvulus (GDV), sometimes called bloat, is a life-threatening condition in which the stomach fills with gas and twists on itself. This leads to increased pressure within the stomach and reduces blood flow back to the heart. Without emergency surgery, GDV is fatal. While the exact cause is unknown, large-breed, deep-chested dogs are at a higher risk.



Signs may include:

- A swollen or painful abdomen
- Repeated attempts to vomit without producing anything
- Restlessness or difficulty settling
- Excessive drooling
- Weakness or collapse

A dog showing any of these signs requires immediate emergency veterinary care.

What is a prophylactic gastropexy?

A gastropexy creates a permanent attachment between the stomach and the right side of the abdominal wall. This attachment greatly reduces the risk of the stomach twisting and developing GDV.

A gastropexy does not prevent the stomach from filling with gas. A dog that has undergone gastropexy must still be examined urgently if it develops abdominal swelling, unproductive retching, weakness or collapse.

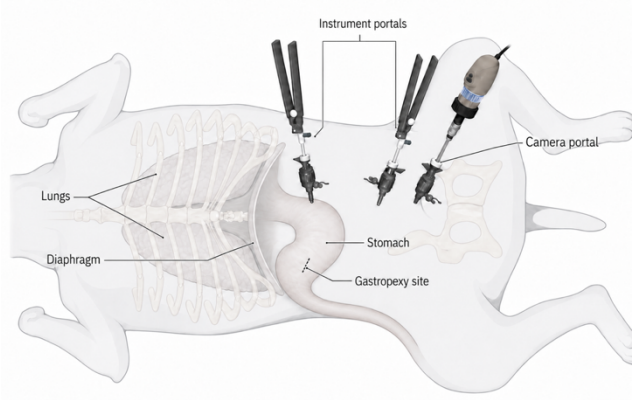
How is a laparoscopic gastropexy performed?

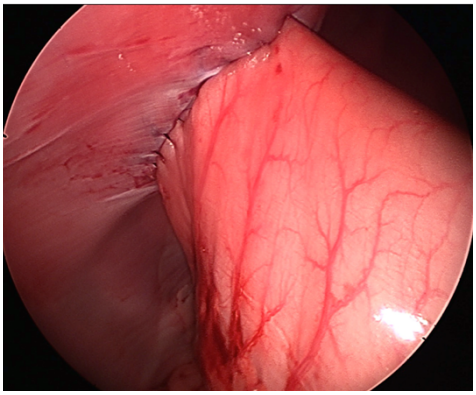
The procedure is performed under general anaesthesia.

The abdomen is gently inflated with carbon dioxide to create a safe working space. A small camera is introduced through a 1 cm incision, allowing the surgeon to view the abdominal organs on a high-definition monitor.

Specialised instruments are introduced through two additional incisions, each approximately 0.5 cm long.

The surgeon identifies the appropriate area of the stomach and securely attaches it to the right abdominal wall, just behind the last rib. The stomach is sutured to the abdominal wall entirely from within the abdomen. This is known as a total laparoscopic gastropexy.





Why choose a laparoscopic approach?

Compared with a traditional open abdominal approach, potential advantages include:

- Much smaller abdominal incisions
- Less disruption of the abdominal wall

- A very low risk of an abdominal-wall hernia
- Reduced handling and exposure of the abdominal organs
- Magnified view of the stomach and attachment site
- A quicker return to normal household activity
- The ability to combine gastropexy with laparoscopic desexing

Most dogs can return to normal household activity within approximately one week. Gentle lead walks may continue during this period.

Which dogs may benefit?

Prophylactic gastropexy is most often considered for dogs with an increased risk of GDV, particularly large or deep-chested breeds. Smaller deep-chested dogs can also be affected.

The recommendation is individualised according to:

- Breed and body shape
- Family history of GDV
- Age and general health
- Previous episodes of gastric dilatation
- Whether another suitable procedure is planned

Gastropexy can often be performed at the same time as desexing. It can also be performed as a separate procedure in dogs that have already been desexed.

What are the possible risks?

Laparoscopic gastropexy is generally well tolerated, and complications are uncommon. Most reported complications are minor and involve the small surgical wounds. In one study of 411 dogs, surgical-site infection occurred in 3.9%, while wound separation and excessive scar formation were each reported in 2.2%.

Recovery after surgery

Most dogs can be discharged on the same day as surgery. Because only small access incisions are required, the external wounds usually heal quickly. However, the internal gastropexy still needs time to form a strong attachment. At home, gentle lead walks can continue, but running, jumping, and vigorous exercise should be avoided.

The postoperative review may be performed by telehealth when appropriate.

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Gastropexy greatly reduces the risk

A successful gastropexy is intended to prevent the stomach from twisting. It does not prevent the stomach from filling with gas or every episode of abdominal discomfort. Gastric dilatation may still require urgent treatment, although the gastropexy removes the need for emergency surgery for volvulus.

Abdominal swelling, repeated unproductive retching, excessive drooling, weakness, or collapse always require immediate veterinary assessment—even after gastropexy.