

Quick Tips – Surgery

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Surgical Treatment of Feline Megacolon

Most cases of acquired feline megacolon are idiopathic. Pelvic stenosis after pelvic fracture is the second most common cause. Patients with **idiopathic megacolon are generally treated medically with stool softeners, laxatives, a high-fiber diet, enemas, and prokinetic agents such as cisapride.** Cats with obstipation and megacolon due to pelvic canal narrowing from fracture malunion or excessive bony callus are candidates for **pelvic widening surgery** if the clinical signs have been present for 6 months or less. Prokinetic agents are contraindicated in these cats; pubic symphyseal distraction osteotomy is the technique of choice. If the signs have persisted for more than 6 months, colonic function is unlikely to return even after pelvic canal widening. Subtotal colectomy is recommended in these patients and in those with idiopathic megacolon unresponsive to medical management. **A colo-colonic anastomosis is generally preferred over ileo-colonic anastomosis.** Preservation of the ileum and ileocolic valve helps to reduce post-operative diarrhea due to small intestinal bacterial overgrowth, deconjugation of bile acids, and steatorrhea. **Nearly 80% of cats have formed feces by 6 weeks post-op if the ileocolic valve is intact.** Constipation after surgery resulting from incomplete removal of the damaged colon is uncommon and can usually be managed medically. Note that pre-operative enemas should NOT be given prior to colonic surgery, as this increases the chance of fecal spillage into the abdomen and does not reduce overall bacterial counts.

I hope you found this information helpful,



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