

**Range Animal Hospital**

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## **Gastric & Intestinal Surgery (+/- Resection & Anastomosis)**

- The location, duration, and the nature of any obstruction are important criteria in establishing the need for rapid intervention and stabilizing treatment.
- Long-standing, complete, anterior intestinal obstructions are often medical emergencies requiring stabilization prior to surgical correction. Acid/base and electrolyte disturbances are common and often life-threatening. Perform electrolyte analysis and include blood gas analysis if possible.
- Many obstructive diseases are less emergent, but rapid surgical correction is generally best.
- In linear [string] foreign bodies, multiple, small enterotomies are often best.
- We prefer the “open longitudinal, close transverse” enterotomies, and generally use a simple continuous or simple interrupted suture pattern with PDS suture material.
- Resection is done if the tissue is of questionable viability.
- We uniformly place an omental patch / physiologic drain over the enterotomy sites.
- We will coordinate postoperative aftercare with your hospital. Typical care includes:
  - A 4-5 day postoperative incision check.
  - A 10-12 day suture removal.
- Please send any preoperative laboratory tests and radiographs.
- Surgery is done daily as needed by each individual case.
- Call ASAP with your request for referral. It is appropriate to call Dr. Martinson after-hours to aid in coordinating his schedule.
- Cases typically have a 1 to 3 night hospitalization.
- Uncomplicated cases are typically \$1200 to \$2000 and up for difficult surgical cases with protracted post-operative recoveries. [January 2011]. Ask for an estimate.