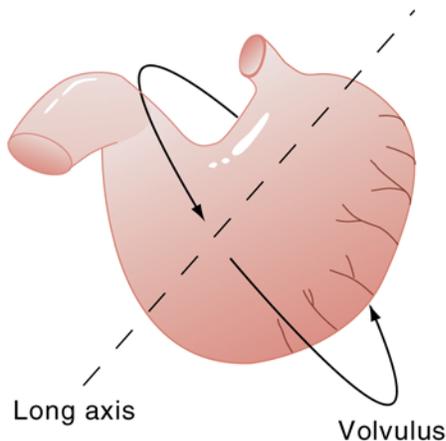


Gastric Dilatation and Volvulus (GDV)

What is GDV?

Gastric Dilatation and Volvulus (GDV) is a life threatening disorder most commonly seen in large, deep-chested dogs. The term refers to a gas-filled stomach (bloat) that then twists upon itself. It is a medical emergency that requires surgery to correct.



What causes the condition?

The exact cause is still unknown. The most common history is a large breed dog that eats or drinks rapidly and then exercises. In recent studies, stress was found to be a contributing factor to GDV. Dogs that were more relaxed and calm were at less risk of developing GDV than dogs described as “hyper” or “fearful”. Sometimes the condition progresses no further than simple gastric dilatation (bloat) but in other instances the huge, gas-filled stomach twists upon itself so that both entrance and exit to the stomach become occluded.

Is GDV serious?

Yes. This is probably one of the most serious non-traumatic conditions seen in dogs. Immediate veterinary attention is required to save the dog's life.

Are some dogs more prone than others?

Yes, statistically we know that large, deep chested breeds are more prone to GDV. These include Great Danes, Saint Bernards, Weimaraners, Irish Setters, Gordon Setters, Standard Poodles, Basset Hounds, Doberman Pinschers, and Old English Sheepdogs. Most commonly the condition occurs two to three hours after eating a large meal.

Additional facts about GDV:

Gastric dilatation (bloat), usually without volvulus (twist), occasionally occurs in elderly small dogs.

The distended stomach pushes the posterior rib cage so that the dog appears swollen or “bloated”. This is most obvious on the left side and gentle tapping of the swelling just behind the last rib often produces hollow, drum-like sounds.

- The enlarged stomach presses on the diaphragm and breathing becomes labored.

The swollen stomach also presses on the larger blood vessels in the abdomen and circulation is seriously compromised, resulting in systemic shock.

Ultimately, the dog collapses and the huge size of the abdomen can be seen as the dog lies on its side.

Is it possible to distinguish between gastric dilatation (GD) and gastric dilatation and volvulus (GDV)?

No. These two conditions often look identical on physical examination. X-rays and other diagnostic tests are necessary to determine whether or not the stomach has twisted.

Why does the dog collapse?

The gas filled stomach presses on the large veins in the abdomen that carry blood back to the heart, compromising the circulation of blood. Vital tissues become deprived of blood and oxygen, resulting in systemic shock. In addition, the pressure of the gas on the stomach wall results in inadequate circulation to the wall, causing tissue death. Digestion ceases and toxins accumulate in the blood, exacerbating the shock. As the distension continues to build, the stomach wall can rupture.

What can be done?

- Veterinary assistance must be sought immediately.

It is imperative that the pressure on the stomach wall and internal organs is reduced as soon as possible. The veterinarian may first attempt to pass a stomach tube. If this is not possible due to twisting of the stomach, a large bore needle may be passed through the skin into the stomach to relieve the pressure in the stomach.

Shock treatment with administering intravenous fluids and medications will begin immediately. Once the patient has been stabilized, the stomach must be returned to its proper position. This involves major abdominal surgery and may be delayed until the patient is able to undergo anesthesia.



How is the surgery done?

The primary goals of surgery are to return the stomach to its normal position, to remove any dead or dying stomach tissues and to help prevent future GDV. There are several techniques available including *gastropexy* (suturing the stomach wall to the abdominal wall) and *pyloroplasty* (surgical opening of the pylorus to improve stomach outflow). Your veterinarian will discuss the technique or combination of techniques best for your pet's condition.

What is the survival rate?

This depends upon how long the pet has had GDV, the degree of shock, the severity of the condition, cardiac problems, stomach wall necrosis, length of surgery, etc.

Even in relatively uncomplicated cases there is a mortality rate of 15-20% for GDV.

Can the condition be prevented?

Gastropexy (surgical attachment of stomach to the body wall) is the most effective means of prevention. In high-risk breeds, some veterinarians recommend prophylactic gastropexy. This does not prevent dilatation (bloat) but does prevent twisting (volvulus) in the majority of cases.

Careful attention to diet, feeding and exercise regimens may help to prevent gastric dilatation.

Please do not hesitate to discuss any concerns you have regarding this serious condition with our veterinarians.

POST OPERATIVE INSTRUCTIONS FOR GASTROPEXY SURGERY

- Feed 4-5 small meals throughout the day (i.e. if you normally feed 4 cups of food a day, divide that among 4-5 meals)
- If you normally feed dry food, add warm water to it and allow it to soak for 15-20 before feeding, or see us for an appropriate canned food to feed temporarily.
- If your dog's appetite is poor you may give over-the-counter Pepcid (0.5 – 1.0mg per 5 pounds of body weight) every 12 hours
- Restrict activity to leash walking for 10-14 days (until sutures and staples are removed)
- Give all medications as directed and use e-collar as necessary. You may apply a thin layer of Neosporin or Bacitracin-type ointment to the incision to help keep it soft and comfortable.
- Check incision daily for redness, swelling, or ooze that appears to be worsening. If any of these occur please call us at 803-808-7387
- If your dog is vomiting and appears sick call Grace Animal Hospital immediately. If after-hours, call either the **South Carolina Veterinary Emergency Care**, 798-3837, or **Lexington Veterinary Emergency Care**, 359-3199.
- Schedule a recheck appointment 10-14 days after surgery to remove sutures/staples.