

weeks time you may gradually reduce the amount of water in the food if minimal regurgitation has occurred with gruel feeding. Hopefully, addition of water ultimately can be eliminated without increased regurgitation. Animals who can eat solid food without regurgitation should be allowed to eat with the bowl on the floor while standing normally. This feeding practice is continued unless regurgitation recurs. Some animals eventually can be fed any type of food from a normal stance, whereas others must continue eating gruel from an elevated stand.

Medication:

BUPRENORPHINE (0.3mg/mL): Please give 0.05 mLs by mouth up to every 6 hours as needed for pain. This is an opiate-like analgesic we are using to treat postoperative pain. Common side effects may include sedation, lethargy, and constipation. Abby has not demonstrated any of these clinical signs while in hospital but if you notice any of these signs, discontinue and seek veterinary advice.

CLAVAMOX (62.5mg/mL): Give 0.5 mL by mouth every 12 hours for the next 7 days. You will be sent home with one bottle that has already been reconstituted. Keep refrigerated and shake well before administration. Clavamox is an antibiotic; side effects can include gastrointestinal upset, vomiting, and diarrhea. Abby has not demonstrated any of these clinical signs while in hospital but if you notice any of these signs, discontinue and seek veterinary advice.

Follow Up:

Abby has a bandage in place to limit the amount of swelling. Please monitor the bandage several times a day for signs of discharge, soiling, or slippage. If you notice any of these signs please contact the OVC. The bandage can be removed in 7 days if it remains clean and in place. Following bandage removal please check the incision twice daily for any excessive redness, swelling or any exudates (weeping fluid). If you notice any of these signs please contact the OVC or your regular veterinarian. Please also ensure that Abby does not lick the incision, as this can result in dehiscence (breakdown of the skin sutures). If you notice that Abby is licking her incision, please place an E-collar on her.

Once the bandage has been removed, you can warm pack the incision. Moisten a hand towel with water and placing it in a ziploc bag. Microwave the bag and towel for 20 seconds until it is warm to the touch but not too hot to handle. You may also use a commercial warm pack. Do not use a heating pads because they can get too hot and cause burns. The warm pack should be wrapped in a towel and held over the incision for 10 -15 minutes 2-3 times a day. DO NOT APPLY HEAT OR COLD DIRECTLY TO THE SKIN AS IT WILL BURN.

The sutures can be removed in 10 - 14 days at the OVC or at your regular veterinarian.

If Abby still has trouble with regurgitation, the esophagus should be reevaluated with an esophagogram 1 to 2 months after surgery to assess persistent dilatation and motility. Sometimes the esophagus returns to a normal size and function. Other times the esophagus remains severely dilated with poor motility. If esophageal stricture occurs at the surgery site, balloon dilation may be beneficial.

Please monitor Abby for signs of coughing and depression as this could indicate the development of aspiration pneumonia. If any of these signs are notice please contact OVC or your regular veterinarian.

Suture Removal:

Please make an appointment with the OVC or your veterinarian to have the skin sutures removed in 10-14 days.

Case Summary:

Abby, an 8 week old female Old English Sheepdog, presented to the Ontario Veterinary College on February 8, 2012 with persistent regurgitation, failure to gain weight and a suspected vascular ring anomaly. Since approximately 5 weeks of age, Abby has had persistent regurgitation, exceeding twenty times per day. She ceased to gain weight and became much smaller than her littermates. In the past week Abby has been fed Esbolac, rather than the moistened kibble and canned food she was previously being fed, and she has been able to keep this down for the most part.

Abby was taken to her veterinarian on February 7, 2012 where survey thoracic radiographs were performed. These revealed a focal dilation of the esophagus just cranial to the heart. A barium study