

Post-operative care

Immediately after surgery, animal is extubated then transported to a recovery area where it observed and monitored until it is standing and mobile (movement is sluggish and slowed as the patient is trying to stabilize themselves after anesthetics)

The patient should be monitored for 2 weeks after by taking routine physical exams to ensure vitals are within normal range.

Flunixin meglumin was given IV at 1.1 - 2.2 mg/kg for 3 subsequent days after the surgery and 6mls Combikel^R (penstrep-0.1mls per kg) was given IM every 3 days after the surgery for 2 weeks.

Surgical incision was sprayed with topical antibiotics, anti-myiasis and Aluminum powder spray to prevent infection to the surgical site.

Client education

Complications

An exploratory laparotomy is associated with the same complications that are associated with any laparotomy. Immediate complications include the following:

- Paralytic ileus
- Intra-abdominal collection or abscess
- Wound infections
- Abdominal wall dehiscence
- Pulmonary atelectasis
- Enterocutaneous fistula

Delayed complications include the following:

- Adhesive intestinal obstruction
- Incisional hernia