

PROGNOSIS AND COMPLICATIONS OF OMENTOPEXY

The prognosis for successful treatment of left abomasal displacement with omentopexy is good with reports of 86% to 90% of treated cattle returning to the herd. A higher success rate of 93.8% for omentopexy was reported in a study that As for other open and minimally invasive techniques, early treatment failures are more commonly a result of concurrent diseases rather than the displacement or method used for treatment. Cows treated for LDA by omentopexy compared favorably to those treated by abomasopexy at 1-, 3-, and 6-month follow-ups with respect to milk production, reproductive performance, surgical complications, and length of time retained in the herd, although there was a trend ($p \leq 0.1$) for better milk production at the 1-month follow-up in cows treated by abomasopexy.

The most commonly reported complications are recurrence of dilation and displacement to the left or right, incisional infection, and peritonitis. A redisplacement rate of 3.6% to 4.2% was cited in one study of LDAs, whereas a rate of 5% was cited in a larger study that included 411 LDAs and 43 right-sided displacements. A group of 25 (78%) out of 32 cattle operated on a second time for recurrence of abomasal displacement initially were treated by omentopexy, and 18 out of the 25 cattle were originally treated for LDA. The recorded reasons for omentopexy failure included omental tearing or stretching. The risk of omental breakdown leading to redisplacement is thought to be increased by faulty technique (most commonly related to placing the pexy too far caudal or dorsal in the omentum relative to the pylorus), and in cows with damaged, very thin, or extremely fat omentum. Subjectively, redisplacement may be more common when performed in cows in their last trimester of pregnancy because of the altered visceral positions of late pregnancy and changes in position during and immediately after parturition.

If a left-sided ping that is not consistent with pneumoperitoneum develops after surgery, it is likely the pexy has failed and an LDA has recurred. Dilation and displacement to the right around a persistent but stretched omentopexy are also possible, as are right-sided displacement or volvulus with complete loss of the pexy.

However, one study of repeat surgeries found that 78% of redisplacements, regardless of the method of fixation, occurred on the same side as the original displacement. Dilation on the right in the face of an existing pexy may occur with ileus from persistent hypocalcemia and, if the cow is otherwise stable and can be closely monitored, IV calcium may resolve the problem. However, reexploration is indicated in other cases of left or right-sided pings if the cow is to remain in the herd. A right paramedian approach for abomasopexy is the current preferred method for stabilization in the case of redisplacement after a failed omentopexy. In those cases, it is not necessary to release any remaining omentopexy from the right flank approach to be able to perform an abomasopexy. Occasionally an incisional infection will develop into a large abscess and produce a right-sided ping that must be differentiated from an RDA or RVA.