

PROGNOSIS AND COMPLICATIONS OF TYPHLOTOMY

Postoperatively, bethanechol (0.07 mg/kg bwt, sc, tid, for 2 days) may be administered to help restore intestinal motility. Antimicrobials (e.g., sodium penicillin, 30,000 IU/kg bwt, IV) are administered perioperatively. If contamination is severe, prolonged administration of a broad-spectrum antimicrobial for 3 to 5 days may be indicated. If necessary, intravenous or oral rehydration to correct electrolyte imbalances, calcium deficiency and to treat ketosis should be performed. Operated cows are put on a restricted diet for 24 to 48 hours. The restricted diet is followed by a medium coarse forage ration of increasing quantity to finally reach the normal ration within 5 to 7 days. Manure is usually very loose initially and becomes more formed over time. Recovery (i.e., restoration of appetite and gastrointestinal motility) may be expected within 2 to 5 days after the surgical intervention.

Possible complications after typhlotomy include septic peritonitis as a result of severe intraoperative contamination or suture line leakage and persistent motility disorder of the large intestine leading to short-term recurrence of CDD (Caecal Dilation & Dislocation). In the latter case, cows should be reoperated on, and cecal amputation, leaving the ileocecal junction intact, should be performed. Overall, longterm recurrence rates after typhlotomy have been reported to range from 10% to 22.5%. Although recurrence is theoretically impossible after cecal amputation, this procedure is not recommended during the initial surgical intervention because the long-term success rate is not significantly different from that after typhlotomy alone.

In a retrospective study with 80 cows treated surgically for CDD within a period of 19 months, short-term (release from the clinical) survival rate was 91%. With a mean of 11 months after surgery, 67.5% of cows were still productive members of their herds. Anecdotal reports describe dilation of the cecal stump after amputation anywhere from 3 months to a year after typhlectomy distal to the ileocecal junction. In these cows, recurrence was treated by resection of the remaining cecal stump.