

## **PROGNOSIS, TREATMENT AND COMPLICATIONS OF SMALL INTESTINAL OBSTRUCTION**

Treatment involves removal of any identified obstructing lesions (adhesions, masses) or, if the lesion cannot be removed or identified, a duodenal bypass around the site of obstruction needs to be done. The cranial part of the duodenum is anastomosed to the descending duodenum usually in a sideside manner. Supportive fluid and/or antibiotic therapy are usually indicated based on the cause of obstruction and the status of the patient.

Although this syndrome appears to be uncommon and bears many similarities to an RDA, definitive treatment for a functional or mechanical duodenal obstruction should be considered if, on initial exploration for an RDA, abomasal dilation/displacement without volvulus and proximal duodenal distention to but not beyond the sigmoid flexure is identified. Reexploration with definitive treatment is also a legitimate consideration if a cow with the above signs has been treated by omentopexy, and fluid and electrolyte disturbances have progressed during the first 2 days after surgery.