Postoperative Infection

Prevention of postoperative infection should be the goal of the surgeon, but infection may occur despite all measures taken to prevent it. If infection occurs, the surgeon must decide whether antibiotic treatment is indicated, or whether the animal is strong enough to fight it using its own defense mechanisms. Some surgical wounds require drainage at their most ventral part, whereas others require more aggressive treatment. If, in the judgment of the surgeon, the infection appears to be serious, a Gram stain, culture, and sensitivity testing of the offending microorganism(s) will be indicated. A Gram stain may give the surgeon a better idea of what type of organism is involved and may in turn narrow the selection of antibiotics. Sometimes in vitro sensitivities have to be ignored because the antibiotic of choice would be prohibitively expensive. This is especially true for adult cattle and horses. A broad-spectrum antibiotic should be given, if possible, as soon as practical.

Intestinal Resection and Anastomosis

These patients are frequently endotoxemic. They are also candidates for peritonitis from contamination with intestinal contents during the resection or due to leakage of the anastomosis. While the prognosis for individuals treated early having easily accessible lesions can be very good, cattle as a group have less than a 50% survival rate after small intestinal resection.

Enterotomy

The biggest complication associated with an enterotomy procedure is dehiscence leading to septic peritonitis.

Rectal Prolapse

- Reoccurrence.
- Wound dehiscence.
- Constipation.
- Perirectal abscess formation.
- Rectal stricture.
- Bladder retroversion.
- Eventration of the small intestines.
- Septic peritonitis.
- Death.