COLOPEXY WITH ENTROPILATION FOR RECURRENT RECTAL PROLAPSE IN A CAT

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Rectal prolapse is common surgical condition occurring in young, unthrifti parasitized dogs or cats (Johnston, 1985). Postoperative tenesmus following perineal or urogenital surgery and weakness of perirectal and perianal connective tissues or muscles also predispose to rectal prolapse. (Burrow, 1989 and Fossum, 2002). This paper describes the usefulness of colopexy and entropilication techniques for surgical management of recurrence rectal prolapse in a cat.

Case history and Observations

A six months old non-descriptive male cat weighing 1 kg was brought to the small animal surgery out patient unit of Madras Veterinary College Teaching Hospital with the history of intermittent rectal prolapse since a month. Prolapsed rectum was reduced and purse string suture was applied three times prior to this procedure. Physical examination revealed that approximately three inch length of rectal part was prolapsed through anal opening. Prolapsed part was contaminated and edematous. Sine recurrence of prolapsed rectum was reported thrice after manual repositioning and suturing, colopexy, through celiotomy was decided.

Treatment and Discussion

Caudal ventral abdominal region was clipped and the surgical site was sterilized with povidone iodine for laparotomy. Cat was premedicated with atropine and xylazine at the dose rate of 0.02 mg/kg and 1 mg/kg body weight respectively intramuscularly and induction was performed by diazepam and ketamine combination at the dose rate of 0.1 mg/kg and 5 mg/kg body weight intravenously. The anaesthesia was maintained by half of the induction dose of ketamine and diazepam combination intermittently. A three inch ventral midline celiotomy was performed caudal to the umbilicus and the prolapsed part was reduced by applying traction on the abdominal colon manually. Since reduced prolapse segment was severally dilated with increased length, it was decided to perform entropilication of the segment transversely to reduce the diameter and longitudinally to reduce the length. Longitudinal entropilication was performed by applying few simple interrupted Lambert sutures longitudinally 1 cm apart in single row involving the seromuscular layer of the affected segments. Transverse entropilication was performed by applying few simple interrupted sutures transversely involving seromuscular layer, away from mesenteric layer, of the affecting segments. Finally colon was fixed with transverse abdominal muscle by simple interrupted suture without an incision either on colon or on abdominal wall (non incisional colopexy). For suturing, the 4/0 vicryl was used. The abdominal cavity
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was closed in routine manner. Post-operatively, the 4/0 vicryl was used. The abdominal cavity was closed in routine manner. Post-operatively, ceftriaxone was given intramuscularly at the dose rate of 10 mg/kg OD for 5 days and skin sutures were removed after 7 days without any complications.

Colopexy is usually indicated for recurrent rectal prolapse after failure of manual reduction and purse string suturing. Colopexy maintains reduction of the prolapsed rectum for 2 to 3 weeks while the primary source of tenesmus is resolved. Since the manual reduction of rectal prolapse and purse string suture retention failed repeatedly, the case was subjected to colopexy. On exploration of abdomen, the affected segments of colon were found to be severely dilated with increase length due to recurrent prolapse since 1 month. The perianal and perirectal connective tissues were weak due to chronic tenesmus and enteritis. Hence, longitudinal and transverse entroplication was performed to reduce the diameter and length of the affected segments before the nonincisional colopexy.

No recurrence was noticed during 3 months of postoperative periods and general condition and body weight improved significantly.

Summary

Recurrent rectal prolapse in six month old non-descriptive male cat was successfully treated with transverse and longitudinal entroplication to reduce the length and diameter of dilated colon respectively and colopexy to prevent the prolapse.

References

