

The Cutting Edge

Annapolis

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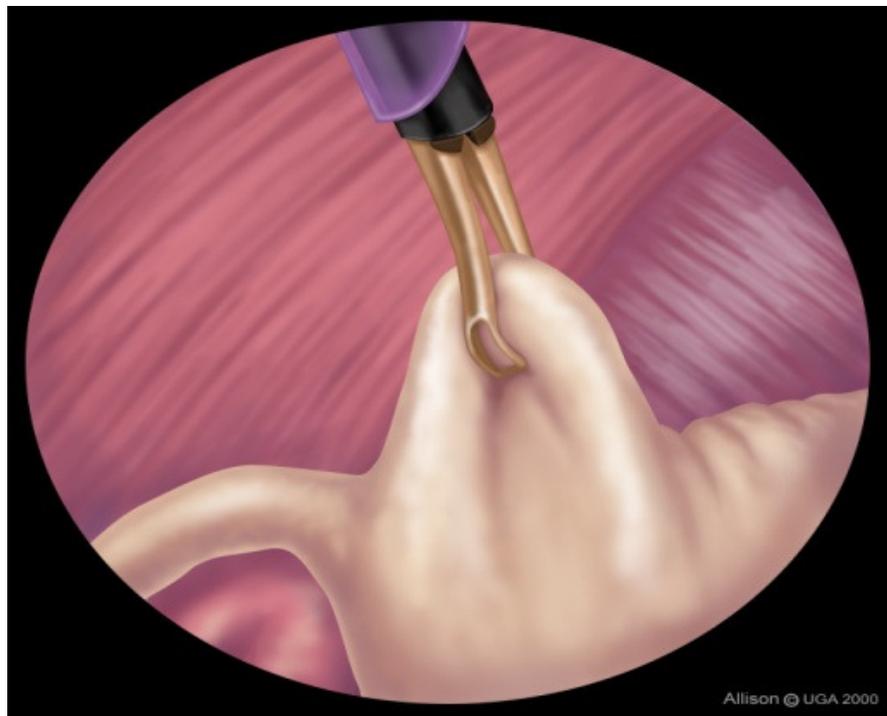
News & Notes

- Visit our booth at the **World of Pets Expo** January 29 – 31, 2010 at the MD State Fairgrounds in Timonium
- Dr. Roa lectured on cranial Cruciate ligament repair at the annual **CVRC Fall Conference** this past November in Pikesville
- Dr. Roa will be speaking at the **2010 MVMA Ski Seminar** in Telluride, CO March 24th-27th
- Dr. Thomas will be presenting a poster at the **Veterinary Orthopedic Society Conference** being held in Breckenridge, CO, February 20 – 27, 2010
- Dr. Evans will be attending the **Veterinary Orthopedic Society Conference** in March and will be participating as a board member
- Dr. Roa was interviewed by **NPR** for a story that aired on *This American Life* and on *Morning Edition* in October 2009

Laparoscopically Assisted Gastropexy

Elective gastropexy is a prophylactic surgery performed to prevent gastric volvulus. In young at-risk breeds, a gastropexy can be performed at the time of an elective spay or neuter. While gastropexy may not prevent all cases of gastric dilatation (bloat), it does prevent volvulus-which typically requires emergency surgery to correct.

Performing a gastropexy with the laparoscope is a minimally invasive method, allowing for more rapid recovery and less pain. This procedure can be done as an elective procedure at any time in the dog's life, however, laparoscopic gastropexy can not be performed once gastric volvulus has occurred, since derotation of the stomach requires a full laparotomy.



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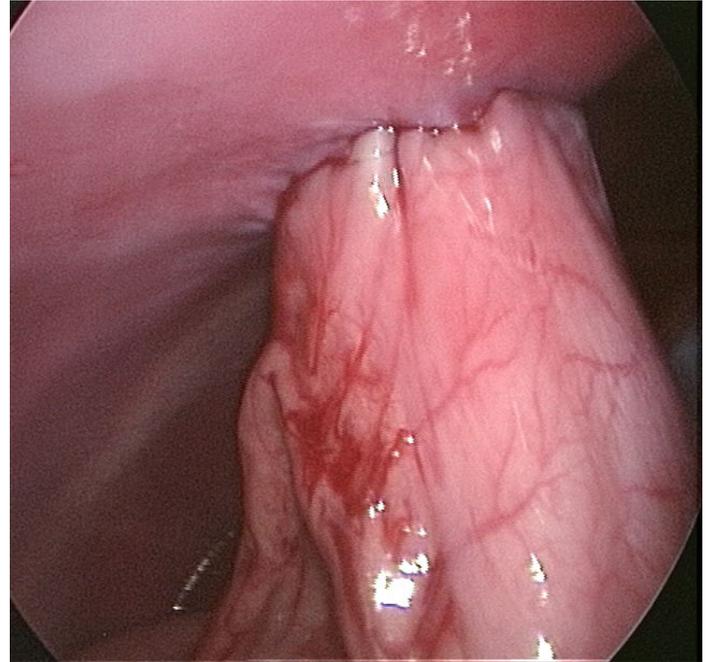
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- canine & feline rehabilitation

Laparoscopically Assisted Gastropexy

The procedure is usually performed on an outpatient basis. General anesthesia is required. Two ports are created with the laparoscope: one for insertion of the camera and the other for instrumentation. The instrument port is made caudal to the right 13th rib. The ventral pylorus is elevated to the body wall and an incision is made in the seromuscular layer. The incisional gastropexy is completed by suturing the muscularis to the body wall. The incision and camera ports are closed routinely.

Restricted activity is recommended for two weeks. Abdominal ultrasound is recommended at 6 –12 months post surgery to evaluate the gastropexy and confirm the stomach's adhesion to the body wall. The complication rate is very low, and patients experience minimal pain and require minimal post-operative medications.



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