

### **Benefit of this surgery:**

An exploratory laparotomy is performed to examine the abdominal contents for evidence of pathology.

The abomasum is suspended loosely by the greater omentum and lesser omentum, but it can move from its normal position on the right ventral part of the abdomen to the left or right side, and this feature is termed a left displaced abomasum (LDA).

Deflation of the abomasum:

- Defined as "passive" when the inflated organ deflates without any intervention from the surgeon.
- Defined as "active" when it is necessary for the surgeon to assist with deflation by massaging the organ.

**The surgical correction for a small ruminant LDA is laparotomic right paralumbar fossa omentopexy (or abomasopexy in some variations).**

### **PRINCIPLES OF THIS OPERATION:**

Decompression, Replacement, Fixation (Abomasopexy, Omentopexy, Pyloropexy)

### **PURPOSE OF THIS OPERATION:**

Most laparotomies are considered as therapeutic procedures (operative treatment of disorders of abdominal organs.) Sometimes, a laparotomy is done for diagnostic purposes, i.e. an exploratory laparotomy.

### **CLIENT EDUCATION & CLIENT COMPLIANCE:**

- Clients should sign a form confirming that they understand the risk of the animal going under anaesthesia.
- Clients should be given material where the drug withdrawal times are highlighted.
- Prevention (educate client): The incidence of abomasal displacements can be decreased by ensuring a rapid increase in rumen volume after calving, feeding a total mixed ration rather than feeding grain twice daily ("slug feeding"), avoiding rapid dietary changes, maintaining adequate roughage in the diet, avoiding postparturient hypocalcemia, and minimizing and promptly treating concurrent disease and ketosis.

## **PERTINENT KNOWLEDGE WHICH WILL ACT AS GUIDELINES DURING OUR PROCEDURE**

- Animals who have been showing signs of LDA for several weeks prior to surgery may be more likely to have adhesions that increase the difficulty of surgery.
- Ketotic animals have poorer recovery
  - The approach to the laparotomy once inside the abdomen will be dictated by any significant findings.
  - Features such as colour and volume of peritoneal fluid and position of the greater omentum should be examined before full abdominal exploration.
  - The abdominal organs should be inspected thoroughly and systematically.
  - Care should be taken when manipulating any abdominal organs.
  - Incising into viscera should only be undertaken if there is a clear indication to do so.

### **Indications to go-ahead with the operation:**

- ✓ LDA clinical signs: Abdominal pain (inappetance/anorexia), reduced faecal output, heart rate >100 bpm, abdominal distension, gastrointestinal hypomotility, presence of audible “pings”
- ✓ Perform a Liptak test - aspiration of fluid from region just below the lowest border of the ping; abomasal <3 and ruminal >5.5