Left Flank Abomasopexy

Post-Operative Management

Postoperative management depends on the individual case. Some animals require little or no aftercare; other animals may have septic metritis, mastitis, or ketosis and may also have been deprived of feed and water. Correction of metabolic disturbances subsequent to left abomasal displacements may necessitate the administration of electrolytes, calcium salts, and fluid therapy.

Antibiotics are administered postoperatively. Many of these animals need intense fluid therapy with particular emphasis on replacement of the chloride deficit. For this purpose, 0.9% sodium chloride solution is generally appropriate; and supplementation with potassium chloride may also be indicated. With adequate fluid and electrolyte therapy in the pre-surgical and early postsurgical periods, the metabolic effects of RTA generally can be controlled. In severely affected cows, the abomasum's inability to regain normal function is often more important. The abomasum becomes filled and impacted if its function is not restored. Typically, cases of abomasal torsion appear to improve in the first 24–48 hours and then deteriorate at 48–72 hours, with abomasal atony. Motility stimulants, such as neostigmine, have been recommended. However, neostigmine must be used repeatedly to have any effect above the pylorus; and even then, its benefit is minimal. If the animal's appetite has not returned in 2 days, a rumen inoculation may be appropriate. Oral supportive therapy, in which sodium chloride and potassium chloride are added to water, can be used in a patient capable of absorbing the fluid.