performed using both sharp and electrosurgical dissection, releasing all adhesions and relieving the GIT obstruction. The owner declined intestinal biopsy. Following surgery, there was a marked persistent improvement in the dog's clinical signs and it gained weight. The dog was euthanised after two years for an unrelated event.

STATEMENT (CONCLUSIONS)

This case highlights that chronic post-operative GIT signs following intestinal surgery may result from the formation of fibrous adhesions. It describes a successful outcome following surgical adhesiolysis as a treatment for such signs.

Impact of oesophageal feeding tube placement on outcome in dogs undergoing cholecystectomy for gall bladder mucocoele

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OBJECTIVES

To assess if placement of oesophageal feeding tubes in dogs undergoing cholecystectomy for gall bladder mucocoele (GBM) influences outcome.

METHODS

Hospital records were retrospectively searched between 2011-2019 for cases of GBM undergoing cholecystectomy. Dogs were defined as oesophageal tube (OT) if an

oesophageal feeding tube was placed during anaesthesia for surgery, or no tube feeding (NOT) if this intervention was not performed. Time in days to voluntary food intake, requirement for feeding tube placement in the NOT group and outcome including duration of hospitalisation and oesophageal feeding tube complications were recorded.

RESULTS

Thirty-three cases were identified. Three were excluded due to incomplete data sets. Eleven dogs underwent oesophageal feeding tube placement at the time of surgery (OT = 11) and nineteen did not (NOT = 19). Days to voluntary food intake was found to be a median of 3 days in the OT group compared to 2 days in the NOT group (range 1–6 days in OT, 1–5 days in NOT). Two dogs in each group died, four dogs in the NOT group required a subsequent procedure to place a feeding tube. Minor tube complications were recorded in three cases (inflammation/infection, discomfort). Duration of hospitalisation was similar in both groups (OT: 6 days [4–10 days], NOT: 5 days [4–10 days]).

STATEMENT (CONCLUSIONS)

Placement of an oesophageal feeding tube did not appear to influence outcome in this small study of dogs undergoing cholecystectomy for GBM. Morbidity was low and tube placement was subsequently required in 24% of dogs when this intervention was not initially performed.