

GASTROINTESTINAL FOREIGN BODY

GI Foreign Bodies

It is very common for pets, especially younger dogs, cats, and ferrets to ingest objects other than food. When this occurs, the object is referred to as a foreign body. Many foreign bodies are passed with minimal to no clinical signs, however, when an object gets lodged in a piece of intestine or caught up in the stomach, a partial or total obstruction develops causing a back up of ingesta and gas which lead to vomiting, anorexia, abdominal pain and sometimes diarrhea. With persistent vomiting, the pet can quickly become dehydrated, and if the foreign body is not removed, in time the intestine can tear or rupture leading to peritonitis and death. The most common foreign bodies include rocks, gravel, socks, bones, balls, cloth, coins, hairballs, and plastic. Common puncturing foreign bodies include popsicle sticks, nails, sewing needles, and hardware, fish hooks, and other sharp objects. Linear foreign bodies such as string, ribbon, and tinsel can be especially dangerous for the intestines bunch around the string which then cuts the intestines causing leakage of ingesta into the abdomen. Surgery is indicated for any pet suspected of having a GI foreign body with persistent vomiting and a deteriorating clinical status.

Symptoms

- Vomiting – usually acute onset and non-stop vomiting
- Lethargy / depression
- Anorexia
- Abdominal (belly) pain- dogs may growl or snap, cats hiss or bite
- Reluctance to move –due to pain
- Straining abdomen
- Diarrhea-occasionally

Diagnosis

- **Physical exam-** abdominal pain, may have high heart and respiratory rates, and be weak and dehydrated.
- If the **foreign body has already perforated the intestines**, the dog will be shocky with dark dry gums, weak pulses, a low body temperature, recumbent and usually non-responsive to handling.
- **Radiographs** (Xrays)- are taken to look for a typical “obstructive” pattern of gas and fluid in the abdomen. Occasionally, the foreign body can be seen such as a wedged ball, or a chunk of bone. If plain film are non-diagnostic, a contrast study can be performed. The dog is given barium- (a substance that shows up white on X-rays) and then a n X-ray of the abdomen is taken every 15 minutes to an hour until the barium has traveled the entire distance from stomach to colon. If the barium stops abruptly at a certain point in the intestine, then an obstruction is present and exploratory surgery is indicated.
- **Blood Work-** is used to differentiate clinical signs due to a foreign body from those of pancreatitis, liver disease, kidney disease, cancer etc, and to assess the

- patients stability. Most dogs need aggressive medical therapy to address shock and dehydration in order to stabilize them for anesthesia and surgery.
- **Ultrasound**- occasionally a suspicious foreign body can be clearly seen via abdominal ultrasound.

Treatment- Exploratory Surgery

Surgery is required in order to remove the foreign body and repair any damaged intestine. The abdomen is opened and an incision is made into the stomach and/or intestine in order to remove the foreign material within the intestine. Any sections of intestine in which the blood supply has been cut off or the intestinal wall itself is too damaged is removed and the healthy ends of intestine are sewn together. Lastly, the abdominal cavity is flushed out with several liters of fluid in order to rinse off any bacteria that may have leaked from the intestines. If the foreign body has already torn the intestine, fluid from the abdomen will be collected for culture before flushing the abdomen or any removing of intestines occurs. The abdominal wall is then closed with sutures and the dog is woken up from anesthesia. For several days after surgery, the dog is given IV fluids, antibiotics, and supportive care.

Prognosis

With early surgery and aggressive supportive care after surgery, many dogs do well and live normal lives afterwards. The prognosis for cats that already have tears in the intestine and bacterial peritonitis is more guarded even with surgery. The key is to do surgery before there is too much damage to the intestines.