

Customer Name, Street Address, City, State, Zip code

Phone number, Alt. phone number, Fax number, e-mail address, web site

Acute Intestinal Obstruction/Gastric Dilation in Rabbits

(Commonly Known as “Bloat”)

Basics

OVERVIEW

- A sudden, life-threatening syndrome of rabbits in which the stomach fills with gas and fluid
- Rabbits cannot vomit. When outflow from the stomach is obstructed, swallowed saliva and stomach fluid quickly accumulate. This fluid then ferments to produce a large volume of gas.
- In most cases, bloat is due to obstruction of the small intestine with a mat of hair or other swallowed object, lodged just past the stomach. Occasionally other causes of complete intestinal obstruction such as abscesses or tumors occur.
- Direct damage to the stomach wall is caused by stretching of the stomach and lack of blood flow, so that the stomach wall dies off. The dilated stomach can also stop blood flow to vital organs such as the kidneys.
- These changes account for the sudden clinical signs, which include severe abdominal pain, shock, and heart failure.
- Without treatment, death occurs within 4–24 hours. Often, affected rabbits are found dead with no obvious signs of illness. This is the most common cause of sudden, unexpected death in otherwise healthy rabbits.



SIGNALMENT

Any age, breed, or sex

SIGNS

- Sudden onset of anorexia, refusing all food
- Signs of pain such as reluctance to move, hunched posture, or tooth grinding
- Sudden onset of depression; progressing to weakness; lying down, often in a stretched-out position; and eventually, minimally responsive to any stimuli
- Sudden onset of lack of fecal production
- Progressive distention of the stomach or abdomen

- Unlike gastrointestinal (GI) hypomotility/stasis, there is no history of recent painful or stressful event, and diet does not play a role.
- May be found dying or dead with no obvious signs of prior illness
- Rapid heart rate, rapid or difficult breathing

CAUSES

- In nearly every case, intestinal obstructions are caused by ingested felts of compacted hair. It is not clear where these felts come from. Most likely they are formed in the cecum and ingested whole with other cecotrophs. It is also possible that mats of hair are removed from the coat during grooming and ingested whole. Other intestinal foreign bodies include carpet or other cloth, locust beans, plastic, or rubber.
- Occasionally, scar tissue in the abdomen, tumors, or abscesses may cause obstruction; the course is usually more chronic (preceded by signs of GI hypomotility/stasis).

RISK FACTORS

No known risk factors

HEALTH CARE

- **THIS DISEASE SYNDROME REPRESENTS AN EMERGENCY!**
- Patients should be hospitalized, thoroughly assessed, and aggressively treated for poor circulation (known as cardiovascular insufficiency).
- Fluid therapy given by an IV route is used to stabilize the circulation.
- Passing a stomach tube through the mouth, down the esophagus (the tube between the throat and the stomach), and into the stomach (known as orogastric intubation) is the preferred method of decompressing the stomach.
- Following patient stabilization and stomach decompression, surgical intervention is nearly always needed to remove the obstruction.

ACTIVITY

- Restriction of activity for approximately 2 weeks postoperatively is recommended.

DIET

- Oral intake of food is recommended as soon as possible after surgery to prevent postoperative GI hypomotility/stasis.

SURGICAL CONSIDERATIONS

- Surgical intervention should be performed as soon as possible in a stable patient or in a patient for which diligent stabilization efforts have proved to be ineffective.
- Surgical intervention has three main goals: (1) returning the stomach to its normal size, (2) assessment of organ viability (in other words, Are the tissues healthy enough to allow recovery and normal function? Are the tissues too deteriorated to allow recovery, and can additional surgery salvage the organs?), and (3) remove the obstruction.

MEDICATIONS

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered all-inclusive.

- Antibiotics are given around the time of surgery, depending on severity and progression of disease itself.
- Pain medications such as buprenorphine or butorphanol are given before and after surgery. Painful rabbits will often not eat, and are at risk of developing GI stasis after surgery.
- Fluids are usually continued IV for several days after surgery to help the kidneys recover.
- Rarely, some rabbits will respond to medical treatment alone, including decompressing the stomach with a stomach tube, fluid therapy, and pain medications. In these cases, the obstructing object passes on its own. It is extremely important to hospitalize these rabbits and monitor them closely, including repeating X-rays frequently to be certain that the obstruction is passing.

FOLLOW-UP

PATIENT MONITORING

- General nursing care; some patients may require hospitalization for several days before eventual recovery.
- Adequate pain control is necessary.

- Monitor the appetite and production of fecal pellets. Anesthetic agents used during surgery contribute to GI stasis. Rabbits with postoperative GI stasis refuse food and produce little to no feces.
- With successful treatment, see return of appetite, normal feces produced
- Monitor urine production and kidney function postoperatively; the most common cause of death within 3 days of surgery is kidney failure.

PREVENTION/AVOIDANCE

This syndrome is not related to diet or husbandry; no known prevention

POSSIBLE COMPLICATIONS

- Death due to gastric rupture
- Kidney failure in the immediate postoperative period
- Postoperative GI stasis
- Stricture formation at the site of removal of the obstructing object; gastric dilation may recur.

EXPECTED COURSE AND PROGNOSIS

- Most rabbits with gastric dilation present in critical condition. The prognosis is guarded, even with immediate decompression, treatment for shock, and surgical removal of obstruction.
- Patients recovering well after 3 days appear to have a good prognosis for complete recovery.

KEY POINTS

- Gastric dilation (bloat) is a potentially deadly disease that should be recognized and addressed immediately; failure to treat this disease quickly could lead to fatal consequences. Seek immediate veterinary care if your rabbit suddenly stops eating, appears painful, and suddenly stops passing stool.
- Surgical intervention should be performed as soon as possible after initial stabilization.
- Overall prognosis is guarded, even with aggressive treatment. Early recognition of bloat will result in a higher likelihood of successful treatment.

Notes

Enter notes here

