Comparison of intestinal leak pressure among fresh, refrigerated, and frozen/thawed feline jejunum after enterotomy closure.



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Background:

- Enterotomy is commonly performed in dogs and cats due to their propensity to ingest foreign bodies.
- Postoperative peritonitis caused by wound dehiscence and intestinal leakage is a potentially fatal complication associated with enterotomy.
- Currently the accepted methodology for performing comparative studies on enterotomy techniques is constrained to the use of fresh tissue.
- Due to rapid postmortem autolysis, it is commonly accepted that these intestinal segments must be used within 5 hours post mortem to sufficiently mimic a live situation.
- The use of fresh tissue leads to procedural constraints due to the unpredictable availability of "fresh" samples and the associated acceptable completion time.
- Whether or not the use of fresh tissue is necessary to obtain accurate enterotomy leak pressures has not been yet examined.

Materials and Methods:

- Cat cadavers were collected from local animal shelters upon euthanasia for reasons other than the purpose of this project.
- An abdominal midline incision was performed and jejunum was removed caudal to the duodenal flexure and cranial to the ileocolic junction.
- Jejunum was cut into 10 cm sections and separated into one of the three designated groups (Figure 1).
- The lumen was occluded cranial and caudal to where the enterotomy would be performed.
- A longitudinal 2 cm enterotomy was performed (Figure 2) and closed using an simple continuous suture pattern (Figure 3).
- Two catheters were inserted intraluminally. One was attached to a pressure transducer, the other a 10 cc syringe filled with Lactated Ringer's solution (Figure 5).
- The lumen was perfused with Lactated Ringer's solution until leakage was observed.

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