

Clinical Report: Rocky – 3-year-old Male Dutch Shepherd

Date: 21 November

Time of Admission: 22:15

Presenting Complaint: Intestinal herniation through inguinal incision

History & Presentation

At approximately 22:15 on 21 November, Rocky, a 3-year-old male Dutch Shepherd, presented with an intestinal herniation through a surgical inguinal incision site. The patient was wearing a size 20 Elizabethan Buster collar at the time of presentation.

Rocky was brought in a cage containing a significant amount of fresh blood. Upon removal from the cage, no active external bleeding was observed, but the herniation was clearly evident.

Initial Assessment & Stabilization

Due to severe pain and aggression, the patient was induced under general anesthesia for stabilization and further assessment.

The following treatments were administered:

- Analgesia: Morphine (IV)
- Fluid therapy: Two boluses of crystalloid fluids for treatment of hypotension
- Supportive care: exposed abdominal viscera were moistened with sterile Ringer's solution and covered with sterile swabs

Emergency surgical exploration and repair were recommended given the severity of the herniation. The patient was classified as critical but stable enough to proceed to surgery.

Surgical Procedure

Intra operative findings:

No skin sutures were present. Suture were still present in the musculature but some had torn through allowing for herniation of the intra-abdominal organs.

The herniated structures were predominantly the small intestines and a small portion of the colon. No intestinal perforations were observed; all tissues appeared viable but were grossly contaminated with hair and small stones. Multiple sterile saline flushes were performed to remove debris before replacing the intestines into the abdominal cavity. The abdominal cavity was subsequently flushed several times.

Closure:

- Muscle layer: Maczyn suture material and several nylon sutures
- Subcutaneous layer: Two layers of Maczyn suture
- Skin: Nylon simple interrupted sutures

Intraoperative medications:

- Fentanyl CRI
- IV antibiotics
- Paracetamol (IV, postoperative)

All vital parameters remained stable throughout surgery.

Postoperative Course

Rocky recovered uneventfully from anesthesia and regained full consciousness approximately 30 minutes after extubating. Initial postoperative vitals were stable; however, the patient exhibited persistent signs of pain.

Approximately 2 hours postoperatively, the patient experienced acute respiratory failure. Cardiopulmonary resuscitation (CPR) was initiated and continued for 20 minutes but was unsuccessful. The patient was pronounced deceased.

Summary

- Diagnosis: Intestinal herniation through previous surgical inguinal incision
- Treatment: Emergency exploratory surgery and abdominal wall repair
- Prognosis: Guarded to poor
- Outcome: Deceased postoperatively following cardiac arrest

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