



Post-operative care for patients after endoscopic removal of oesophageal foreign bodies

Common foreign bodies (FBs) that get stuck in a dog's oesophagus include bones, fish hooks, apple cores and peach stones. The presenting signs may be mild or may be a refusal to eat or violent vomiting / regurgitation and distress.

We can often manage to remove these FBs with an endoscope which is a flexible fibre optic steerable "camera", and by means of using a grasper of various kinds. If we need to remove the object with an open surgical approach, then please see the thoracotomy post-op care sheet.

Depending on the damage done to the oesophagus wall, which is a function of the size and sharpness of the FB, and the duration of time that it has been stuck, we may need to bypass feeding by mouth for a period ranging from 1-14 days. We do this by placing a feeding tube directly into the stomach (see separate information sheet on feeding tubes). Most owners manage these tubes easily at home once they've had appropriate training.

We may well require medications (some of which your own vet may need to supply) as follows:

Medication:	Antibiotics:	Antibiotics like claviseptin, given for a few days (usually tablets given twice daily). The choice of antibiotic may vary depending on any infection present.
	Sucralfate	This is a protectant for the mucosal surface
	Antacids:	Omeprazole, cimetidine or ranitidine. These drugs reduce stomach acidity.
	Anti-inflammatories:	We may give non-steroidal anti-inflammatory drugs, but often avoid them because they can predispose to vomiting. These are tablets (eg carprofen, Onsior or Previcox), or liquid (meloxicam). They are given with food. If vomiting or diarrhoea is noted, stop this medication and seek prompt advice.
	Analgesics:	We may dispense tramadol (tablets given twice daily) for dogs or buprenorphine (liquid given every 8 hours by mouth) for cats.

Restricted activity is wise. Don't expect your pet to have learnt its lesson – they are likely to be hungry and looking for more inappropriate things to eat ...

Look around your house and garden critically for things they might try to chew and ingest – dirty laundry, balls, stones, bones, baby's things (eg dummies), stuff from bins, sticks etc etc

Rechecks with us at Burton are free of further charge and are recommended at 2-3 weeks, or earlier if advised or if there are issues. Please contact us to book appointments. Any appointments at your own vets are very likely to be chargeable. Where travel is an issue (distance, nervous dogs, large dogs etc) consider sending us a photo of the wound by text/email in lieu of check ups.

Feeding

We often advise only water by mouth for a specified number of days post op. This varies with how much damage we think the oesophageal wall has suffered. Once you have been told that feeding can resume, offer soft food, presented in small easily swallowed lumps. The daily allowance should be divided over several small meals. Feeding from a height (a raised bowl) with the dog in a sitting position may well help food transit to the stomach. Avoid feeding the dog with other pets to reduce the tendency for gobbling food (for fear a companion will get it otherwise).

For some cases we need to with-hold oral food for a fair number of days, and so in these cases we place a stomach feeding tube (see separate information sheet) to allow food (and water) to pass straight into the stomach, bypassing the oesophagus.

Complications and prognosis

Patients are often visibly more comfortable soon after surgery.

Our fixed prices include any follow up consults done with us, and medication for around 5 days post-operatively, but don't include further medication, medication from your own vets, or revision surgery. Consults, dressings and drugs from your usual vet will be chargeable. For further details on our fixed prices please see www.wm-referrals.com, "about us", "FAQs". For further advice please contact us on 07944 105501 or at enquiries@wm-referrals.com. Consider texting/emailing pictures and short videos