Short Communication

Surgical Removal of Shaving Blade from Stomach of Dog

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ABSTRACT

A 2 years old Labrador dog brought with history of ingestion of a newly paper covered packet shaving blade immediately falling from owner's hand during his shaving one day after the incident. There were no clinical signs observed and the dog was normal. Lateral radiography taken showed radio-opaque shaving blade in the stomach area. Solid food was not given after ingestion of shaving blade till surgical intervention and under general anaesthesia shaving blade was removed surgically. The stomach was sutured with vicryl no. 1/0 in continuous lumbert and cushing pattern in double layer. Post-operatively administration of antibiotics, analgesics and regular dressing of wound was done and dog recovered uneventfully.

Key Words: Dog, History, Radiograph and Anaesthesia.

Dogs are very active and playful and sometime take non-food objects leading to gastric foreign body syndrome (Tripathi *et al.,* 2010).Gastro-intestinal foreign bodies are challenging and difficult to manage and their treatment depends on its location and degree of obstruction. Foreign body fixed with tissue and sharp foreign bodies are not recommended for endoscopic examination. Sharp foreign body might lead to perforation of the organ and anchor in pylorus may require surgical extraction (Tobias, 2006) Stones, bones, coins, balls, clothes, rags, metallic spoons, rubber nipples and magnets are some of the indiscriminately fed objects reported in dogs (Mohindroo *et al.,* 2006; Hayes, 2009). Playing habits and more activity of young dog are responsible for ingestion and subsequent lodgement of foreign body in GIT (Koike *et al.,* 1981; Applewhite *et al.,* 2002; Han *et al.,* 2008).

A 2 years old male Labrador dog weighing 35 kg presented in the clinics with history of ingestion of shaving blade one day before and animal was kept without foods and water. The activity of dog was normal. The temperature, heart rate and respiration rate were not changed. Lateral radiograph showed picture of shaving blade

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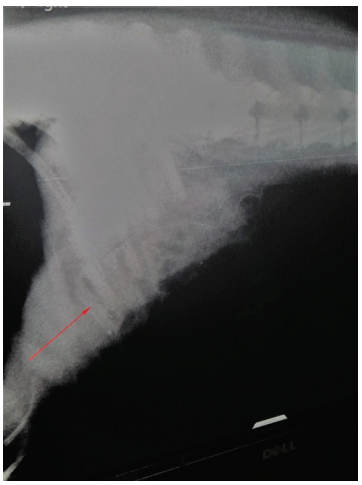
with radio-opaque density in stomach area (Fig. 1). Animal was stabilized with IV DNS-5%. Next day surgical removal was planned.

The general anaesthesia used in dog was combination of atropine 0.04 mg/kg body weight, xylazine 1mg/kg body weight and ketamine 5mg/kg body weight intramuscularly. Dog was maintained anaesthetic condition by repeated dose of ketamine intermittently with intravenous route. Animal was restrained in dorsal recumbency and behind the post-xiphoid area of abdomen was shaved and prepared aseptically for surgery. Abdominal cavity approached by incision just behind post-xiphoid in direction along linea alba. Stomach was exteriorized. Least vascular area of stomach was incised and stomach kept in outside by stay suture. Shaving blade was explored and removed outside by using alies forceps (Fig. 1). The stomach was sutured by lambert suture followed by cushing to prevent leakage with vicryl 1/0. Muscle and peritoneum were sutured in simple interrupted pattern with vicryl 1/0. Silk was used to suture the skin with horizontal pattern. Dog was treated post-operatively with ceftriazone & sulbactum inj. @ 10 mg/kg body weight I.M. once daily for 8 days and inj. Meloxicam @ 0.2 mg/kg body weight i.m. once daily for three days.Food and water were not given to animal for 4 days. In this period animal was given RL 250 ml and DNS 5% 250 ml intravenously twice daily. Multivitamin inj. 2ml (CB12) was mixed in the fluid for three days. Glucose mixed with water was given from 4th day. Milk was allowed from 7th day onward. Suture removed on 12th postoperative day. Animal recovered uneventfully.



Feeding habit of the dog might be leading to foreign body syndrome at any age of the dog with gastric obstruction but more commonly found in younger dogs. There are many reasons for intestinal obstruction in dog e.g. foreign body, neoplasia and peritonitis. In this case, a newly paper covered packet of shaving blade ingested was surgically removed since the case was recent. All physical parameter was normal and the dog was not showing any symptoms. Foreign body

found in fundus of stomach do not show any symptom and if they are located in pyloric area of stomach, gastric emptying may be impaired (Uma Rani *et al.,* 2010). Foreign bodies cause gastric outflow obstruction, gastric perforation or systemic illness on breakdown and absorption of foreign body (Patil *et al.,* 2010). Gastrotomy is performed for removal of foreign bodies and stomach tumours in treatment of stomach problems (Haragopal and Suresh Kumar 1996.) and early diagnosis and surgery of the organ are important as the chance of perforation and peritonitis increase with delay in surgery.

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