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Constipation.

An occasional episode of constipation is not cause for alarm.

Stools seem unusually hard.

There is unproductive straining.

Veterinary assistance may or may not be needed.

Here is what you need to know.

Some animals, especially dogs, get in the habit of eating gravel, stones, dirt, bones, or plants.

This does not usually indicate a dietary deficiency as many owners suspect, though we do not have a good explanation for this unusual dietary behavior.

Stools produced can be sharp or painful to pass, often leading to straining and discomfort.

Some medications can have constipation as a side effect (sucralfate).

An important potential cause of constipation to check for is an electrolyte imbalance, especially in an older dog.

This may be the only noticeable sign of an important metabolic problem such as kidney failure.

If the constipation has been a recurring problem then this kind of lab work at the vet's database becomes especially important.

An internal obstruction.

This may be causing the problem. For example, animals hit by cars often suffer a fractured pelvis.

These usually heal without surgery but can heal such that the pelvic canal through which stool must pass is narrowed.

Constipation may not result for years after the initial trauma.

An old fracture is generally obvious with a radiograph of the abdomen.

An enlarged prostate gland is a common feature of the older male dog. The gland sits just below the colon and can press on the colon serving to narrow it.

Neutering usually solves this problem, though sometimes something more serious like a prostate tumor is present.

An enlarged prostate is often palpable rectally though the size of the prostate is better assessed with a radiograph.

Treatment for simple constipation.

Simple isolated episodes of constipation are easily treated with a soap and water or K-Y jelly based enema.

It is important to appreciate that dogs do not take kindly to enemas and this kind of a procedure should not be attempted at home.

It invites bites and scratches, especially if the dog patient is uncomfortable to begin with, plus it is a very messy undertaking.

Enemas are best left to an experienced professionals.

A short course of medication may be prescribed.

Laxatone, lactulose

Cisapride or bisacodyl medication to increase the normal motility (contractile strength) of the large intestine.

Mineral oil.

An old fashioned remedy has been the oral administration of mineral oil.

It is best to avoid this temptation as mineral oil, being a light fluid without flavor, is easily inhaled accidentally into the respiratory tract. Since it is a mineral based compound, it cannot ever be removed by the body and

the immune system will forever attempt to wall it off with inflammatory granulomas.

For a single episode of constipation treatment.

There are two approaches that are commonly employed in this regard. A diet change may or may not be recommended.

Fiber addition to the diet.

Fiber is not absorbed by the patient's intestinal tract and as such passes to the colon where it contributes to the stool volume and more structure.

The result is a larger, more "bulky stool" which, when passed, provides stronger sensory stimulation to the colon than a "regular hard – called cannon stool - void of soft material".

This increased stimulation and softer texture may result in better colon motility.

This type of diet change is achieved most easily by switching to a rich in fiber diet acceptable by your dog that may be added as part ...

proportional of the regular diet (+- 30% replacement) – cooked cauliflower, carrots, cooked or canned pumpkin, spinach, brand cereal.

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A 5 day bland diet – chicken/turkey's white meat without fat and skin on cooked white rice as a complete meal p/d.

The second theory is dietary management so that the colon would perform better with a smaller stool.

In this case, a low residue, high digestibility diet is used.

This type of diet change might also be achieved most easily by switching to a prescription high fiber diet.

With such a diet the purpose is a greater amount of nutrients be absorbed by the dog patient and there is less "undigested material" passing to the colon to contribute to the fecal mass.

Recurring constipation.

In recurring constipation, the same treatment methods described -as listed are employed but on a more long term basis.

Enemas may have to be used more frequently and medications/diet changes may represent permanent management methods.

The vet lab-work database and the abdominal radiographs become especially important.

Some commercially prepared products are toxic to dogs so it is important that human constipation products, be they enemas or laxatives, not be used in dogs without specific veterinary instruction.

Constipation versus obstipation.

When constipation becomes a more permanent and continuous problem, it is more correct to use the term "obstipation."

Here, the dog patient is unable to effectively or completely empty the colon for themselves.

The obstipated colon is dilated and packed with a rock hard enormous burden of feces.

The dog patient is usually quite uncomfortable, with more frequent unproductive straining – constant trying and straining - lethargy, appetite loss, and even vomiting entering the picture.

Small hard bits (round ball like) - of stool are often found around the house as well as in the yard.

Sometimes liquid fecal secretions are passed around the hard fecal mass leading the owner to wrongly think the dog has diarrhea.

Usually the only way to relieve this is through a more complete “de-obstipation” process which frequently necessitates general anesthesia. The patient is hydrated usually using fluids given under the skin and some enemas are given while the patient is awake.

This helps moisten the hard fecal mass and sometimes helps with the fecal evacuation.

After this, the dog patient is anesthetized and the fecal mass is milked from the colon by hand.

If the colon is severely “backed up” often a single procedure is incompletely effective as some of the higher stool may not be accessible at the time of the procedure.

There is no way to predict the frequency with which this procedure must be performed in a given individual;

one must simply judge the dog patient’s discomfort to determine this. Subtotal colectomy.

A permanent resolution of this problem can be achieved by surgically removing the diseased colon.

This generally eliminates the need for any stools softeners, pills, enemas etc. and the dog patient can resume a “low maintenance” lifestyle.

The constipation is replaced by a looser consistency stool and, though sometimes this firms up into a more normal consistency stool after a couple of months, it is important for an owner expect this change to be permanent.

Dog patients appear much more comfortable with this new arrangement and most owners are satisfied with results as to wish they had pursued surgical treatment sooner.

Still, it is important to realize that the subtotal colectomy is a major surgery and there are special problems to be concerned about:

Pre and probiotic - adding digestive / colon to every meal.

The colon's bacterial population is enormous (some ten times higher than the population of the small intestine).

This introduces special concern for any leaking from the intestinal incision.

Infection could easily progress to peritonitis and become a lethal complication.

This is by no means a common problem but it is important to report any post-operative lethargy or appetite issues immediately, especially if the dog patient had appeared to be stabilizing and the change is sudden.

Leaking after intestinal surgery generally occurs around the third day after surgery if it is going to occur.

Fever is a sign of infection but it is best not to attempt to take a rectal temperature at home given the proximity of the colon incision.

After surgery.

Antibiotics is usually prescribed.

Special diets are often recommended during the recovery period.

(Usually something highly digestible to minimize the amount of stool produced.)

It is not unusual for a dog patient to refuse food for several days after surgery.

The dog must not be allowed to go without food for more than five days without some kind of nutritional support.

Chicken / bone broth might be a teaser ... most dogs will eat some.

You may be required to force feed or feeding through a special feeding tube.

Scarring of the surgery site ("stricture") may lead to narrowing of the bowel and recurrence of the obstipation.

If this occurs a second surgery would be necessary to remove the narrowed area.