What's New at AMVS

We would like to announce, beginning in November, we will be offering a series of presentations to the general public demonstrating what to do in the event of a canine emergency.

For more information regarding these presentations, please contact chillier@aspenmeadowvet.com.

We also would like to invite you, on behalf of the Longmont Humane Society, to the 27th annual Animal Affair being held at 5:30 p.m. on Saturday, October 8 at the Plaza Conference Center in Longmont.

For additional information and to register, please visit www.longmonthumane.org. We hope to see you there!

Promising New Treatment for Feline Constipation

by Corinne Fabrick, DVM, DACVIM

Practice points:

- Idiopathic megacolon is the most commonly reported cause of feline constipation
In cases that do not respond to traditional medical therapy manual extraction is sometimes necessary. This procedure increased the cost to the client and puts our patients at greater risk for colonic perforation.

- Human medicine commonly uses polyethylene glycol 3350 to treat constipation/impaction safely to avoid manual extraction.
- An ACVIM abstract in 2010 shows great promise to help prevent the need for manual fecal extraction by using a CRI of polyethylene glycol 3350 via a nasoesophageal feeding tube.
- More studies are indicated to determine the ideal dose and evaluate for potential side-effects with more standard evaluation protocols.

Constipation is commonly diagnosed in our feline patient population. Constipation is defined as the infrequent or difficult evacuation of feces whereas obstipation implies a permanent lack of function. Obstipation should be diagnosed after constipation has become refractory to treatment.

The most frequent cause of constipation in cats reported in the literature is idiopathic feline megacolon. Differential diagnoses for constipation in the cat that should also be considered include other types of neuromuscular dysfunction (lumbosacral disease, cauda equine syndrome, sacral spinal cord deformities, injury to the hypogastric or pelvic nerve, dysautonomia), mechanical obstruction (intraluminal, intramural or extraluminal), inflammatory causes, metabolic (dehydration, hypercalcemia, hypokalemia), pharmacological (opioids), and environmental and behavioral causes.

Diagnosis of constipation is dependent on a thorough history and physical examination as well as abdominal radiography. A careful digital rectal examination should be performed in all constipated cats to evaluate for pelvic fractures, foreign bodies, strictures, anal sac disease and perineal herniation. A neurologic examination should also be performed to evaluate for spinal cord injuries, pelvic nerve trauma and Manx sacral spinal cord deformity.

There are a variety of traditional medical treatments for constipation in cats which usually involve a combination of rehydration, rectal suppositories, enemas, oral laxatives and prokinetic drug therapy. Manual extraction is indicated if patient fails traditional medical therapy. Manual extraction of feces is a costly and unpleasant procedure which requires general anesthesia and intubation to help prevent aspiration. In humans constipation and fecal
impaction can be treated with polyethylene glycol 3350 (brand names include GoLYTELY and Colyte among others). Polyethylene glycol 3350 is routinely used in preparing canine and feline patients for colonoscopy with minimal side-effects due to the balanced electrolyte solution.

An abstract was presented at the ACVIM forum of a retrospective study to evaluate the use of polyethylene glycol 3350 in cats with constipation as an alternative to manual extraction. Nine cases were included in the study. Seven of the nine cats had multiple previous episodes of constipation. The diagnosis of constipation/impaction was made with a combination of history, physical examination findings and radiographs (6/9). All nine cats also received intravenous fluid therapy along with laxatives at previously used dosages. Two cats received a single warm water enema in additional to the PEG 3350.

All nine cats had a nasoesophageal tube placed and a CRI of PEG 3350 (Colyte) was administered at rates between 6 and 10 ml/kg/hr. All nine cases were successfully treated with a median time to significant defecation of 8 hours (range 5 to 24 hours). The median total dose of PEG 3350 was 80 ml/kg. Success was established with a combination of abdominal palpation and abdominal radiography. One of the nine cats vomited after initiation of the CRI, but the cat had been vomiting prior to presentation. No hyponatremia was noted in the 5/9 cats who had bloodwork performed after initiation of the PEG 3350 CRI.

Manual extraction of feces in constipated/obstipated cats is an expensive, unpleasant treatment for cats that risks colonic perforation. This small, retrospective study is very promising as a new treatment for constipation in cats to help prevent the need for manual fecal extraction. If PEG 3350 treatment is successful, it helps reduce the cost of treatment by avoiding the need for general anesthesia and its potential for colonic rupture. Because PEG 3350 is a balanced electrolyte solution it is unlikely to cause significant electrolyte abnormalities and appears to be very safe. Adequate hydration is very important during treatment to prevent dehydration with this hyperosmotic laxative. Ideally, electrolytes should be monitored and PEG 3350 should be used cautiously in animals with cardiac disease.

Ideally prospective studies should be performed in cats to establish the best CRI protocol and monitor more strictly...
for potential side-effects in cats with constipation/obstipation.

Thank you for your continued support.
-Aspen Meadow Veterinary Specialists

104 S. Main Street
Longmont, CO 80501
303-678-8844 (p)
303-678-8855 (f)

info@AspenMeadowVet.com
www.AspenMeadowVet.com