

Darmpunktionen von außen am Pferd (Blinddarm, Dickdarm etc.)

Transcutaneous caecocentesis and colocentesis, transrectal colocentesis. Dangerous or useful? Technique, indications (Utiliti e pericoli della colocentesi transcutanea) von H. Lutz

Abstract:

Centesis of the distended cecum is performed in the middle of a horizontal line connecting the right point of the hip with the last rib. The injection site is verified by a rectal examination performed with the left hand, while the right hand of the examiner palpates the planned injection site from the abdominal wall to achieve better orientation.

The injection is performed with a twitch and sometimes under sedation with xylazine IV. For unruly or sensitive horses 10 ml of a 2 % local anesthetic are deposited cranially and dorsally of the injection site. After shaving and disinfection a 1 cm skin incision is performed. The exploring cannula for cecocentesis is inserted completely towards the sternum or the contralateral olecranon. After no more gas or sometimes, towards the end, fluid come out of the cannula, some antibiotic is deposited into the cecum and furthermore deposited into the abdominal cavity and under the skin, while the cannula is pulled out. The skin incision is closed and systemic antibiotics are given for three days. Contraindications include: loops of small intestine close to the site of puncture or early pregnancy in the right uterine horn. The cecocentesis can be repeated, but a new puncture site close to the original location should be used. The distended left colon is evacuated in a similar manner from the left flank after rectal examination. This puncture bears much higher risks and is only justified in cases where surgery is not an option (small intestine and small colon in close proximity).

The puncture of the distended colon through the rectum is performed in the following manner:

After twitching and/or epidural anesthesia/sedation, the rectum is flushed with water or 5 % polyvidone-iodine solution and some antibiotic is instilled. An 18 gauge needle, which should at least be 4 cm long and connected to a tube is used to puncture the palpably distended colon. To achieve this the protective cover is left loosely over the needle. The needle is inserted rectally with a gloved hand covered with some antibiotic. When the distended colon is reached, the protective cover is pushed away and colocentesis is performed. The evacuation takes some minutes. The flow of gas can be controlled by smell or by putting the end of the tube into a glass of water. This puncture can be repeated. Systemic antibiotics for three days