

## Idiopathic Megacolon in Cats

Surgery for megacolon used to be thought of as a salvage procedure used only as a last resort when all else had failed. It is time for a reevaluation of this thinking. All surgical reports of subtotal colectomy have been favorable with good results and few complications. If medical management with motility drugs, dietary changes, and enemas are no longer working or the clients simply do not want to perform these often time consuming and less than enjoyable options, surgery should be thought of as another form of therapy rather than a last resort option. Often by the time we are thinking of surgery, it is only because the owners are at their wits end and are ready to euthanize. The cats are miserable, have suffered numerous enemas, often more than once per week, and are now in less than optimal shape for anesthesia. Instead of presenting surgery as a last chance "we have tried everything else" option, presenting it as a viable treatment option earlier in the process would allow for more success and give the owners all of their alternatives. I am not saying that surgery should be the first option, but it should not be thought of as a salvage procedure anymore.

Subtotal colectomy is removal of most of the colon including the ileocecolonic junction in some, but not all cases. This results in either an ileocolonic anastomosis or a colocolonic anastomosis. There is some controversy over which is better (if either), although most members of the ACVS would say that evaluation of each case at the time of surgery is the best way to go. Leaving the ileocecal valve intact has the advantage of less post-operative diarrhea, maintaining more of the homeostatic mechanisms of the small and large bowel intact, and maybe allowing a faster return to normal. It has the disadvantage of allowing possible recurrence due to the small amount of colon left behind. Taking the junction results in a more difficult anastomosis due to a large bowel diameter disparity and may cause a longer period of diarrhea post-op. In either event, the surgery has been shown to result in few complications if performed correctly. Cats are maintained on fluids post-op until they begin to eat and or drink and are discharged on a few days of antibiotics.

Initially, soft stools and even diarrhea can be expected especially when the ileocecolic valve has been removed. The frequency of the stool can be as often as 6-8 times per day. After the first 3-6 weeks, the stools begin to firm (sooner in cases where the ileocecal junction has been maintained) so that by 3-6 months post-op, most cats have semi-solid to normal stools with a range of 2-3 times per day.

Considering surgery as a legitimate treatment option in cases of megacolon in cats is a service to both the client and the patient. Despite what we may have all been taught, colonic surgery can be performed safely and without a high incidence of complications when performed correctly.

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