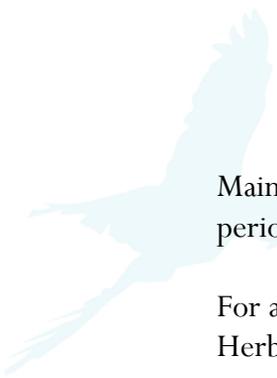


Post-Surgical Feeding of Small Herbivores



Maintenance of gut motility in small herbivores is an important part of perioperative nursing.

For a standard procedure, the animal would be offered Oxbow Critical Care for Herbivores very soon after regaining the ability to swallow, and maintain sternal recumbency. Normally, a volume of 10-20ml/kg would suffice. Feeding would usually be no more than 30 minutes to an hour post-anaesthesia, and would be repeated again 1-2 hours later, depending on the animal's condition, willingness to eat on its own, and faecal production.

Additional carbohydrates may be required for animals with suspected hypoglycaemia, in poor body condition, or who cannot be stabilized preoperatively. In those cases, vegetable baby food (try to pick ones with higher fibre) can be added to Oxbow Critical Care for Herbivores. The addition of readily digestible carbohydrates appears to improve blood glucose levels more rapidly than plain Oxbow Critical Care for Herbivores, but may increase the chances of dysbiosis. Usually, baby food will be added to the regimen for one or two feeds only, and once the animal is stabilized, Oxbow Critical Care for Herbivores is fed.

Any animal that has been suffering from delayed gut emptying or gut stasis prior to surgery would be on one or more prokinetic agents before the procedure. Serious motility issues would be treated with parenteral metoclopramide and ranitidine, as well as oral cisapride. Less serious or resolving issues would be treated with oral cisapride and ranitidine. These drugs would ALWAYS be used in conjunction with the feeding regimen described above.



The general rule of thumb is to feed 50-60ml/kg/day of Oxbow Critical Care for Herbivores. We feed this quite thick, so the animal's fluid requirements need to be addressed in other ways. Thinner gruels of Oxbow Critical Care for Herbivores run increased risk of aspiration, particularly in debilitated patients.