**Gastric Dilatation Volvulus (GDV)**

**Presentation:**
- Big dog vomiting-retching, salivation, abdominal distention, tympany, pain
- Eventually weakness/collapse, shock

**Rx of Choice:**
1.) Immediate shock therapy - FIRST  
   - Give IV fluids BEFORE or during diagnostics
   - Multiple IV fluids access, Ig volume crystalloids &/or hypertonic saline, &/or colloid
   - Pass orogastric tube CAREFULLY, decompress if possible this way
   - Trocarize stomach in extreme cases
2.) Surgical correction - derotate, gastropexy, +/- splenectomy.
3.) Medical therapy must address: hydration, blood pressure, electrolytes, acidosis
   - Cardiac arrhythmias; Usually ventricular- Lidocaine continuous rate infusion (CRI)

4.) Post-op care IS critical – Complications are MANY and SERIOUS!!

**Prevention:**
- Small, low fat meals, Minimize exercise after meals, Minimize water after exercise
- Do NOT breed dogs hx of GDV or relative w/ hx of GDV
- Prophylactic gastropexy, appropriate breeds

**Prognosis:**
- 15% mortality in Sx patients, ↑s to 30% w/ gastric necrosis
- Arrhythmias do NOT affect mortality
- Mortality rates INCREASE with
  - High lactate; Delay of 5 hrs or more to admission
  - Hypothermia at admission; Hypotension anytime

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**Zuku Review FlashNotes™**

**Classic Question(s)**

What are three ways to prevent gastric dilatation volvulus in dogs?

What is the most important thing to do first upon admission when managing case-patient with suspected gastric dilatation volvulus?

What is the overall mortality rate among dogs who have had surgery for gastric dilatation volvulus?