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GDV (BLOAT)

What is it? GDV stands for gastric dilatation volvulus. It occurs in dogs when the stomach becomes distended with food, water, and air and then twists on itself. When this happens, the dog can no longer vomit or burp, making it impossible to relieve the pressure within the stomach. Fluid and gas then continue to accumulate. This situation also compromises blood flow to the abdominal organs, particularly the stomach. This condition can be life threatening.

What animals are affected? Any dog can develop GDV but it is most common in larger, deep chested dogs like Great Danes, Dobermans, Labradors, Golden Retrievers, and Standard Poodle. There are family predispositions to GDV as well, and the risk increases with age.

What are the signs? Dogs with GDV tend to be restless and uncomfortable. They may try to gag or vomit, but it is non-productive. His or her abdomen may also look and feel distended or gassy.

How is it diagnosed? The diagnosis for GDV is made by recognizing the very characteristic signs and also by evaluating a radiograph (x-ray) of the abdomen. On the radiograph, the stomach of a GDV dog is large and fluid or gas-filled; it is malpositioned and often looks compartmentalized.

How is it treated? Initial emergency treatment includes passing a stomach tube to relieve the distension. Often times because of the twist in the esophagus, a tube cannot be passed. The doctor may then stick a large gauge needle into stomach through the body wall to relieve the gas the stomach. IV fluids are very important as the patient is often very shocky or weak. Pain medications are also given. Surgery is recommended as soon as possible to untwist the stomach, after which a tube can be passed to remove the stomach contents and, if needed, flush the stomach. After the stomach has been returned to its normal position, it and the other abdominal organs are evaluated. Sometimes a portion of the stomach will need to be removed because it was without blood for too long and is no longer viable (partial gastrectomy). Sometimes the spleen may also need to be removed (splenectomy). The last procedure is to pexy or "tack" the moveable part of the stomach to the body wall so it cannot twist again. The muscle of the stomach is sutured to the muscle of the body wall where it can then form a permanent adhesion.

What after care is needed? Postoperative care is critical in GDV patients. They need continued fluid therapy, pain management, and nursing care. Some dogs may develop cardiac arrhythmias (abnormal heart beats) that need to be treated. Oxygen therapy is often helpful and some may require nutritional support if they are slow to start eating on their own. Most dogs will stay hospitalized for 2-4 days after their surgery.

What is the prognosis? The prognosis for GDV patients varies greatly. If the condition is recognized and treated early before the stomach and the patient are significantly compromised, the prognosis is good. The prognosis is guarded in patients that are in shock, respond poorly to therapy, or need to have a portion of their stomach removed.

Can it be prevented? Yes! GDV can be prevented by tacking the stomach as an elective procedure prior to the patient having any clinical signs of bloat (prophylactic gastropexy). This is recommended in

those breeds predisposed to GDV. The procedure can be done at the time of elective spay or neuter and can now also be done laparoscopically.
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