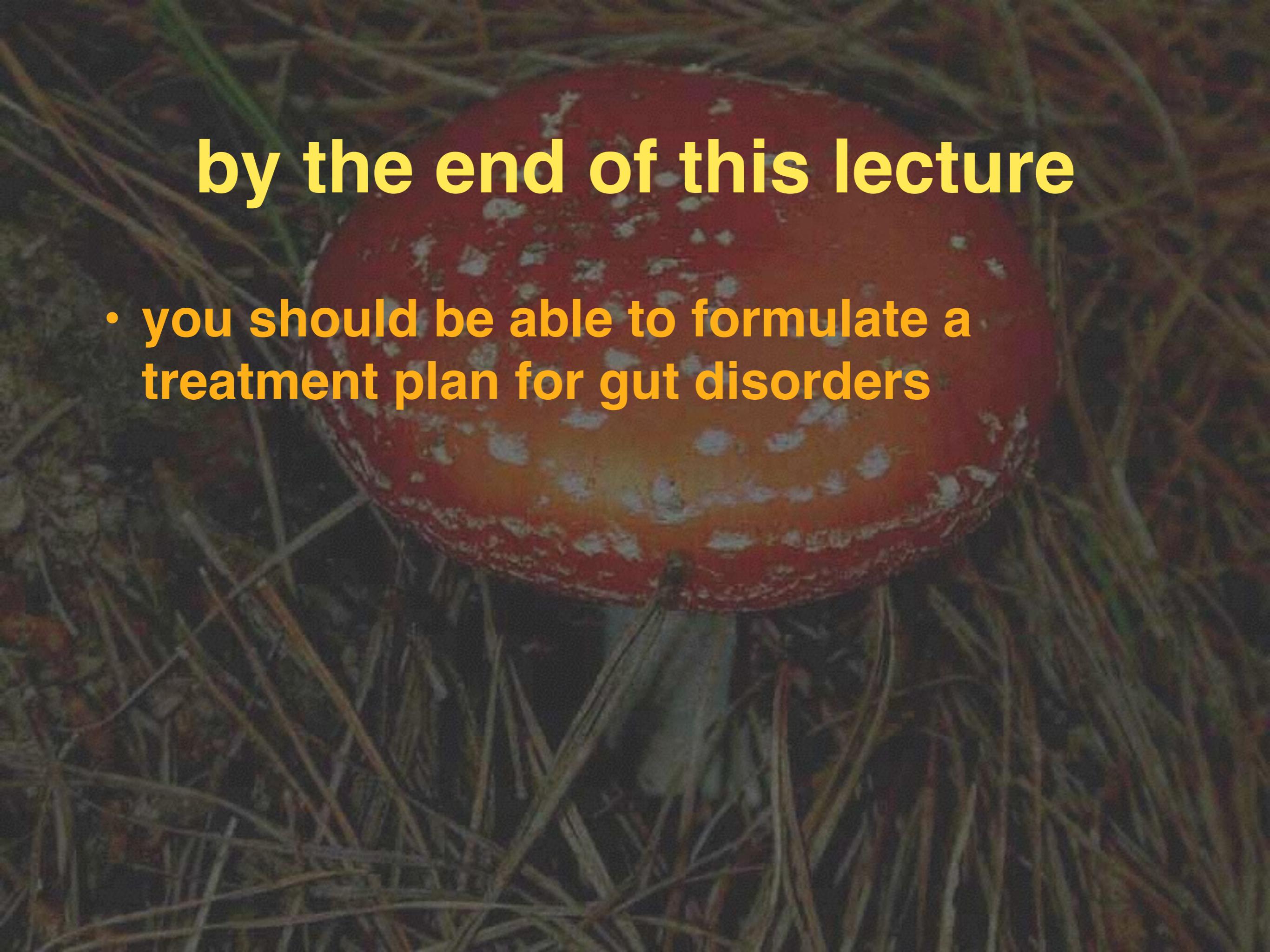


The Gut



by the end of this lecture

- **you should be able to formulate a treatment plan for gut disorders**

what would you do?



- 8yr old
- hip lameness
- on NSAIDs for 2 wks
- now off food & miserable

common problems

- **vomiting**
- **diarrhoea**
- **ulcers**
- **ileus**
- **colic**
- **constipation**
- **bloat**



vomiting

- fluids
- (anti-emetics)

diarrhoea

- fluids
- motility reducers
- (antibiotics)
- (anti-inflammatories)
- (wormers)

ulcers

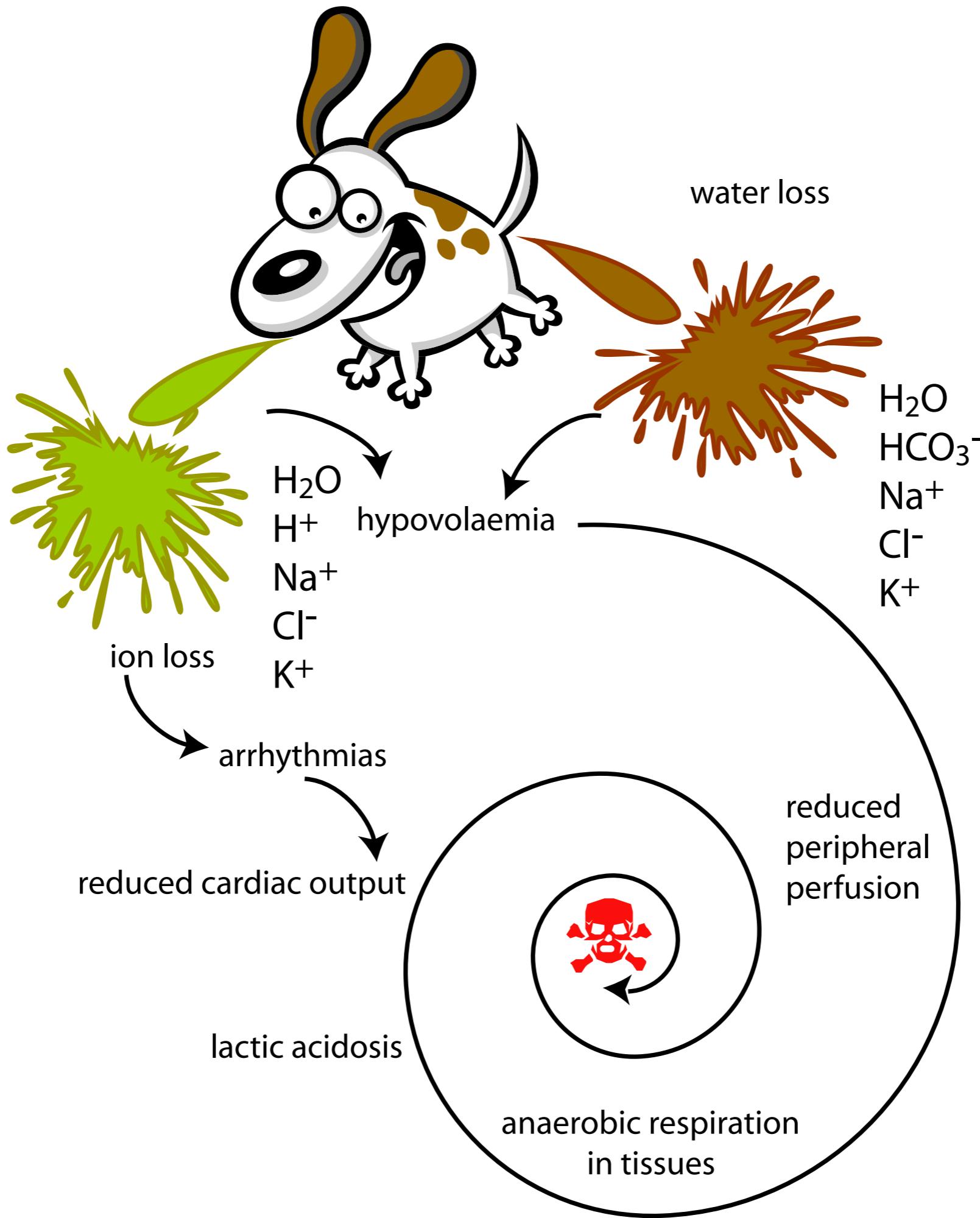
- proton pump inhibitors
- H2 antagonists
- coating agents

colic

- analgesics
- fluids
- motility reducers

constipation

- laxatives
- (prokinetics)



fluids

- **oral best**
- **iv if necessary**
- **other routes**
 - **sc not much use**
 - **im no use**
 - **ip can be dangerous**
 - **intraosseous painful**

oral fluids

- tap water
- salt
- glucose / glycine
- (starch)

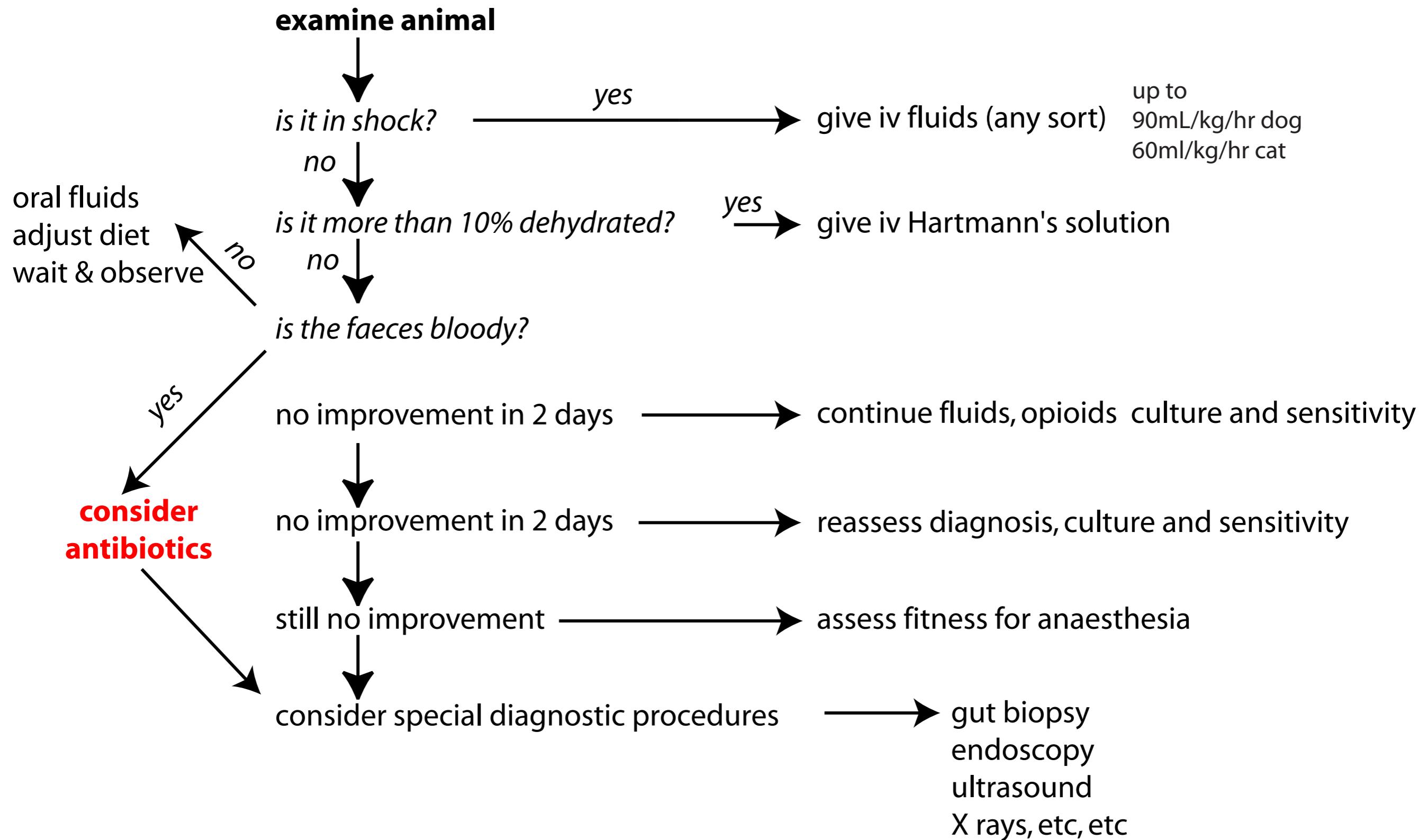
iv fluids

- sodium lactate infusion (= Hartmann's solution ~ lactated Ringer's)
- lots of others

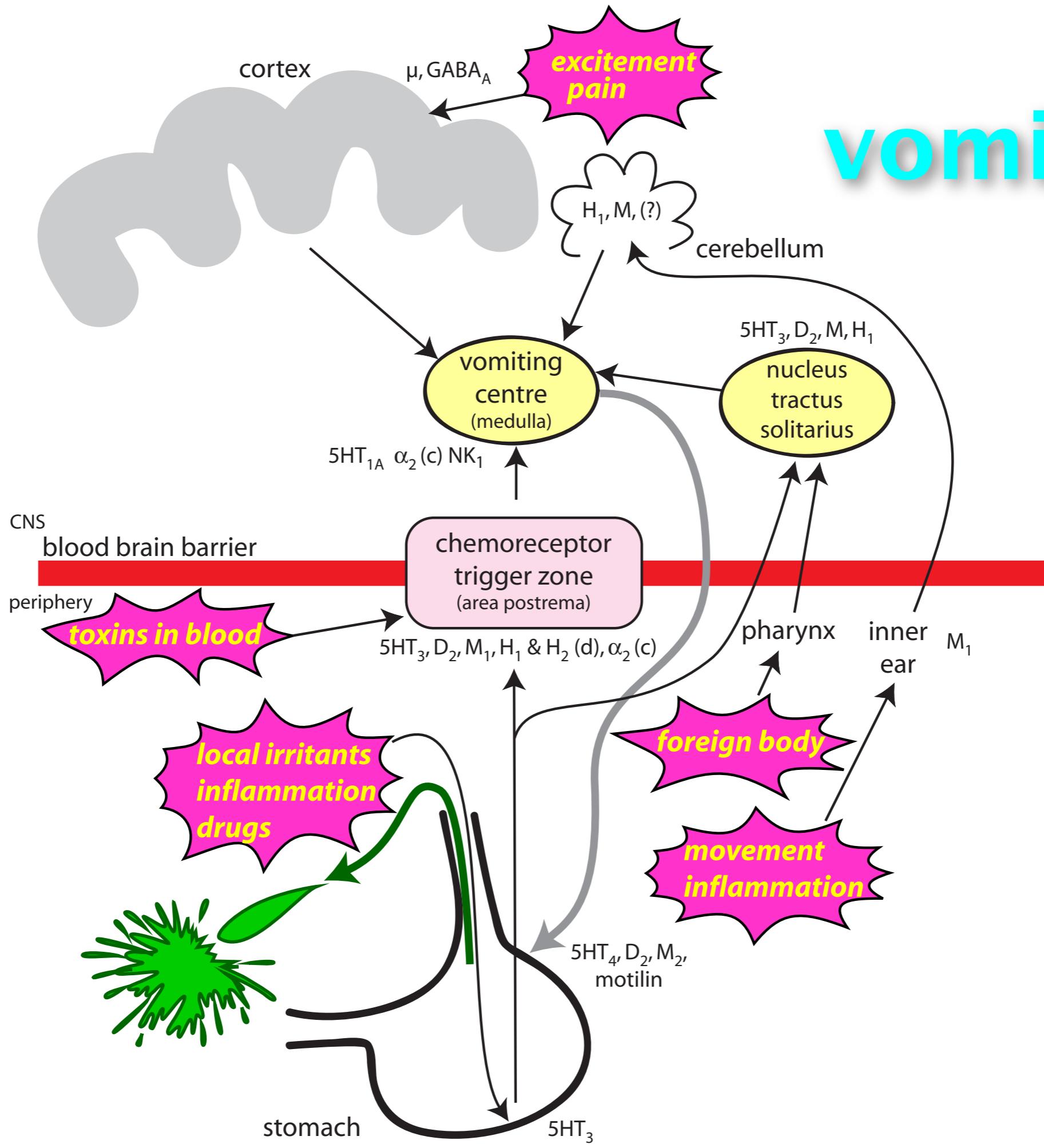
iv additives

- KCl
- NaHCO₃

my approach



vomiting



anti-emetics

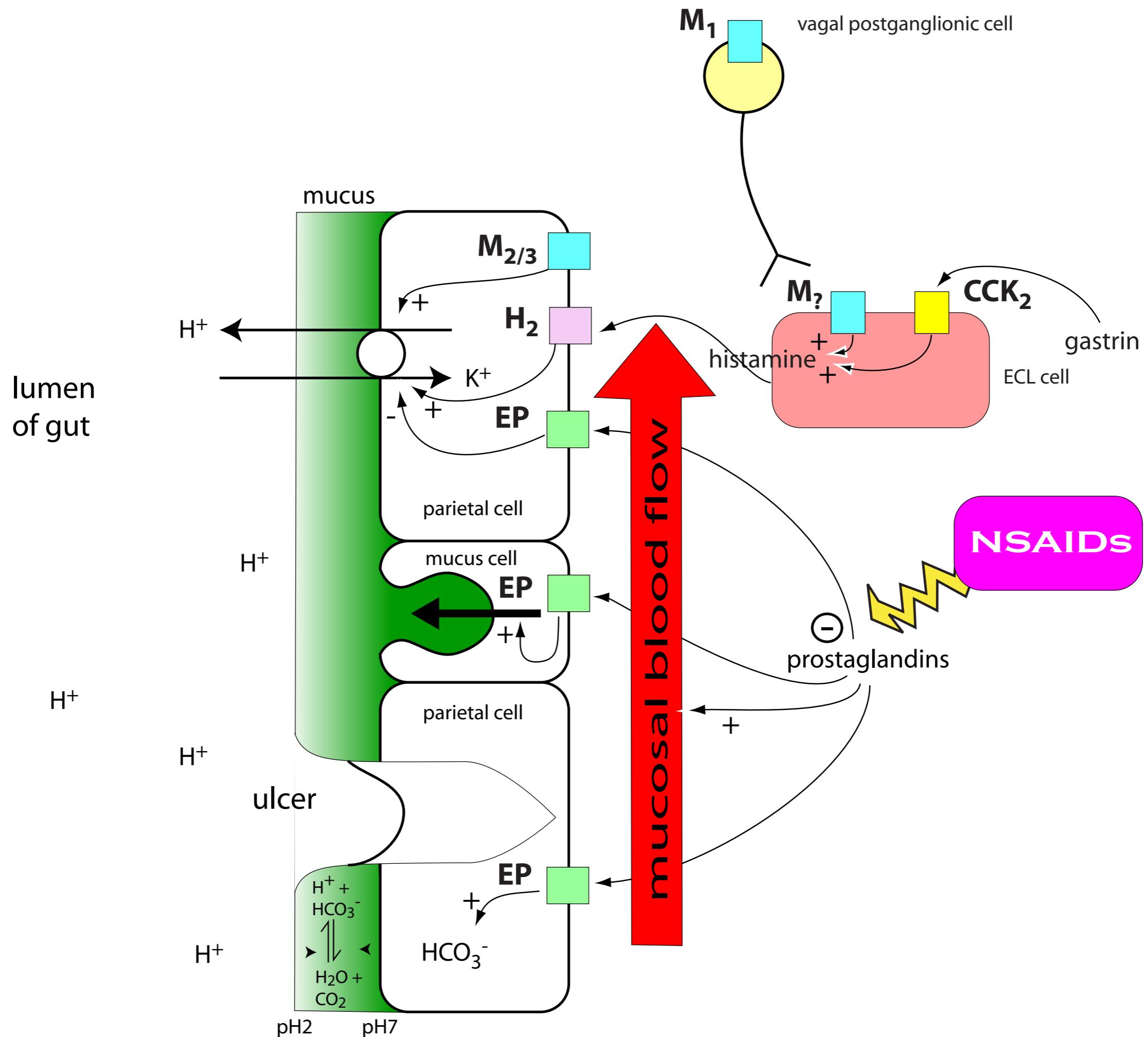
- phenothiazines
 - perchlorphenazine
- dopamine antagonists
 - metaclopramide
 - droperidol
- 5HT3 antagonists
 - ondansetron
- NK1 antagonists
 - maropitant
- (antihistamines)
- (anticholinergics)

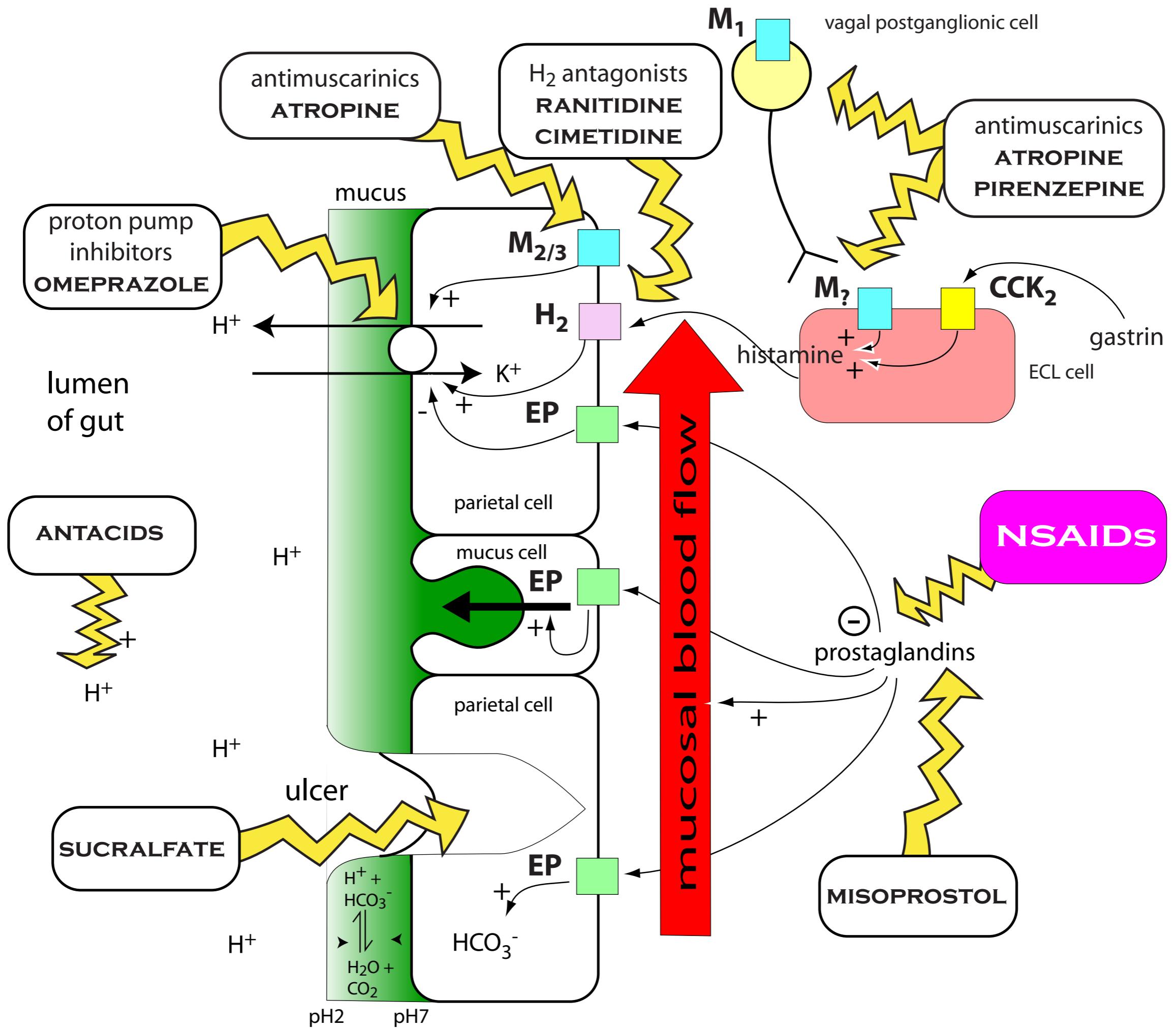
emetics

- apomorphine
 - not cats
- xylazine
- mustard
- saturated salt solutions

ulcer drugs

- anticholinergics
- prostaglandins
- H₂ antagonists
- proton pump inhibitors
- antacids
- local protectants
- antibiotics





anticholinergics

- M₁ antagonists
 - pirenzepine
- not atropine

prostaglandins

- PGE analogues
 - misoprostol

antihistamines

- H₂ antagonists
 - cimetidine
 - ranitidine
 - famotidine

proton pump inhibitors

- omeprazole
- pantoprazole
- lansoprazole

antacids

- aluminium
 - hydroxide
- magnesium
 - hydroxide
 - carbonate
 - oxide
 - trisilicate
- not much use - rebound secretion

protectants

- **sucralfate**
- **colloidal bismuth**
- **(kaolin)**
- **(pectin)**

gut motility

- prokinetics
 - metoclopramide
 - erythromycin
- spasmolytics
 - anticholinergics
 - opioids

opioids

- loperamide
- diphenoxylate
- (morphine)

antibiotics

- not usually indicated
- give if
 - there is evidence of invasion
 - a specific pathogen has been cultured



pre & probiotics

- the future???

anti-inflammatories

- inflammatory bowel disease
 - sulphasalazine
 - olsalazine
 - mesalazine
- not usually NSAIDs or steroids

laxatives

- **enemas**
 - **soapy water**
- **bulk forming laxatives**
- **osmotic laxatives**
- **lubricant laxatives**
- **irritant laxatives**

bulk forming laxatives

- psyllium
- bran

osmotic laxatives

- lactulose
- MgSO₄

lubricant laxatives

- liquid paraffin (= mineral oil)
- white soft paraffin (= petrolatum, Vaseline)
- do NOT use
 - paraffin oil (= kerosene)
 - paraffin wax (= paraffin)

irritant laxatives

- rhubarb
- senna

fat pills

- dirlotapide
- etc, etc

what would you do?



- 8yr old
- hip lameness
- on NSAIDs for 2 wks
- now off food & miserable

endoscopy





problem

- **ulcers**

treatment

- misoprostol?
- ranitidine?
- omeprazole?
- stop NSAIDs?

the gut

- **treatment of diarrhoea - give fluids - po if possible, iv if not, then possibly opioids**
- **do NOT give antibiotics unless bacteria are invading mucosa - they often cause diarrhoea**
- **vomiting - iv fluids, anti-emetics only for persistent vomiting**
- **ulcers - H₂ blockers, proton pump inhibitors or sucralfate - not antacids or NSAIDs**
- **ileus - metoclopramide or erythromycin**
- **colitis - sulphasalazine**