

## The Gut

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### by the end of this lecture

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

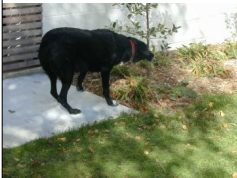
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### what would you do?



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

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### common problems

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

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### **vomiting**

- fluids
- (anti-emetics)

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### **diarrhoea**

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

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### **ulcers**

- proton pump inhibitors
- H2 antagonists
- coating agents

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### **colic**

- analgesics
- fluids
- motility reducers

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## constipation

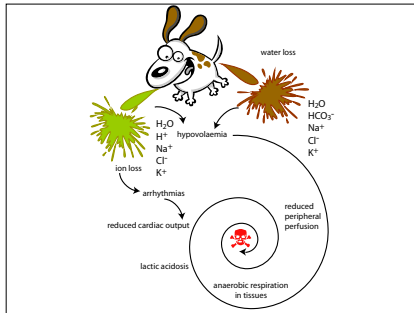
- laxatives
- (prokinetics)

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## fluids

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

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## oral fluids

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

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## anti-emetics

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

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## emetics

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

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## ulcer drugs

- anticholinergics
- prostaglandins
- H<sub>2</sub> antagonists
- proton pump inhibitors
- antacids
- local protectants
- antibiotics

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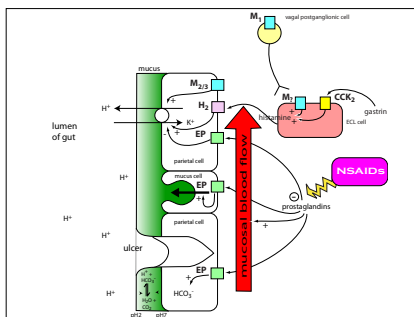
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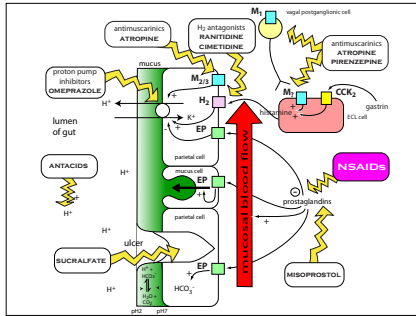
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**anticholinergics**

- **M<sub>1</sub> antagonists**
  - pirenzepine
  - not atropine

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**prostaglandins**

- **PGE analogues**
  - misoprostol

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**antihistamines**

- **H<sub>2</sub> antagonists**
  - cimetidine
  - ranitidine
  - famotidine

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### proton pump inhibitors

- omeprazole
- pantoprazole
- lansoprazole

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### antacids

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

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### protectants

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

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### gut motility

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

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### opioids

- loperamide
- diphenoxylate
- (morphine)

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### antibiotics

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

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### pre & probiotics

- the future???

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### anti-inflammatories

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

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## **laxatives**

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

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## **bulk forming laxatives**

- psyllium
- bran

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## **osmotic laxatives**

- lactulose
- MgSO<sub>4</sub>

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## **lubricant laxatives**

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

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### irritant laxatives

- rhubarb
- senna

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### fat pills

- dirlotapide
- etc, etc

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### what would you do?



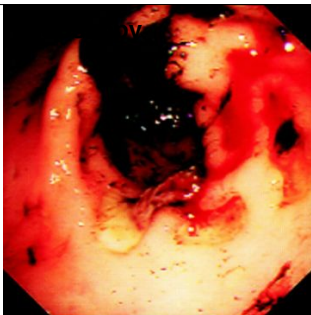
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## problem

- ulcers

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## treatment

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

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## 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 - metaclopramide or erythromycin
- colitis - sulphasalazine

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