**COMPLICATIONS FOR ENTERECTOMY**

Potential complications include dehiscence, peritonitis from leakage or necrosis, ileus, recurrence of clinical disease, or short-bowel syndrome. Anastomotic leakage is reported in 3% of animals undergoing continuous sutured anastomosis and up to 11% of animals undergoing interrupted sutured anastomosis; leakage is more likely to be associated with anastomoses performed for foreign body removal or resection of traumatized intestines. The risk for anastomotic leakage also increases in patients with preexisting peritonitis or hypoalbuminemia.4 Dehiscence and leakage can be reduced by ensuring adequate blood supply, reducing tension across the anastomotic site, and providing adequate apposition.

Ileus may result from chronic intestinal distention, excessive tissue handling, pain, sepsis, opioid use, or electrolyte imbalances. Magnesium, potassium, calcium, and fluid imbalances should be corrected, and food should be offered as soon as possible. Prokinetics such as metoclopramide, erythromycin, and lidocaine may be useful for stimulating motility.

Resecting more than 70% of the intestines may result in short-bowel syndrome, depending on the site of the resection and the health of the remaining intestines. Maldigestion and malabsorption from reduced surface area will result in persistent watery diarrhea and weight loss. Dietary modifications, including increasing soluble fiber content, may reduce clinical signs.

Anastomosis of the ileum to the distal colon or rectum in cats with megacolon may result in the development of watery feces because of loss of the ileocolic valve, which reduces access of colonic bacteria into the small intestines.Additionally, loss of ileum may reduce water absorption capacity of the intestines. Colocolic anastomosis results in more tension across the anastomotic site because the vascular pedicle to the ascending colon is shorter than that to the ileum.