***Post-operative GI motility***

As defined in human medicine, postoperative ileus is abnormal motility of the gastrointestinal tract that follows almost every major surgical procedure, especially abdominal surgery. A postoperative paralytic ileus is a pathologic ileus that occurs after some surgical procedures and causes clinical signs and serious complications. In cattle, the rumen usually continues to contract during standing surgery; postoperative ruminal paralytic ileus is not usually a problem unless ruminal stasis was present prior to surgery. However, other parts of the ruminant GI tract are susceptible to ileus. No studies have been performed to define the duration of postoperative ileus in the different parts of the gastrointestinal tract of ruminants. In most species, the small intestine recovers within the first 24 hours and is followed closely by the stomach. The large intestine is the last region to recover. Understanding that gastrointestinal motility dysfunction always follows surgery and recognizing when expected “postoperative ileus” turns into pathologic and serious “postoperative paralytic ileus” is important.

*Evaluation of gastrointestinal motility* involves auscultation and palpation. Intestinal and abomasal sounds can be ausculted on the right side and ventrum, respectively. Rumenoreticular motility can be assessed by auscultation or by placing a fist in the left paralumbar fossa to feel the contractions. When evaluating ruminal contractions, one should note both the frequency and strength of contractions. The author prefers palpation to auscultation for initial assessment of ruminal motility. The normal rumen contracts about 2 to 3 times every 2 minutes. More complete evaluation of the rumen can be accomplished by combining auscultation and palpation through the left paralumbar fossa as well as rectally. In addition to frequency and strength of contractions, the physical character of the ruminal contents can be appreciated. A sutured surgical incision in the left paralumbar fossa, often present in postsurgical patients, may complicate the execution of auscultation and palpation in this area.