JEJUNOCECOSTOMY—TECHNIQUE AND TIPS FOR SUCCESS
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Key Points
- The stoma should be close in size to the diameter of the jejunum feeding into it to optimize function of a jejunocecostomy – avoid small or overly large stomas.
- Plan the resection and anastomosis so as to restore all components as close as possible to their anatomically correct positions and relationships when the horse stands.

Jejunocecal and ileocecal anastomoses can constitute up to 68% of all small intestinal anastomoses, although many clinics have become disenchanted with this procedure. Comparisons with jejunojejunostomy or ileocecostomy have not been favorable, and jejunocecostomy is unforgiving. Many of the complications of jejunocecostomy arise from an anastomosis between two dissimilar parts of the gastrointestinal tract with loss of the critical sphincter that normally separates them. Consequently, cecal contents with a high bacterial load can reflux into the terminal portion of the jejunal remnant. This is heavily favored by the tendency of surgeons to create too large a stoma.

Short term survival rates of 90% and long-term survival rates consistent with the expected life span of the horse are possible with this procedure. The following are guidelines to produce a comfortable horse in the postoperative period. Do not decompress jejunum into the cecum but through the bowel to be resected. Close the mesentery as the dead bowel is resected and arrange the jejunum and mesentery correctly on the left side of the abdomen. Use the Parker Kerr technique to close the ends of the ileum and jejunum and make the ileal stump as short as comfortably possible. Make the anastomosis as far proximally on the cecal body as possible, preferably on a level above the edge of the cecocolic fold. Direct the oversewn end of the jejunum towards the base of the cecum and place the stoma so that there is no blind pouch in the distal jejunum. The stoma should be approximately 8 to 9 mm long in a 450-kg horse. Place the anastomosis between the medial and dorsal bands of the cecum. Sew the free edge of mesentery to the cecum and then to the ileocecal fold, ending at the oversewn end of the ileum and the previously gathered mesenteric stump. Separate the ileal stump and the anastomosis as much as possible as the mesentery is closed to prevent the oversewn ileum and mesentery from distorting the anastomosis when the horse stands. Results can be similar with handsewn and stapled methods, if the stapler is inserted from proximal to distal and the staple line is oversewn.