

Gastric Foreign Body Removal in a Seal

Keith Wiggers*

Bubbles, a one-hundred and twenty-five pound California sealion, has performed eight times daily during the Black Hills tourist season for the past seven years with but one mistake; on September 15, 1969, instead of catching and throwing his ball back to the trainer and to the other seals, he caught and swallowed it.

Bubbles was taken to a local veterinarian who induced vomiting medically but the four-inch diameter rubber ball stayed in the stomach. The male sea lion was eating only seven fish per day, one-half

his normal amount, but with no signs of vomition or pain. He was slower in movement than normal. Since the local veterinarian was not equipped with gas anesthesia, he did not attempt to do a gastrotomy; he referred the case to Iowa State.

The seal arrived in a two feet x two feet x twelve feet cage; this was partitioned in halves to be more confining. The section was covered with plastic and drapes with only a small hole open to the outside. Halothane was pumped through this hole to induce anesthesia. The animal could be monitored through the clear plastic.

* Keith Wiggers is a senior in the College of Veterinary Medicine, Iowa State University, Ames, Iowa.

While under anesthesia a twenty-eight inch gastric scope was passed. A radiograph was taken to determine the relationship of the ball and the gastric scope. Even through this was the longest scope available, it was still six inches short of the stomach because of the extremely long thorax of a sea-lion. Gastrotomy was the only choice.

A paramedian incision was made to avoid the ventral callus. The skin thickness was comparable to that of a horse. There was little subcutaneous fat and the muscles were found to be quite dark in color. The fibers of the two muscle layers were separated rather than cut. The peritoneum was found to be as thin as a cat's. The stomach was elongate and had a very thick wall. The ball was removed through a four-inch incision with little difficulty.

A right-angled Cushing's with catgut was used to close the mucosa and the muscularis separately due to the extreme thickness of both layers. Medium heat sterilized Vetafil was used in a simple interrupted pattern on the peritoneum. The

muscles were closed separately with Vetafil in an ad lib manner to avoid any pocketing. Vetafil was used again in the subcutis and the dermis. A simple interrupted pattern that pulls the skin snugly against the underlying muscle layer was used subcutaneously. Mattress sutures were used in the dermis. The owner was advised to remove these in approximately ten days.

The sea-lion was raising his head when the last sutures were being placed. Bubbles was reported swimming with his mates the next day.

Comments

1. Robert Dilborne, D.V.M., Naples, Florida, suggested no preanesthetic agent should be used in aquatic mammals.
2. Dr. Dilborne uses Surital (sodium thi-amylal) in a flipper vein for anesthesia; in this case a flipper vein could not be raised.
3. Halothane provided smooth induction and safe maintenance with rapid, calm recovery.

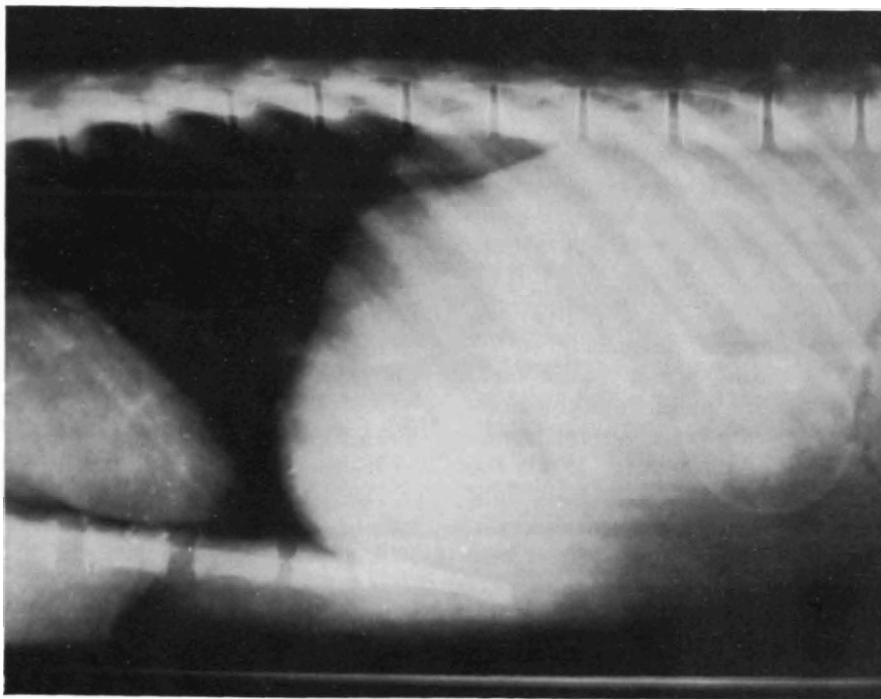


Figure 1. Radiograph of seal showing foreign body in stomach.