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WHY DOESN'T THE RABBIT SURVIVE YOUR DIAGNOSE-BASED TREATMENT?

What to do when you cannot find the cause of illness?

Introduction:

There is a large group of rabbits that often causes us trouble: they don't recover after a diagnosis and causal treatment, or they are just apathetic and anorectic and you cannot find anything in your clinical examination.

The pathogenesis of the not recovering or sick rabbit without diagnosis:

The origin of the problematic behaviour of these rabbits is located in three facts: rabbits are extremely sensitive to pain, malnutrition and stress. The PMS factors. (in Dutch: de SVP factoren – stress, voedingsfouten, pijn)

Pain

The oral cavity, the gastrointestinal tract, the vertebral column and the lower urinary tract are very sensitive to pain stimuli. Pain after surgery is predictable, but pain due to roughly performed dental examination can be unexpectedly serious. Thorough oral examination however, is always needed, because dental problems often play a role. Finally a rabbit may suffer pain from any unknown cause.

Malnutrition

Errors in nutrition can lead to a fibre deficit, especially by ad libitum administering of wrong rabbit food, and by the inadequate availability of hay. Illness, pain in the mouth or mechanical dental problems causes selective eating mainly low-fibre food ingredients, or in severe cases, not eating at all.

Stress

Stress factors form a long list: disease, anxiety, boredom, scaring, housing mistakes, loneliness and many others, often unknown.

How affect the PMS factors a rabbit?

Pain, malnutrition and stress in rabbits can lead, each factor on its own, or cumulatively, to a reduced motility, and in more severe cases, to a complete atony of the GI tract. This atony itself is, by forming gas, faecal stasis and impaction again a source of pain, stress and anorexia, so the situation is self-reinforcing and falls into a vicious circle. The syndrome that the rabbit develops in this self-reinforcing atony due to the multitude of possible causes is what I call the Secondary Atony Syndrome: SAS. Without treatment, SAS leads, often occurring after a trivial cause, through a downward spiral by hypothermia, hypoglycaemia, hepatic lipidosis and ketoacidosis finally to death.

How can we determine whether there is any form of SAS.

In SAS very often just too small droppings ("mouse droppings") are produced, or no faeces at all. On palpation and percussion of the abdomen sometimes gas masses can be determined, but often you will find nothing (yet) that indicates SAS. Very valuable is a single X-ray. This offers you a lot of information, visualizes the problem for your client, but often also shows the primary cause of non-dental related pain (bladder stone, spondylosis, rib fracture) or dietary errors (obesity, calciuria).

The treatment of the diseased rabbit.

By now it may be clear that the treatment of a sick rabbit should consist of two parts: the treatment of the primary cause, and the treatment of SAS

If a primary cause is found, it will be, of course, treated, provided that the condition of the rabbit will permit it. In severe cases, stabilisation is necessary before further diagnostics.

If you have not found a primary cause, not even after making an X-ray, you must start SAS treatment to cope with it or to prevent the development of it.

The treatment of SAS consists of breaking the vicious process and correcting physiological disorders and is based on three pillars:

Treatment of the GI atony.

Cisapride stimulates peristalsis in the complete GI tract. Dose: 2-3 times daily 0.5 mg / kg for 1-2 weeks, or longer, if necessary. Metoclopramide HCL especially stimulates the motility of the stomach towards the intestines and the motility of the small intestines. Available as an injection fluid for treatment during hospitalisation and in liquid form for oral administration at home. Dosage: 0.5 mg / kg, every 4 hours. In severe cases of both gastric and intestinal atony you may combine Cisapride and Metoclopramide. When combined, the dosage for Cisapride as for Metoclopramide HCl is 0.25 mg / kg 3-4 times daily. The prokinetic therapy should be continued until the rabbit produces normal droppings.

The treatment of dehydration, fibre deficiency, hypoglycaemia and hypothermia. When you have the slightest indication of dehydration, immediately administer subcutaneously NaCl 0.5% 30-50 ml / kg. In animals that are not in shock, it is not necessary to administer fluids intravenous or intra-osseous. In case of hypothermia, heated hospitalisation is necessary. Supply fibre, moisture and energy with force-feeding with an all-in-one preparation. Even 100% carrot baby food is suitable. Force-feeding is needed until the rabbit eats by itself.

3. Pain

Meloxicam is the only NSAID for which research has been done on blood levels in rabbits. It shows that a high dose of 1 mg / kg is needed. Start with subcutaneous administration and have it pursued orally at home by the owner. When Meloxicam is not available, you can give Carprofen, available as an injection fluid, and as oral application, 4 mg / kg / day. When pain is also a consequence of the initial cause of SAS (such as, for example, spondylosis) a long-lasting pain relief may be indicated. In severe pain, such as after invasive surgery, you should start with Buprenorphine, 0.05 mg / kg s.c. 2-3 times daily.

After recovery, measures should be taken to prevent recurrence. Which entails correct housing, nutrition and early detection of problems by the owner. Give written instructions as a hand-out to the owner.