

Megacolon in Cats

Megacolon is a condition in which the **large intestine (colon) becomes abnormally enlarged, stretched, and unable to contract effectively.**

As a result, **stool builds up** in the colon, becomes progressively drier and harder, and eventually cannot be passed normally.



Cats with megacolon often suffer from:

- Chronic constipation
- Repeated episodes of obstipation (complete inability to pass stool)
- Pain and discomfort
- Weight loss
- Poor appetite
- Reduced quality of life

Megacolon may develop because of **pelvic trauma, neurological disease, or narrowing of the pelvic canal**, but in most cats (approximately 60–70%) no underlying cause is identified, and the condition is termed **idiopathic megacolon**.

Although medical treatment can help during the early stages, **many cats eventually become refractory to medication**. In these patients, **subtotal colectomy** (removal of most of the colon) is considered the **gold-standard surgical treatment**, offering an excellent long-term quality of life for most cats.

1) What is happening inside?

The colon normally **absorbs water and stores stool** before defecation. Healthy colonic muscle contracts rhythmically to move stool toward the rectum.

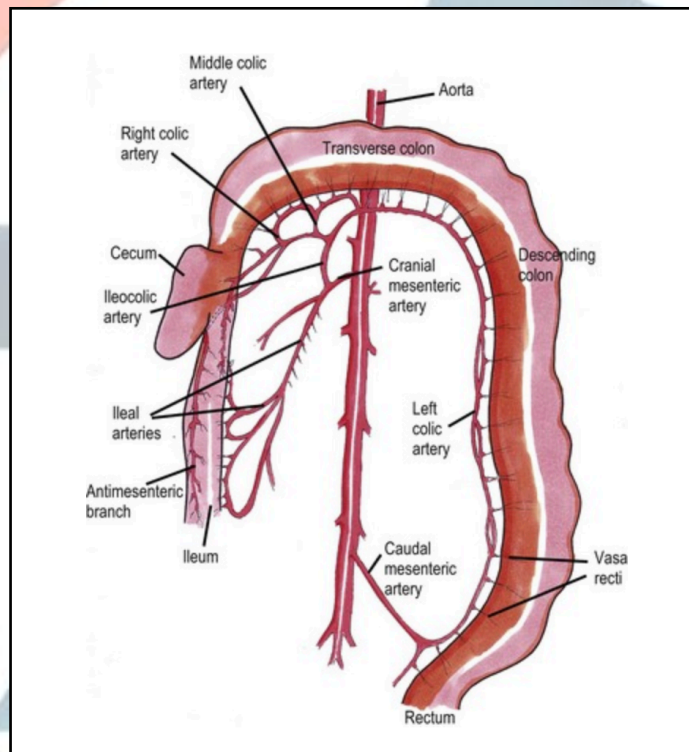


In megacolon:

- The colon becomes overstretched.
- The muscle layers become progressively weaker.
- Normal nerve function is impaired.
- Stool remains in the colon longer.
- Increasing amounts of water are absorbed.
- Stool becomes extremely hard and dry.

Eventually, the colon becomes so enlarged that it can no longer generate enough force to empty itself.

At this stage, medical treatment often becomes unsuccessful.



Causes of Megacolon

- Idiopathic megacolon (most common): approximately 60–70% of feline cases have no identifiable underlying cause.
- Pelvic fracture malunion: old pelvic fractures can permanently narrow the pelvic canal, preventing normal passage of stool.
- Neurological disease: damage affecting the spinal cord, pelvic nerves, or tail pull injuries may interfere with normal colonic function.
- Congenital abnormalities: rarely, kittens are born with abnormalities affecting the colon or pelvic nerves.
- Tumours or strictures: masses affecting the pelvis or colon can obstruct stool passage.

2) What owners typically notice

Early signs:



- Constipation
- Passing small hard stools
- Straining in the litter box
- Reduced appetite
- Progressive disease:
- No stool for several days
- Vomiting
- Weight loss
- Dehydration
- Abdominal enlargement
- Lethargy

Advanced megacolon:

- Complete obstipation
- Severe abdominal pain
- Weakness
- Collapse (rare)

3) Diagnosis

Physical examination

- Large colon filled with hard feces
- Dehydration
- Weight loss
- Abdominal discomfort

Radiographs (X-rays)

- X-rays are usually diagnostic.
- Typical findings:
- Markedly enlarged colon
- Large amounts of retained feces
- Pelvic narrowing (if present)
- Radiographs also help determine whether pelvic fractures or masses are contributing.

Additional Tests

Depending on the patient:

- Blood tests
- Electrolytes
- Thyroid testing (older cats)
- Neurological examination
- Colonoscopy (rarely required)

4) Medical Treatment

Medical treatment aims to **improve stool passage but cannot reverse permanent colonic muscle failure.**

Treatment may include:

Diet

High-fiber diets for some cats

Low-residue diets for others

The best diet varies between individuals.

Stool softeners

Examples include:



Lactulose
Polyethylene glycol (PEG)

Prokinetic medications

Drugs such as cisapride may stimulate colonic contractions.

Enemas

Performed under veterinary supervision when stool cannot be passed.

Manual deobstipation

Cats with severe obstipation often require anaesthesia for manual removal of impacted faeces.

Repeated procedures become increasingly difficult as the colon enlarges.

5) When is surgery recommended?

Surgery is generally recommended when:

- Medical treatment no longer controls constipation.
- Obstipation recurs repeatedly.
- Manual deobstipation is required frequently.
- The colon is permanently enlarged.
- Pelvic narrowing cannot be corrected adequately.
- Quality of life is declining.

Early referral for surgery is encouraged because prolonged colonic distension may worsen irreversible muscle damage.

6) Surgical Treatment

Subtotal Colectomy — Gold Standard

A subtotal colectomy **removes most of the diseased colon** while **preserving the ileocecal junction** whenever possible, depending on the surgeon's preference and the extent of disease.

The small intestine is then joined to the remaining colon or rectum.

Why remove the colon?

Once the colon has permanently lost its ability to contract:

It cannot recover normal function.

Removing the non-functioning colon eliminates the site where stool accumulates.

The small intestine adapts remarkably well, allowing most cats to pass soft but well-formed stools.

Surgical Procedure

The surgeon:

1. Opens the abdomen
2. Examines the gastrointestinal tract
3. Removes the majority of the diseased colon
4. Creates an intestinal anastomosis (reconnection)

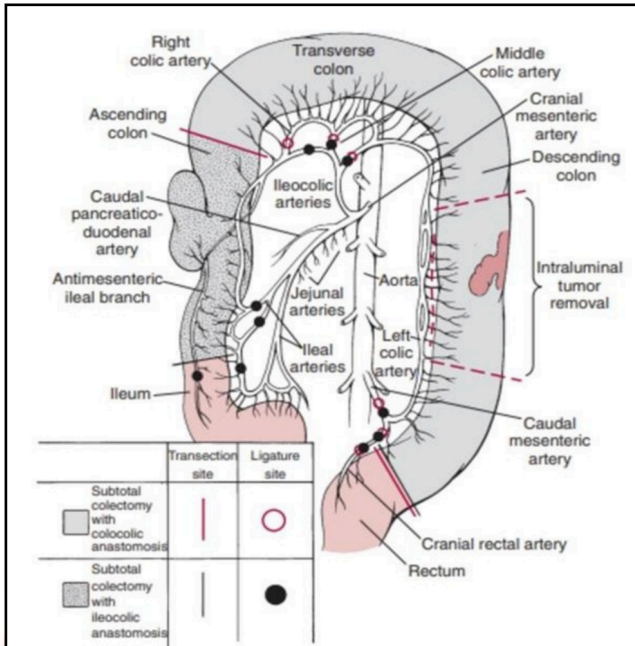
The surgery generally takes **1–2 hours depending on complexity**.

Preservation of the Ileocecal Junction

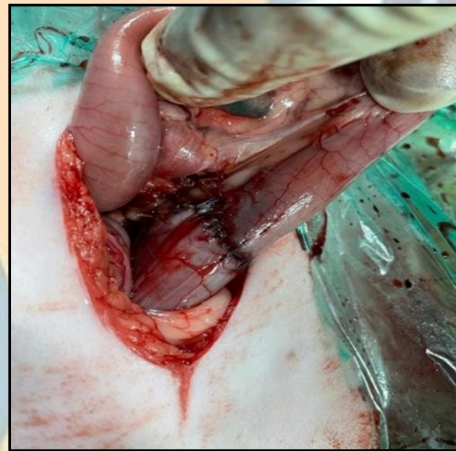
Some surgeons preserve the ileocecal junction when possible.

Potential advantages include:

- Reduced postoperative diarrhoea
- Improved water absorption



- Better long-term stool consistency
- However, numerous studies have shown excellent outcomes whether the junction is preserved or removed, provided meticulous surgical technique is used.



Pelvic Osteotomy

If megacolon is caused by **severe pelvic canal narrowing** following fracture malunion, a pelvic osteotomy may occasionally be considered.

However, once irreversible megacolon has developed, subtotal colectomy is usually still required, because simply widening the pelvis does not restore colonic muscle function.

7) Outcomes and prognosis

Subtotal colectomy has one of the **highest success rates among gastrointestinal surgeries in cats.**



Published studies consistently report:
Excellent or good long-term outcome in approximately 80–95% of cats.

Most cats:

- Return to normal appetite.
- Regain body weight.
- Defecate comfortably.
- Enjoy an excellent quality of life.
- Many owners describe the improvement as "life-changing."

8) Complications and their rates

Complication	Approx rate	Comments
Early diarrhoea	40-70%	Usually improves over weeks to months
Persistent soft stools	10- 20%	Most cats adapt well
Recurrence of constipation	5—15%	More common if a rectal dysfunction persists
Anastomotic leakage	1-5%	Serious but uncommon
Surgical site infection	< 5%	Uncommon
Stricture	Rare	May require revision surgery
Death	<5%	Depends on aftercare and surgeon’s experience

Transient diarrhoea is the most common postoperative complication and usually resolves as the small intestine adapts.

9) Recovery After Surgery

Hospitalisation:

- Typically 2–5 days.
- Intravenous fluids
- Pain management
- Nutritional support
- Monitoring for intestinal leakage
- Gradual reintroduction of food

At home

- First 2 weeks:
- Restricted activity



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- Easily digestible diet
- Careful monitoring of stool consistency

Long-term

- Most cats produce:
- One to three soft stools daily.
- Many eventually develop stools that are nearly normal in consistency.

10) Treatment timeline

Early Constipation

- Diet modification
- Stool softeners
- Medical management

Recurrent Constipation

- Cisapride
- Repeated enemas
- Manual deobstipation

Refractory Megacolon

- Referral to a surgeon
- Surgical planning

Subtotal colectomy

First month after surgery

Temporary soft stools
Progressive adaptation
Appetite improves

Three to six months

Most cats have:
Stable bowel function
Normal activity
Excellent quality of life
Selected Veterinary References

1. American College of Veterinary Surgeons. Megacolon in Cats.
2. Fossum TW. Small Animal Surgery. 6th edition.
3. Washabau RJ, Holt D. Pathophysiology and management of feline idiopathic megacolon.
4. Bright RM et al. Long-term outcome after subtotal colectomy in cats.
5. Gregory CR et al. Clinical results following subtotal colectomy for feline megacolon.
6. American Animal Hospital Association Gastrointestinal Surgery Guidelines.

Bottom Line

Megacolon is a progressive disease in which the colon loses its ability to move stool effectively. While medical management is appropriate during the early stages, many cats eventually develop irreversible colonic dysfunction.

For these cats, subtotal colectomy is the gold-standard treatment. The procedure has an excellent long-term success rate, with 80–95% of cats returning to a comfortable, active life. Although temporary diarrhoea is common after surgery, most cats adapt remarkably well and enjoy a dramatic improvement in their quality of life.

Early surgical intervention—before repeated episodes of severe obstipation and prolonged colonic dilation—offers the best opportunity for an excellent outcome.