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Cesarian Section in a Ewe

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CLINICAL MEDICINE

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1

Cesarian Section in a Ewe. A

2 year old ewe of mixed breeding was presented at Stange Memorial Clinic Feb. 23, 1948. The animal had been in labor for 2 days, and the vaginal wall was everted.

The ewe was placed upon the table in lateral recumbency on her right side, the wool clipped from the vulva and the perineum and vulva were cleaned with a Therapogen solution. The prolapsed vaginal wall was manually replaced; vaginal palpation revealed that the cervix was not yet dilated. No feti were palpable per vaginam, and it was concluded that gestation was not complete.

The following day it was noted that the eversion had recurred. The everted mucosa was cleansed with 1:1000 solution of Therapogen, and the eversion was reduced. The same treatment was administered Feb. 25. The ewe had not eaten since admittance to the clinic.

The animal was restrained on the operating table in left lateral recumbency Feb. 26. The wool was clipped from the right paralumbar fossa, after which the area was shaved, defatted with ether, and painted with strong tincture of iodine. Sterile towels were placed around the area, and secured with clamps. The site of incision was plotted midway between the last rib and the tuber coxae, 2 in. below the level of the transverse processes of the lumbar vertebrae, and extending ventrally for 9 in. This area was thoroughly infiltrated with 2 percent solution of procaine.

The skin incision was made, and the subcutaneous adipose tissue dissected out. The incision was then extended through the muscle layers and the peri-

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toneum. Palpation revealed the presence of twin lambs. The right uterine cornu was brought through the abdominal incision, and a 6 in. incision made in the greater curvature. The lamb and as much of the placenta as possible were removed. The left cornu was treated in the same manner. Cornual incisions were closed with a double row of Cushing sutures, using no. 3 chromic catgut. Peritoneal and muscle layers were closed with continuous lock sutures using no. 1 plain catgut.

The skin incision was closed with a lock suture using umbilical tape. Bipp paste was applied to the incision, and 50,000 O.U. of penicillin in oil administered intramuscularly. The lambs appeared fully developed, and each was fed 1 oz. of warm cow milk.

For 4 days following surgery the ewe received 50,000 O.U. of penicillin in oil every 6 hrs. The lambs were hand fed from a bottle, since the ewe produced very little milk. The ewe received 200 cc of 50 percent glucose solution the day following surgery, and 150 cc of 10 per-

cent glucose on the fourth day. A hemorrhagic vulvar discharge on the second day indicated that the placentae were being eliminated. The animal ate almost nothing for 3 days following the surgery. The fourth day it was observed to have eaten a small amount of grain and hay. The ewe and lambs were discharged March 1, apparently in good condition.

S. B. Wilson, '49

2

Seroma and Lymphocytoma in a Male Pointer.

A 6 year old male Pointer, in fair condition, was admitted to Stange Memorial Clinic Feb. 14, 1947, with a history of an unidentified growth in the left flank region. The swelling, about 5 in. long by 3 in. wide, was very hard and firm when palpated.

The following day the dog was given a pre-anesthetic dose of 2 gr. of morphine sulfate, and 1/100 gr. of atropine sulfate. The swollen area in the left flank was shaved, defatted with ether, and sprayed with 70 percent alcohol. The animal was restrained on the operating table and ether was administered with an ether cone. When relaxation was complete, the skin was incised and a mass of tissue removed. Lugol's solution was applied to the wound, and sterile gauze packs inserted into the cavity. The skin was closed with interrupted sutures so the packs could be easily removed. Two days later the surgical wound was opened by removing the sutures and the gauze packs. The wound was left open to heal by granulation.

March 4, the patient was given 2 gr. of morphine sulfate together with 1/100 gr. of atropine sulfate subcutaneously in the right flank. The dog was then anesthetized with pentobarbital sodium, placed on the operating table, and the wound on the left side probed. A tract leading to a chronic abscess was revealed by this examination. The abscess was opened and a seton inserted through the tract. Two sterile gauze packs were inserted into the abscess openings. The wound was left open.

The packs were removed the following day, but the seton was left in place. The

seton was taken out the next day, and since drainage was good, it was decided to leave it out. The wound drained well until March 16, at which time it was noted that there was no drainage. The lowest point of the original surgical incision was opened by pressure and a considerable amount of serous fluid was expelled. Plans were made to open the wound the next day, but during the night the patient tore the wound open and it was left to close again.

Sulfanilamide and urea powder was dusted on the wound daily until April 1. Healing had taken place satisfactorily, but there was a small amount of purulent exudate coming from a fistulous opening in the center of the old surgical wound. The process was almost healed when the patient was discharged April 12.

May 15, 1947, the Pointer was readmitted to Stange Memorial Clinic. The wound in the left flank had not completely healed and a large firm swelling was present in the area. This swelling showed fluctuation in the center and a diagnosis of a chronic abscess was made.

Morphine sulfate, 2 gr. and atropine sulfate, 1/100 gr. were administered subcutaneously in the right flank region as a pre-anesthetic sedative. The large area over the swelling was shaved, defatted with ether, and disinfected with 70 percent alcohol. Ether was administered until surgical anesthesia was obtained, then the entire fistulous tract and abscess were dissected out.

The incised tunica abdominalis and abdominal muscles were sutured with a continuous suture using no. 2 chromic catgut. The skin was sutured with a row of interrupted silk sutures and a continuous row of no. 4 plain catgut sutures. Collodion was applied to the incision and the dog placed in the kennels.

May 20, the silk sutures were removed and the dog muzzled because he began to bite the wound. Later in the day a fiberboard collar was fitted to the patient and at that time the area around the incision was swollen, but little exudate was present.

No further treatment was undertaken