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Ventral Midline Caesarian Section in the Cow

J. W. Sexton, D.V.M.

In recent years the employment of caesarian section in the bovine has been increasingly popular and with good reason. Though spectacular, it is very quickly and easily done and has a very good prognosis if done on subjects which lend themselves to surgery. In dealing with a live fetus and a strong healthy dam, the incidence of successful operations should approach 90 to 95 percent. In the absence of contraindications, whenever one encounters a small pelvic outlet, hydrops amnii, an unusually large fetus or torsion of the uterus that cannot be corrected, caesarian section should be considered at once.

The contraindications are toxemia, exhaustion and decomposition of the fetus. The moment the fetus dies, the prognosis progresses from good to bad and the longer the interval from death of the fetus to surgery, the worse the prognosis becomes until, at toxemia, it approaches zero.

Whenever an operable case is met, the decision to do a caesarian section should be made quickly in order to avoid undue trauma to the uterus and cervix. The cow is cast on the left side, and an area on the median line beginning at the udder and extending about fourteen inches anteriad is shaved or clipped. The area is then scrubbed with soap or detergent, disinfected with a suitable skin antiseptic and infiltrated with a local anesthetic, the line of incision being about one-half inch lateral to the midline. A sterile shroud or sheet facilitates the caesarian section in the field in averting possible contamination of the operative area. The skin, fascia and aponeurosis of the rectus muscles and peritoneum are then incised and the omentum met. This should not be pushed aside, but incised to simplify the job considerably. The uterus is then visible and can easily be pulled into the opening and incised, avoiding cotyledons if possible. The fetus is then easily delivered.

Sulfanilamide powder, 1000 gr., is placed in the uterus and any protruding membranes cut. The uterus is then sewed with infolding sutures using one-eighth inch umbilical tape. One line of sutures is usually all that is needed when this material is used. The uterus is then replaced in the abdominal cavity and the peritoneum and the aponeurosis sewed with a continuous suture of one-eighth...
umbilical tape. A trick to facilitate this is to start at one end and sew to the middle of the incision and tie; the procedure is then repeated, starting from the other end. The skin is closed with interrupted sutures of three-eighth inch umbilical tape. A long needle with a curved end is very easy to use. After-care consists of giving posterior pituitary extract and penicillin.

Though this operation is more easily done with two veterinarians, it can successfully be done by one with only a farmer as helper. In our practice caerarian section has, to a large degree, replaced embryotomy, especially when the fetus is alive and the dam a fit surgical subject. Surgery is one field the veterinarian so often neglects, but we should remember it is one of the few things the feed-man, druggist or remedy peddler cannot do, and we should exploit our ability here to the utmost. Caesarian section can be a good practice-builder, as well as a good service to our clients if done when indicated, and if a few simple rules are followed.

The custom of using morphine has become so firmly established that it may appear impetuous to enter a protest against its use. Actually, morphine will nauseate at least one-third, and perhaps one-half, of the patients not accustomed to its use, sometimes with serious consequence. Since Demerol will relieve pain as certainly and as quickly as morphine and is far less likely to cause nausea, it seems pertinent to ask why morphine should be used at all. Medical men and veterinarians should remember that there are substitutes for morphine which are just as effective and far safer.