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Inguinal Hernia in the Bull

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side of the dog extremely uncomfortable to lie on. It would also be quite painful to lie on the side of the fractured femur; hence, with both sides rendered painful, the dog would not rest very well. The method described in this article seemed to cause no added pain when the dog lay on the side of the luxation.

When inserting the pin, advantage is taken of the small enlargement present at the ventro-lateral aspect of the tuber ischii. This enlargement resists any lateral movement of the pin. It is important that the pin pass far enough ventromedially so as to miss the sciatic nerve. The nerve passes over the greater sciatic notch of the ilium just posterior to the acetabulum and downward posterior to the femur. If the pin were to pass lateral or dorsal to the sciatic nerve, the nerve could easily be pinched between the pin and the bone in this region. A threaded point pin is used in this operation so as to firmly secure the point of the pin in the wing of the ilium. The middle portion of the pin acts as an extension of the dorsal lip of the acetabulum, preventing dorsal luxation of the head of the femur.

Bob Warner, '54

Inguinal Hernia in The Bull. On Aug. 1, 1952, a three-year-old Angus bull was admitted to Stange Memorial Clinic showing an enlarged and somewhat hardened scrotum. Inguinal hernia was the diagnosis. A 48-hour fasting period was begun immediately in preparation for surgery.

The usual method of surgically correcting inguinal hernia is by entry into the abdominal cavity at the paralumbar fossa. The herniated portion of the intestine is then returned to the abdominal cavity by traction and the internal inguinal ring closed with umbilical tape. This method is not indicated, however, if the tunics are thicker than normal or if the hernial contents are adhered to the spermatic cord or testicle. The chief advantage of this method of operating is the conservation of the testicle.

The method of correction decided upon in this case was by incision over the external inguinal ring and subsequent hernial reduction from the exterior. On August 4, the patient was given orally 45 Gm. of chloral hydrate dissolved in water for sedation, 100 cc. of Millenbruck’s solution intravenously, and 20 cc. of 4 percent procaine hydrochloride solution locally at the operative site. The incision was made over the external inguinal ring and down to the internal ring. The adhesions were broken down, the hernial contents returned to the abdominal cavity, and the testicle removed with an emasculator. The internal inguinal ring was sutured with No. 4 chromic catgut, the area packed with sterile gauze, the external inguinal ring sutured with No. 4 chromic catgut and the skin incision closed with silk.

On August 6, the gauze packs were removed. The operative area was noted to be markedly swollen. Cold water packs were applied for thirty minutes in hopes of decreasing the congestion. The following day, however, it was deemed advisable to increase drainage by enlarging the scrotal incision. This was done and much sero-sanguinous exudate and many blood clots were removed. The incision was flushed out with an irrigant — 0.5 percent quaternary ammonium compound or potassium permangante, 1:3000 — every other day or as was indicated. Three million units of procaine penicillin G in oil was given intramuscularly. The penicillin therapy was continued at this level for two days and was then reduced to 1,500,000 units daily for three more days.

As healing progressed, irrigation was ceased and boric acid and air slaked lime, equal parts, applied. At all times the patient was kept free of flies to prevent larval infestation.

On August 28, the patient was discharged and by this time the wound was granulating nicely and the bull was in apparent good condition.

Dean Philson, '54