CAESAREAN SECTION IN A LARGE WHITE YORKSHIRE GILT

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The major indications for caesarean section in sows are irreducible vaginal prolapse, foeto-pelvic disproportion including foetal emphysema, non-dilatation of the cervix and uterine inertia (Arthur et al.,1996). Caesarean section is easier and safer than other obstetrical operations in sow, bitch and cat (Roberts, 1971). The present study records a case of dystocia due to uterine inertia and successful caesarean operation under local infiltration anaesthesia in Large White Yorkshire gilt.

CASE HISTORY AND OBSERVATION

A 1½ years old Large White Yorkshire gilt in its first full term pregnancy was brought to the Obstetrics unit of Veterinary College and Research Institute Hospital, Namakkal with the history of restless, straining and difficulty in parturition since last 16 hours. The case was attended by a local veterinarian and one live and one dead fetus were delivered 12 hours before. The possibility of presence of few more fetuses was suspected and the case was referred to college hospital. The gilt was in lateral recumbency and general condition of the animal was good. Severe edema of the vulva and vagina was noticed. Vaginal examination revealed fully dilated cervix and fetal parts were palpable by the fingers in the uterine lumen, deep in the abdominal cavity. But it was not possible to catch the fetus for traction. Administration of 30 IU of oxytocin intra-muscularly did not have any beneficial effect for the progress of the fetus towards the birth canal up to 1 hour after injection. Hence, it was decided to deliver the retained fetuses by caesarean operation.

TREATMENT

The animal was restrained on lateral recumbency and left side sub lumbar site was selected for the caesarean operation. The operative site was aseptically prepared and infiltrated with 2 per cent lignocaine hydrochloride. After laparotomy, the left uterine horn was exteriorized and incised to the length of about 6 cm towards bifurcation of the uterine horn. By squeezing the uterine horn two live fetuses along with their fetal membranes were removed from the left horn. Incision was closed by inversion suture (Cushing pattern) using No.2 chromic catgut and the uterine horn was placed in the abdominal cavity. There was no fetus in the right horn. Before closing the left uterine horn incision 2 gm of oxytetracycline bolus was placed in the lumen of the uterus. Abdominal and skin incisions were closed by using No.2 chromic catgut and cotton thread respectively. Post operative care with intravenous fluid, antibiotics and antihistaminics were administrated for 7 days. Uneventful recovery of the dam was found within 7 days.

DISCUSSION

Uterine inertia is common cause of dystocia in sows (Roberts, 1971). In this case also probable cause was secondary uterine inertia following the assisted delivery of two fetuses, as the fetus was located near the tip of the uterine horn indicating failure of contraction of longitudinal muscle fibres of uterus. Contraction of longitudinal fibres of uterine horn in normal delivery brings the fetus, is located at the apex of the horn, to near the bifurcation (Roberts, 1971). In this case, caesarean section was carried out under local infiltration anaesthesia and no difficulty was found in performing the operation. Herman and Vandeplassche (1968) reported successful use of intravenous thiopentone sodium followed by local infiltration. Kalita and Gogoi, (1997) used combination of 'L' block and ketamine to perform caesarean in a sow. Uneventful recovery of this case was attributed to the resistance of the sow to infection and also to peritonitis following caesarean operation as stated by Roberts (1971) along with proper post operative antibiotic therapy .

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