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Surgical management of evisceration in female dog after ovariohysterectomy: A case report

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Abstract

A 6 months old desi female dog was presented to Veterinary clinic with history of ovariohysterectomy. On clinical examination it was found that there was wound dehiscence and evisceration. Emergency surgical intervention was performed by restraining the animal under proper anaesthetic protocol. The dog had a complete recovery without any complication.

Keywords: Dog, ovariohysterectomy, postoperative complication, evisceration

Introduction

Most of the beginner veterinary practitioners are inexperienced in performing ovariohysterectomy in dog and cat, which can result in postoperative complication like acute incisional hernia and evisceration. Evisceration is the uncontrolled exteriorization of intraabdominal contents through the dehiscenced surgical wound outside of the abdominal cavity (Carlson, 1997) [2]. Canine ovariohysterectomy is one of the most frequently used surgical procedures in the case of companion animals (Howe, 2006) [4]. Ventral midline celiotomy is common surgical approaches for abdominal surgery in small animals. Failure of the suture line used, to close the celiotomy result in postoperative complication and have serious consequences (Bellenger, 2007) [1]. The aim was to contribute the efficient techniques for prevention of post-operative complication which can be modified as veterinarian gain experience.

History and Clinical findings

A 6 months old desi female dog was brought to Veterinary Clinic with the history of ovariohysterectomy and complaint of wound dehiscence and evisceration twice repeatedly after suturing. On clinical examination, echymotic skin, painful and reddish around the eviscerated mass were noticed (Fig. 1). The dog showed restlessness and tachypnoea with normal temperature. Emergency surgical procedure was done to save the life of the animal.



Fig 1: Eviscerated mass

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Treatment and Discussion

The animal was anaesthetized by using combination of Xylazine 1 mg/kg and Ketamine 15 mg/kg through intramuscular route respectively (Subhan *et al.*, 2017) [6] along with fluid

therapy and was placed on dorsal recumbency. The affected area and eviscerated mass was cleaned with normal saline. The mass was examined thoroughly and the sutures were removed to reduce the eviscerated mass into the abdominal cavity. The contaminated edges of the wound including a combination of the peritoneum and rectus fascia are excised. After correction, sutures were placed, incorporating at least 5-mm bites of fascia to carefully repair the abdominal wall defect using chromic catgut No.1. A simple continuous pattern was used with square knots of 5 throws at the beginning (caudal knot) and 6 throws at the end (cranial knot) and the skin was opposed with simple interrupted suturing pattern using nylon. Post-operatively, animal was given ceftriaxone and tazobactam combination injection (Intacef Tazo Pet^a, 20 mg/kg i/v) and Meloxicam (Melonex oral suspension^b, 0.2 mg/kg) along with antiseptic dressing with betadine^c solution, D-mag^d spray and kiskin^e ointment for 10 days. The wound was inspected for inflammation, swelling, drainage, seroma and any other complications. After 8th day of post surgical the skin sutures were removed. The patient had complete recovery over a period of 10 days on a combination therapy of antibiotic and regular dressing.

Evisceration can be prevented by avoiding the predisposing factors that lead to its occurrence (Gower *et al.*, 2009) [3]. The causes of evisceration can be grouped into tissue and suture related factors (Smeak, 2012) [5]. Tissue related factors are extreme tightening of the sutures, incorporating excessive amounts of rectus abdominis muscle and failure to incorporate large secure bites of external rectus fascia in the abdominal wall repair. Suture related factors are inappropriate handling of the suture, poor knot security, inappropriate suture material choice and poor choice of suture size.

In rare cases, evisceration can develop from self trauma to the wound after surgery, straining to defecate or urinate, unrestricted exercise and excessive abdominal pressure from coughing.

(A, B, D, E)-Brand of Intas Animal Health, Ahmedabad (c)-Brand of Glide Chem Pvt. Ltd., Himachal Pradesh.

Conclusion

Successful treatment of a case of evisceration after ovariectomy in 6 months old female dog is described.

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