International Journal of Veterinary Sciences and Animal Husbandry

ISSN: 2456-2912
VET 2024; 9(2): 692-694

www.veterinarypaper.com
Received: 03-01-2024
Accepted: 06-02-2024

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Caesarean section in non-descript ewe

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Abstract
A 3 years old ewe was presented to Veterinary clinical complex, Dungarpur, Rajasthan with history of unable to delivered foetus since last 7 days. Based on history, clinical and per vaginal examination it was clear that the fetus is dead. The emergency caesarean section was performed in right lateral recumbency under local anaesthesia. An oblique incision was put at lower left paralumbar fossa parallel to milk vein and dead male foetus and placenta was removed through incision site. Fluid therapy, antibiotic, analgesics were given for five day after surgery. Suture were removed after 14 days. The ewe shoe uneventful recovery.

Keywords: Ewe, veterinary clinical complex, foetus

Introduction
In cases of dystocia, a caesarean section involves making an incision through the skin of the abdominal wall and the layers of abdominal muscles to remove the fetus from the uterus. The main objectives of a caesarean section typically involve reducing economic losses, preserving fertility, and improving foetal and maternal survival. Dystocia is one of the main causes of perinatal death in small ruminants, such as sheep, and results in financial loss for farmers (Ali, 2011) [1]. For obstetrical intervention to relieve dystocia, which poses a threat to the lives of both the mother and the foetuses, a correct diagnosis is crucial (Ahmed *et al*., 2019) [2].

History
The veterinary clinic in Dadodiya, Dungarpur, Rajasthan received a three-year-old non-descript ewe who had been unable to give birth for the previous seven days. The process of parturition commenced in the 7 days before presentation to the hospital.

Clinical examination
Clinical examination revealed tachycardia, elevated body temperature and congested mucous membrane. The ewe was dull and depressed. A per vaginal examination found that the cervix was partially dilated, allowing one foetal limb to be palpated in the cervical end without any foetal movement. The fetus was also externally palpated to assess its viability, and it was found to be dead. In the present case, manual obstetrical manipulation and vaginal delivery could not be possible due to abnormally narrow pelvis of the goat.
Based on history and clinical examination it was decided to manage the case with c section.

Management
It was decided to manage the case with caesarean section. Pre surgically animal was injected with fluid, antibiotics and analgesics.
Ewe was restraining in right lateral recumbency and antiseptically prepare the surgical site at lower left flank parallel to milk vein. Inject the local anaesthesia at the site of incision with 2% lignocaine Hcl. After achieving the desired level of anaesthesia, a 5 to 7 cm long oblique skin incision at lower left flank was made. After incising the skin, subcutaneous tissue, muscle and peritoneum was incised and approaching the uterus. The trying the uterus to pull out the incision but due to adhesion it was not pulled out. Incision was made on uterus after draping the uterus to avoid the contamination.

Dead male foetus was removed through incision with traction. After removing the foetus, foetal membrane was removed and put 2 boli of nurea in uterus. Suture of uterus was done with chromic catgut # 0 using cushing followed by lambert suture pattern. Suturing of peritoneum and muscle was done using chromic catgut # 1 using continuous lockstitch suture pattern. Skin suture was done with silk # 1 using horizontal mattress suture pattern.

Post operatively animal was received NS – 500ml, enrofloxacin @ 5mg/kg I/M, meloxicam @ 0.25mg/kg I/M and vitamin B complex @ 3ml I/M for next 4 days of surgery. Advice the owner to follow antiseptic dressing and remove the suture 12th post operative days.

Incision

Removal of foetus

Muscle suturing

Skin suturing

Dead foetus and placenta

Recovery after 12th day

Conclusion

The caesarean section operative can be done as obstetrical interventions as final treatment to the dam when the dam suffers from difficult birth and ewe not deliver by the normal way or correct the malpresentation of the fetus.

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