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## Management of dystocia and faecolith in cat

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### Abstract

A 3-year-old cat was presented to Department of veterinary surgery and radiology, Veterinary Clinical complex, Mhow with the history of bleeding from vagina and constipation since 4 days. X-ray examination et al presence of fetus in uterus and fecoliths inside intestine. Surgical intervention includes C-section and enterotomy to remove fecoliths. Cat recovered after post-operative care of 7 days.

**Keywords:** Fecoliths, remove, enterotomy

### Introduction

Dystocia in cat (queen) is defined as difficulty in the exploding of the fetus or delivery of the kitten through the birth canal at the time (6-12 hours) of labor (Dar *et al.*, 2015) <sup>[1]</sup>. The causes of dystocia are classified as maternal, fetal and in some cases, both (Stedile *et al.*, 2011) <sup>[5]</sup>. The incidence of dystocia in cats is around 3.3-5.8% in some breeds of cats (Pretzer, 2008) <sup>[3]</sup>. Overall, 67.1 percent of instances have been linked to maternal factors, while 29.7% have been linked to fetal factors (Jyothi and Rajesh, 2018) <sup>[2]</sup>.

### Materials and Methods

A 3-year-old cat was presented to Veterinary Clinical Complex, College of Veterinary Science and Animal Husbandry, Mhow. Cat has delivered one fetus.

Clinical examination revealed restlessness, bleeding from vagina, anorexia and straining to expel the fetus. Per vaginal examination showed no fetus in birth canal. Sonographic examination revealed the presence of dead fetus. X-ray examination was done to rule out the possibility of no. of fetus; which showed fetus in caudal presentation along with severely dehydrated multiple faecolith. On consultation with the owner regarding faecolith, owner insisted to remove the faecolith as well during the Caesarean section as the cat did not defecate since a long time. It was then decided to perform surgical intervention including C-section and enterotomy.

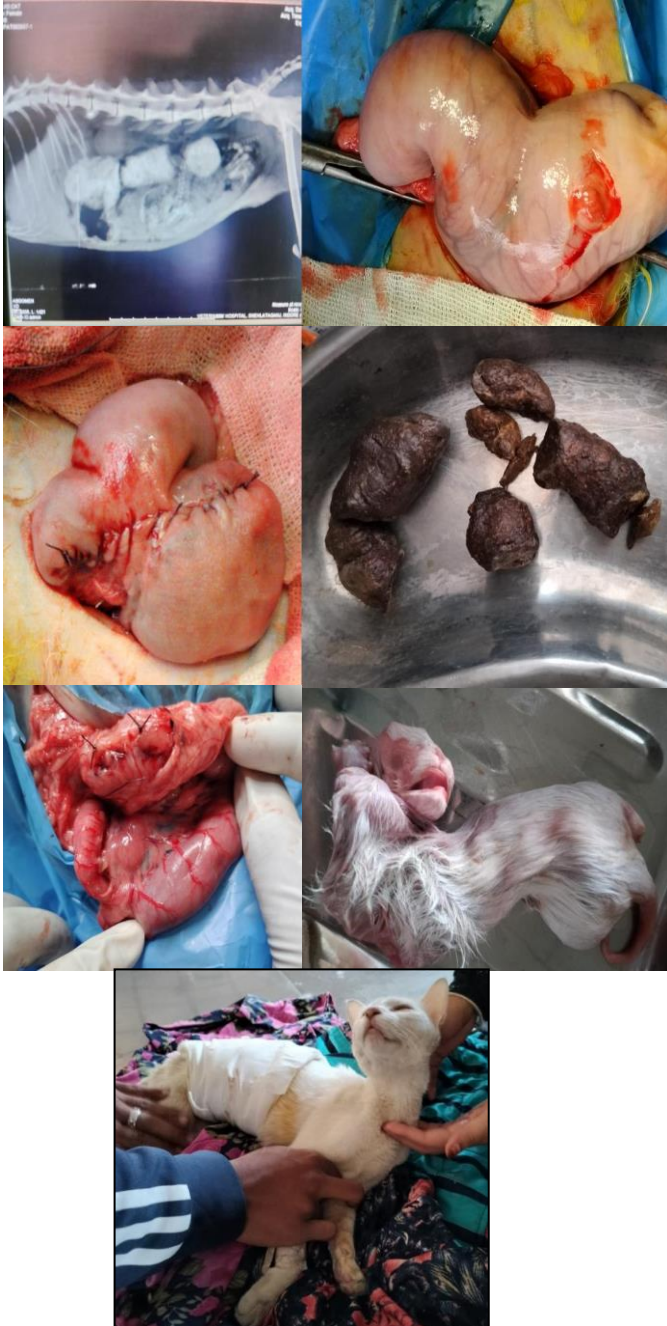
### Surgical Treatment

The surgery was performed under general anesthesia using combination of atropine @0.02 mg/kg BW, xylazine @1 mg/kg BW intramuscularly as pre-anaesthetic medication. Patient was put into dorsal recumbency and mid ventral midline abdominal site was aseptically prepared for surgery. Patient was maintained during the surgery with zolazepam and tiletamine combination (Zoletil™) @15 mg/kg BW intramuscularly. After following all the aseptic measures and precautions, preoperative administration of antibiotic Ceftriaxone @20 mg/kg BW intravenously and meloxicam @0.2 mg/Kg BW IM was administered intravenously. Fluid therapy during the entire operative period was given.

A 4 cm long incision was given on skin followed by incising the Linea alba and parietal peritoneum. Uterine incision was closed in two layers using inversion suturing technique. While exploring of uterus, multiple stone like fecoliths were felt in the large colon which would not be corrected by therapeutic management; hence it was decided to perform colotomy as discussion with the owner.

An incision was given on anti-mesenteric border of colon at the site of fecolith. Six large sized fecoliths were extracted after gentle manipulation up to the site of incision. Incision was closed using Lembert technique using 3-0 vicryl suture material. Abdominal cavity was lavaged using normal saline and laparotomy wound was closed as per standard method.

Owner was advised for fluid therapy for 2-3 days post-operation followed by liquid diet after 24 hrs in multiple small boluses. After 48 hours, owner was advised to feed semi-liquid diet in multiple small boluses. Semi-solid diet was started after 5 days.



Uterus was grasped and pulled out from cavity and longitudinal incision along the long axis of uterine horn was given. Fetus along with placenta was removed. Uterus was ligated in two layers with absorbable polyglactin 910 no. 2-0 (vicryl) using Lembert technique. Repositioning of uterus to its original position was done.

After C-section, it was decided to perform enterotomy to get rid of fecoliths. Large intestine was pulled out and was incised proximal to fecolith and fecoliths were removed

followed by flushing of intestine with metronidazole. Intestine was sutured in two layers with absorbable Polyglactin 910 (Vicryl 2-0) using Lembert technique. Intestine was repositioned and abdominal cavity was flushed with diluted betadine with Normal saline. Linea alba along with parietal peritoneum was sutured using absorbable polyglactin 910 no. 2-0 (vicryl), Subcutaneous tissue was sutured separately using absorbable Polyglactin 910 no 2-0 (Vicryl). Lastly, skin was sutured using Silk no 1 (mersilk). Antiseptic Dressing of suture line was done using liquid povidone-iodine followed by its ointment.

Post-operative care included administration of ceftriaxone @20 mg/kg BW intravenously for 7 days, meloxicam @0.2 mg/kg BW intramuscularly for 3 days, intravenous fluid therapy for 5 days and syrup Duphalac 1 tsp bid for 3 days and anti-septic dressing of suture line on alternate days. Owner was advised to keep the cat off-fed for 2 days and was advised to put E-collar to prevent self-mutilation of surgical wound.

### Results and Discussion

Cat recovered completely without any complications and started feeding and defecating after 7 days of post operative care. The queen cat is a sensitive and subtle animal, so all steps to treat dystocia need gentleness and complete all physical examination before deciding the dystocia treatment method.

### Conclusion

The best method for treating dystocia in cats was C-section when fetus was found dead.

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#### How to Cite This Article

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