

Caesarean Section after Faulty Handling in a Ewe

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Abstract

An adult ewe was brought with history of dystocia and faulty handling by a laymen with lateral recumbency. Per-vaginal examination revealed the lamb was dead and could not be removed due to malposition. Caesarean section was performed and dead foetus was retrieved.

Keywords: Caesarean; ewe; lambing; laymen; practice.

Introduction

Sheep (*Ovis aries*) were domesticated long before the dawn of recorded history. They are found in tropical countries and in arctic, in hot climates and in cold, on desert and in humid areas. There are over 800 sheep breeds in the world, variety in sizes, shapes, types and colors. Perhaps the first ruminants domesticated by man along with goats, sheep are a very valuable and important asset to mankind belonging to the order *Artiodactyla* (even-toed) and family *Bovidae* (ruminants). The hill sector plays a vital role in sheep industry being an important source of maternal lines for low land sector as well as producing sheep meat (Speijers *et al.*, 2010).

Dystocia are the real emergencies in Indian conditions (Shivaprakash, 2011). In order to obtain high fetal and dam survival and also to reduce the cost of treatment, sheep and goats with dystocia should be presented without undue delay and reports on prevalence, management and outcome of dystocia in small ruminants under a defined study area are meager (Bhattacharyya *et al.*, 2015).

Caesarean section have to be considered for dystocia depending upon the case following correct methods under emergency situations and to obtain higher survival rates. Surgical conditions like dystocia may lead to death within 24-48 hours (Shivaprakash *et al.*, 2011). The clinical communication reports successful caesarean section in field for dystocia management in a ewe.

History and Diagnosis

Two and half year old adult ewe due for her first

lambing was brought for examination with history of dystocia with rectal temperature of 102.9°F, dehydrated, dull and with inappetance. On per-vaginal examination, the lamb was dead and could not be pulled out due to malposition and finally endured to emergency caesarian section.

Surgical Procedure

Ewe was aseptically cleaned with wide surgical field area ensuring cleanliness of the procedure on left flank, after general anesthesia (Inj. Xylazine 0.5 ml / m) for stabilization and local anesthesia (Inj. 2% Lignocaine hydrochloride @ 5ml S/c). The animal was Intravenously (jugular vein) supported with Ringer's lactate through surgery. An incision was made around 15cm in length, running vertically down. Muscle layers were thin and care was taken to ensure no incision of rumen wall occurs. The incision on uterus was made on the greater curvature and dead fetus was removed and found to be a male with three legs and the other pulled off due to laymen faulty handlings. The uterus was lavaged both internally and externally with Normal saline and with diluted Povidone Iodine. The uterus was sutured with continuous inverting pattern (cushing pattern followed by a lembert pattern) using synthetic absorbable suture material (Truglyde 2-0, ½ circle reverse cutting) and followed by continuous simple pattern for abdominal muscles and then with non absorbable suture material (Trusilk 0, 3/8 circle reverse cutting) for skin with cross pattern. (Majeed *et al.*, 1992). The ewe recovered after 40 minutes without any difficulty with five-days follow-up of antibiotic, Inj. Melonex^a (Meloxicam), anti-histaminics and Tribivet M^a (methycobalmin, pyridoxine, nicotinamide).

Discussion

Shivaprakash *et al.* (2011) reported high incidence

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Caesarean section after faulty handling



Fig.1 : Removed dead male foetus



Fig. 2: Ewe after caesarean section

of cases requiring emergency treatment. Though emergencies, trauma and critical care have been well described for companion animals, information is lacking on emergency conditions in ruminants. Bhattacharyya *et al.* (2015) and Mishra *et al.* (2014) supported that more than half (54.29 percent) of total cases were referred after unsuccessful handling. Significantly highest prevalence was recorded in sheep during first lambing, in winter season and carrying male fetuses. In small ruminants, due to small diameter of pelvis, only limited manual manipulation of fetus to relieve dystocia is possible (Mobini *et al.*, 2002 and Speijers *et al.*, 2010). Dystocia can be corrected by mutation and caesarean section (Purohit 2006 and Roberts 1971).

Timely service of field Veterinarians with adoption of highly skilled performances are required for successful dystocia management in field/ rural service. Successful dystocia management in field provides best service to public and society.

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