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## Management of Postpartum Uterine Prolapse in a Non-Descript Doe with Vulval Retention Sutures

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### ABSTRACT

A case of total uterine eversion (uterine prolapse) in a doe was effectively managed, as is described. Buhner's suture was applied to prevent a recurrence.

**Keywords:** Nondescript Doe, Post-Partum, Uterine Eversion, Epidural Anaesthesia, Retention Sutures.

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### INTRODUCTION

Postpartum uterine prolapse occurs in all species, but the incidence is greater in cows and ewes, lesser in does, and rare in mares (Roberts, 1986). In the total uterine prolapse, uterus is everted, turning inside out as it passes through the vagina. Prolapse or eversion of uterus is also called 'casting of wethers' or 'casting of calf bed' and is a common complication of third stage of labour in cow, buffalo, doe and ewe. Uterine prolapse typically occurs shortly after parturition or within a few hours when the cervix is relaxed and the uterine tonicity is lesser. Although the exact cause of uterine prolapse is unknown, various risk factors have been linked to it (Jackson, 2004). These include inadequate uterine tone, increased straining brought on by pain, excessive traction during dystocia, retention of the placenta, conditions like tympany and an abundance of oestrogen in the feed. The prolapse is evident as a

substantial mass that protrudes from the vulva and frequently hangs down to the animal's hock. When uterine

prolapse in animals is treated promptly, there are no complications; however, if treatment is delayed, there may be complications, including internal haemorrhage brought on by the organ's weight, which might cause the death of the animal (Noakes *et al.*, 2001). The type of case, the duration of the case, the degree of damage and the level of contamination all affect how well the treatment works. The current case describes the successful obstetrical and therapeutic management of postpartum total uterine prolapse in a nondescript primiparous goat.

### CASE HISTORY AND OBSERVATIONS

Veterinary Clinical Complex, College of Veterinary Science, Rajendranagar, Hyderabad received a one-and-a-half-year-old, nondescript doe with 23.5 kg body weight in its second parity with a complaint of uterine prolapse following normal kidding of 2 live kids (Fig.1). Kidding hap-

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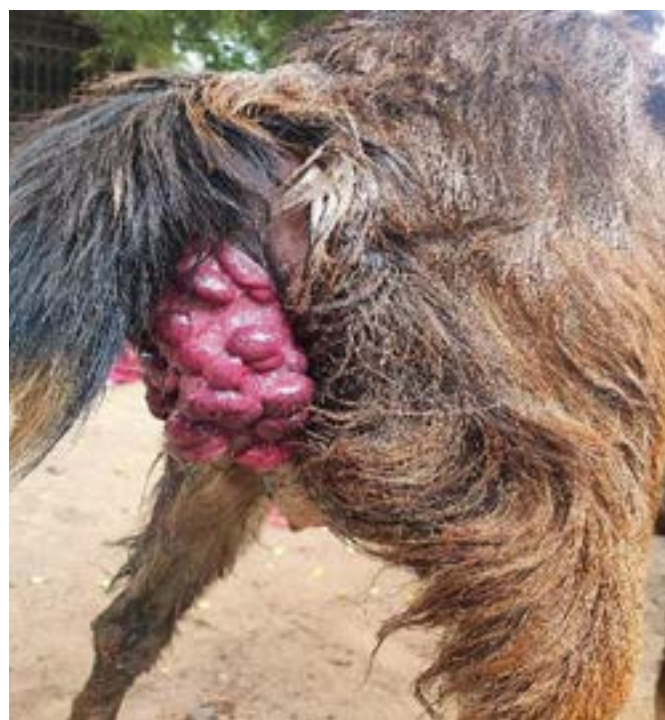
pened 16 hours back. The previous parturition (1<sup>st</sup> parity) was normal. A thorough clinical examination was carried out and the vital parameters were found to be within normal limits. The doe was apparently healthy and in standing position. On physical examination of the prolapsed mass, it was soiled, inflamed, congested, oedematous and no foetal membranes were found intact on the caruncles. The prolapsed mass was hanging out of vulva with the caruncles of the uterus exposed. The case was diagnosed as post parturient total uterine prolapse (Eversion) (Fig. 2a & 2b).



**Fig 1:** Doe presented with a complaint of prolapsed mass



**Fig.2a :** Prolapsed uterine mass with maternal caruncles



**Fig.2b :** Prolapsed uterine mass when viewed sideways

## TREATMENT AND DISCUSSION

The epidural anaesthesia was achieved by infiltration of 2% lignocaine hydrochloride (2 ml) into sacro-coccygeal space to prevent straining during replacement of prolapsed mass (Rai and Prabhakar, 2000). After allowing 8-10 minutes of epidural anaesthesia onset the prolapsed mass was washed with 1:3000 ppm potassium permanganate solution. Pop-In<sup>®</sup> spray was applied over the prolapsed mass in order to relieve the edema (Kumar *et al.*, 2016). The animal was then placed on dorsal recumbency and the two hind limbs were pulled outward. The prolapsed mass was lubricated with 2% CMC (Carboxymethyl cellulose) and replaced into normal position by gentle pressure by pushing the part near the vulva with the palm of both hands. Buhner's suture was applied using Nylon-0 to prevent further recurrence of the prolapse (Singh *et al.*, 2017) (Fig.3). The animal was treated with antibiotics (Inj. Enrofloxacin 5 mg/kg b.wt; IM), non-steroidal anti-inflammatory analgesics (Inj. Meloxicam 0.2 mg/kg b.wt; IM) and antihistamines-Chlorpheniramine maleate (Inj. Histanil – 2.5 ml; IM), Inj. Texablood (2ml; IM), bolus Furea (2; IntraUterine), Inj. Tribivet – Vit. B1, B6, B12 (2ml; IM) and Inj. Tonoricin (2ml; IM). The farmer was advised to offer less quantity feed and water in divided doses for a few days and to also place the hindquarters of the animal on a raised area than the forelimbs so as to prevent recurrence. Antibiotic and analgesic therapy was given for 5 days. Retention sutures



(Buhner's) were removed on the 5<sup>th</sup> day and the doe recovered uneventfully without any complications.

Obstetrical emergencies are common in small ruminants like sheep and goats (Manjusha *et al.*, 2020). Postpartum uterine prolapse condition is an emergency problem that needs to be intervened as early as possible to save and maintain the fertility of animals (Behera *et al.*, 2023). The third stage of labour, when the foetus has been expelled and the foetal cotyledons have separated from the maternal caruncles, is when the prolapse of the uterus typically occurs (Noakes *et al.*, 2001). Prolonged cases of uterine prolapse significantly impair the reproductive health of animals and result in economic losses for farmers as they reduce milk yield. (Assad *et al.*, 2024). The goal of treating a uterine prolapse is reducing the oedematous condition of the prolapsed mass and repositioning of the complete uterus followed by a method to keep it in the retained position. Careful removal of dirt, debris and blood clots with dilute antiseptic solution is usually successful whereas vigorous attempts to remove superficial contamination should be avoided. A caudal epidural anaesthesia is essential before replacement of the prolapsed uterine mass as it decreases straining and desensitizes the perineum. Sometimes there may be partial contraction of cervix during delayed cases which may interfere with repositioning, resulting in reoccurrence (Srinivas *et al.*, 2014). Parenteral as well as intra-uterine antibiotic therapy are indicated to control and overcome the bacterial infection and to establish good uterine health for future reproductive performance. Anti-inflammatory, analgesics and anti-histaminic are helpful to correct pain/inflammation.



**Fig.3:** After applying retention sutures using

## CONCLUSION

It was concluded that reduction, reposition and retention of prolapse mass followed by administration of antibiotic, antihistamine, anti-inflammatory and multivitamins successfully managed the uterine prolapse in the doe.

## CONFLICT OF INTEREST:

None

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