Uterine Prolapse in the Bovine Patient

Dr. Gretchen Hopson, VMD

Uterine Prolapse

True Emergency Distinct from Vaginal Prolapse



Predisposing Factors

-overweight -confined -multiparous -hypocalcemia -dystocia



Treatment 1. Physical Exam 2. Correct Position of Cow 3. Place Epidural



Photo source: Rebhuns Diseases of Dairy Cattle

Bovine Epidural Procedure



https://veteriankey.com/wp-content/uploads/2016/08/B9780323077323000138_f012-006-9780323077323.jpg

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Clip hair if needed Scrub with surgical scrub (Chlorhexidine, Iodine) 6-8cc 2% lidocaine, 18G 1.5 inch needle

4. Remove placenta5. Replace Uterus

-Elevate uterus with plank or board, 2 assistants needed

-start with portion of uterus nearest to cervix.

-use a closed fist or keep fingers together when manipulating uterus.



https://www.nddb.coop/sites/default/files/Prolapse%200f%20uterus%2 oafter%20calving.jpg



https://www.researchgate.net/publication/326799077_Recurrent_postpartum_uterine_prolapse_in_a_primi-parous_Mehsana_buffalo-A_case_report

Complications:

-lacerations -additional organs within prolapse -necrosis Use an inverting pattern such as a Cushing pattern and monofilament absorbable suture for uterine laceration repair





https://inpractice.bmj.com/content/38/1/23

6. Confirm inversion of uterine horns is completely corrected

Manual Reduction

- Reduction with 12-15 liters clean water
 - Requires tube, large bucket, manual pump



7. Administer NSAID: Aspirin bolus or flunixin meglumine **36 hour milk withhold, 96hour meat withhold**,

oxytocin: 50-100 USP (2.5-5 mL) IM



Aspirin Bolus:

• 3 boluses (250grains/15.5grams per bolus) for large cow

Flunixin Meglumine (Banamine®) 1 mg/kg IV



Retained Placenta and Metritis

-ceftiofur or penicillin recommended at the time of replacement

-recheck patient 3 days later if possible



Hysterectomy

-salvage procedure -only used in the USA to allow an animal to survive for transport to a processing facility. Place 1 meter of 3/16" latex tubing or umblicial tape as a ligature just in front of the cervix. Tighten ligature and place 5 throws. Transect 6-9cm cranial to ligature. Ligatures can be added to control hemorrhage.

A Summary of Vaginal Prolapse

- Not an emergency
- Genetic predisposition
- More common in over-conditioned animals
- Can be replaced and the vulva sutured until the time of calving, however this is likely to reoccur prior to each future parturition

