Surgeon’s report:

Lab: Exploratory Laparotomy.

Location: Large Animal Theatre

Animal ID: species: Caprine

 Breed: Barbados Black belly

 Sex: Female

 ID Number: #R30.

 Weight: 28.0kg

 Age: ?

Surgeons:

Clive Folkes

Danielle John-Jack

Jonathan David

Samara Seepaul

Pre- Assessment:

The animal was fasted for 24 hrs prior to the surgery.

The body condition score was 3.

The ASA grading for surgery was 1.

Preparation:

The right flank was shaven and cleaned three times alternately with povidone iodine and alcohol using 4\*4 gauze and towel forceps in a circular motion moving outward from the center of the shaved field to the edges. A drape was placed over the incision site and secured with towel clamps.

Procedure:

 The skin was incised in the right paralumbar fossa using the last rib and the tuber ischiae as the landmarks. The incision was made in the center of these landmarks, in a dorsoventral direction and the incision was approximately 20 cm in length. The incision cut through the following muscle groups:

1. Cutaneous Trunci muscles (absent in cows)
2. External abdominal oblique
3. Internal abdominal oblique
4. Transverse abdominis.

to expose the internal organs of the peritoneum.

 Most cranially, the diaphragm was felt. No adhesions were observed as we palpated in situ. The other organs palpated were the omasum, abomasum, duodenum, liver, gall bladder and kidney. The abomasum was exteriorised and the greater curvature was observed. It was noted that the omentum attached to the curvature of the abomasum resembled pigs’ ears.

 Caudally, the caecum was exteriorised and the ileum was observed within close proximity to the spiral colon. The small intestines were observed and no lesions or adhesions found. The other organs palpated included the bladder, uterine horns and the ovaries.

 Once exteriorised, the organs were replaced in the reverse order in which they were removed and the incision was sutured.

 In closing, the peritoneum, transverse abdominis and the internal abdominal oblique muscle were closed together using a 2-0 absorbable suture in a simple continuous suture pattern.

The external abdominal oblique was also sutured in a simple continuous suture pattern and after every 3 bights, a bight was taken into the underlying layer to eliminate the possibility of dead space.

The cutaneous trunci was closed with the subcutaneous layer with the intention of creating a closer apposition of the skin for final closure.

Finally the skin was closed in a ford interlocking suture pattern using 2-0 non absorbable suture material from the dorsal to the ventral region of the flank, with the except that three simple interrupted sutures were placed most ventrally. This was done in case any inflammation developed and drainage or flushing was necessary, the sutures could be easily removed without opening the entire incision.

 The surgical site was cleaned with saline and alcohol and then sprayed with an antibiotic ( tetravet) and antimyasis( larvicid) aerosol spray. We waited until the animal was in sternal recumbency and awake before returning it to its pen.