Procedure –

* The surgical site and surrounding areas were clipped of hair (ventral abdomen bordering umbilical region).
* The surgical site was scrubbed using gauze soaked in 70% isopropyl alcohol followed by 7% povidone iodine solution, twice for each solution.
* Drapes were laid at the borders of the surgical site and held in place using towel clamps.
* The hernial ring and mass were palpated using the fingertips for measurement, to inspect their consistency and to determine whether the lesion was manually reducible. It was found to be about five centimeters.
* A fusiform incision was made centered at the hernial ring, measuring roughly twice the hernial ring’s diameter in length.
* The skin overlying the hernial ring was then undermined by blunt dissection using Mayo scissors with care being taken to not penetrate the hernial mass and to maintain its attachment to the skin.
* A window measuring about three centimeters was incised at the interface between the hernial sac and the hernial ring, allowing a finger to be inserted into the abdominal cavity to check abnormalities that would complicate the procedure. These include adhesions of the omentum to the body wall, abscessation or patent fetal structures such as the urachus.
* The subcutaneous tissue, abdominal fascia and musculature between the hernial sac and the hernial ring was then completely separated by blunt dissection, with a finger again being inserted to ensure that no abnormal structures were present.
* The herniated material was inspected and found to be remnants of the umbilicus covered in omental serosa with no involvement of the gastrointestinal tract.
* The stalk of omentum containing the mass was clamped proximally with two Rochester Pean hemostats to accommodate two transfixational catgut ligatures in order to reduce bleeding.
* The stalk was then clamped again with both hemostats about two centimeters distally to the ligatures and excised at the region between the hemostats using a scalpel.
* The cut hernial sac was examined to ensure bleeding was controlled then it was placed back into the abdominal cavity.
* The hernial ring was closed using pre-tensioned vest-over-pants sutures with non-absorbable material (nylon). Army navy retractors were used to assist suture placement and safeguard the underlying viscera during needle penetration.The tension was maintained on all sutures while each was individually closed.
* The subcutaneous tissues were closed using simple continuous sutures with absorbable material (Lactomer). Large bites were taken close to the margins of the skin to minimize dead space upon apposition.
* The skin was closed using horizontal mattress sutures with non-absorbable material (nylon). Simple interrupted sutures using the same material were also used in those areas between the horizontal mattress sutures were apposition was inadequate in order to decrease the risk of infection.
* The drapes were removed and the skin surrounding the incision site was scrubbed clean of blood using a dilute chlorhexidine solution.
* The incision was treated with topical Tetravet (antibacterial), aluminum bandage and Matabicheras (antimyiasis) sprays.
* The calf was then taken off of C.R.I. anesthesia and transported to a holding pen, where she was observed until she was able to stand firmly and unaided.