**Right flank laparotomy**

The surgical area in the right flank was clipped prior to induction of acupuncture analgesia or xylazine-ketamine anesthesia. After induction of anesthesia the sheep was placed in left lateral recumbency and prepared for final asepsis and draping.

Acupuncture needle insertion then followed after which final aseptic preparation of the surgical area and draping was made. After reaching the desired level of anesthesia, an 8 -I 0 cm vertical skin incision was made in the paralumbar fossa midway between the last rib and the tubercoxae and about 2-3 cm ventral to the transverse processes of the lumbar vertebrae. The skin incision was continued deeply, cutting through the fibers of the external abdominal oblique muscles and internal abdominal oblique muscles and exposing the transverse abdominal muscles.

An incision through the transverse abdominal muscle and peritoneum was made and extended with scissors allowing entry into the abdominal cavity. After opening the abdominal cavity, the cecum and a substantial length of the intestines were exposed and exteriorized. The rumen, abomasum, right kidney and pelvic organs were palpated.

Exploratory laparotomy lasted for approximately 15 min before the incision was closed. Closure of the laparatomy was achieved by three layers of suture. First, the peritoneum and the transverse abdominal muscles were closed together with a 3-0 chromic cat-gut using simple continuous suture pattern. The internal and external abdominal oblique muscles were closed with a second continuous layer using a 3-0 chromic cat-gut. The skin incision was closed with a ford interlocking suture pattern. Prophylactic antibiotic, was administered intramuscularly to each sheep once a day for three days.

The left flank laparotomy is similar to the right flank laparotomy.