**EXPLORATORY LAPAROTOMY - RIGHT PARALUMBA APPROACH**

* **Please view and study this video -** <https://courses.cit.cornell.edu/vet644/RParaLumFossaCelioTyph.html>

1. First - evaluate the position, size, and orientation of the duodenum. It should be flaccid, 3-4 cm in diameter, and oriented horizontal in the dorsal third of the incision
2. The right kidney should be located in the dorsal retroperitoneal space, cranial to the incision
3. The Liver is next found in the right lateral compartment cranial to the 13th rib - edges sharp (not rounded), firm, smooth surface colour of uniform dark blue-brown to purple
4. As the caudal border of the liver is palpated in the ventral direction the gall bladder is encountered. feels like a - tube sock filled with a viscous fluid and may be distended if the anorectic.
5. The caudal border of the liver is palpated to the ventral extent. This will leave the surgeon in the cranial abdomen, against the diaphragm (feel the heartbeat with the hand palm down)
6. Below the caudal border the liver is what compartment of the reticulum (honeycomb feel)
7. Once the reticulum has been assessed for hardward dz, the ventral peritoneum is swept for adhesions or remnants of the falciform ligament
8. In the ventral compartment of the abdomen, proceed behind the omental curtain into the central compartment for the left kidney (12 cm straight in, suspended 12 cm from dorsum)
9. With the palm directed ventral, proceed along the right rumen wall in a cranio-ventral direction until the omasum encountered it feels feel like a soccer ball
10. On the dorso-caudal surface of the omasum in a fold of omentum, you find the left gastric artery (should run cranial to caudal unless a displacement has altered the orientation
11. Palpate the intestines for foreign bodies, gas distended loops, sausages, or faecal balls (all bad things)
12. Go under the left kidney and over the caudal sac of the rumen into the left compartment to feel for signs of peritonitis or a DA.
13. Proceed along the cranial ribcage to locate the spleen - feels granular
14. The rectum located within the pelvis - center of the pelvic canal suspended by the mesorectum
15. The peritoneum and transversus abdominus will be sutured using - #2 chromic gut in simple continuous patern
16. The internal abdominal oblique and external abdominal oblique muscles will be sutured using - -# 2 chromic gut in simple continuous patern
17. The skin will be sutured using – 2 vetafil/barunamid ford interlocking



**THE FOLLOWING REFERS TO LEFT PARALUMBA APPROACH**

1. First evaluated? - rumen (if a DA this is where it will be, palpate for adhesions)
2. When you proceed cranial along the ribcage locate the caudal border of the spleen
3. For the left paralumbar fossa approach, proceed cranial from the ventral aspect of spleen to the cranial abdomen, against the diaphragm (near the pericardium, feel for heartbeat and reticulum)
4. For the left paralumbar fossa approach, go over the caudal sac of the rumen into the central compartment where the left kidney is located (12 cm cr and 12 cm from the dorsum)
5. For the left paralumbar fossa approach, with the palm directed ventrally in the central compartment until you find omasum (feels like a soccer ball)
6. From the left kidney proceed in a slightly caudal direction to locate the caudal border of the omental curtain. Proceed behind the omental curtain into the right lateral compartment to find duodenum (flaccid, 2-3 cm in diameter and horizontal)

