

Ventral Paramedian Approach

The ventral paramedian incision, the second most common approach used in colic surgery, is performed 8 to 12 cm lateral to the midline (see Figure 34-1). Some surgeons use this approach for cystotomy, cesarean sections, ovariectomy, cryptorchidectomy, and repair of ruptured bladders in foals. The incision may be performed on either side of the midline through the rectus abdominis muscle. Surgical exposure of the abdominal cavity is not significantly reduced, but the border of the incision is thicker than when it is made in the linea alba. Care must be taken not to injure the superficial and deep epigastric vessels, when encountered. With this approach, hemorrhage is more extensive than with the linea alba incision, but that does not compromise wound healing. The main indication for a ventral paramedian incision is to avoid a previous linea alba incision if there are signs of infection, excessive inflammation, or adhesions.

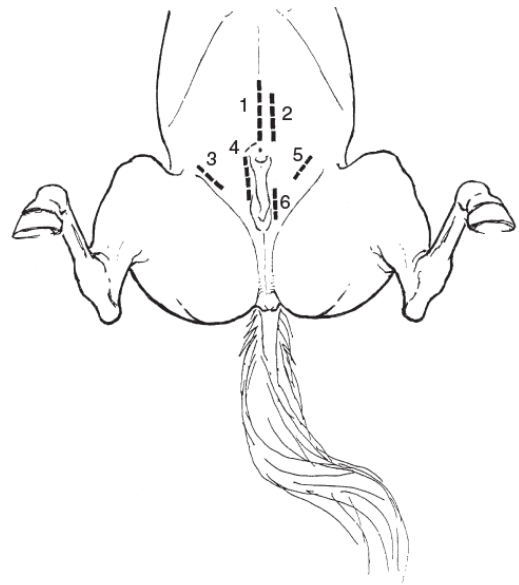


Figure 34-1. Abdominal approaches through the ventral abdominal wall: ventral midline (1), paramedian (2), inguinal (3), combination of a ventral midline and ventral paramedian (4), parainguinal (5), suprapubic paramedian (6).

Closure of the paramedian incision involves suturing the fascia of the rectus abdominis sheath. Suturing the muscle does not appear to contribute to the strength of the closure. For bladder surgeries in adult male horses I prefer a combination of a ventral midline and ventral paramedian approach (see Figure 34-1). The skin incision starts caudad just lateral to the prepuce and continues in a slightly curved line around the prepuce to join the midline and continues along that plane cranial. The prepuce is undermined along the fascial plane and reflected to extend the ventral midline incision through the linea alba caudad as needed.

Auer, J. and Stick, J. (2012). *Equine surgery*. St. Louis, Mo: Elsevier, pp. 408