Flank Approach

Nowadays, the indications for a flank approach are rare. A longer incision in the flank may be necessary to remove normal or neoplastic ovaries, with or without combined laparoscopy. A standing flank approach can also be used for surgical correction of uterine torsions.6 With the exception of surgeries of the small colon, intestinal problems cannot be solved through a flank approach.

The grid technique is most commonly used. After aseptic preparation and local infiltration of the skin and muscle layers of the flank region the skin incision is centered between the tuber coxae and last rib, just proximal to the palpable dorsal edge of the internal abdominal oblique muscle. The external abdominal oblique muscle is subsequently sharply divided vertically, whereas the internal abdominal oblique and transverse abdominal muscles are bluntly divided parallel to their fiber directions, usually with just the surgeon's hand. The peritoneum is perforated by a short thrust with the fingers. Closure of the incision is performed by apposition of the different muscle layers with absorbable sutures and stapling or suturing the skin.

Auer, J. and Stick, J. (2012). Equine surgery. St. Louis, Mo: Elsevier, pp. 408 -409