**Intra-Operational**:

1. The site of operation was aseptically prepared using alcohol and iodine solutions separately with the use of gauze. Using a circular motion inward-out, (avoiding overlapping of areas) this was done 3 times.
2. The surgical procedure was then conducted. Refer to “Procedure & Purpose” of the Cmap for further step-to-step details.
3. The respiratory and heart rates were constantly being monitored throughout the duration of the procedure.
4. The drip rate was also being carefully maintained to avoid the waking of the patient during anaesthesia.
5. Things to consider during intra-Op:

Be mindful to preplace sutures to ensure proper apposition of skin before tying off.

The needle should always be directed upwards and away from important structures to avoid puncture of any organ.

Blunt scissors are best used to carefully separate the skin from the umbilical sac

Monitoring the patient/ complications & risk:

We must consider the following:

* The four-stomach configuration of small ruminants and the fermentation action that makes up the digestive process can be compromised when these animals are placed in either lateral or dorsal recumbency. Proper positioning of the patient for surgery is therefore crucial.
* The patient should be placed so that its poll is higher than its nose so that excess saliva and regurgitated material drain out of the mouth. Patient monitoring is often a combination of manual and mechanical factors. Parameters such as eye position, palpebral reflex, mucous membrane colour and capillary refill time are examples of manual monitoring. And this type of monitoring was done mostly during this procedure.
* Xylazine though sometimes used for premedication of sheep and goats is not always well tolerated. Xylazine induces a short-lived decrease in heart rate and a mild decrease in mean arterial pressure (MAP).
* Premedication with an opioid and sedative, either before or at the time of induction of anaesthesia provides muscle relaxation and analgesia and decreases the dose rate of subsequently administered anaesthetic agents. Muscle relaxation is desirable during hernia repair for ease of apposition of tissues.
* Induction and maintenance of anaesthesia can be achieved using all injectable drugs or a combination of injectable premedication and inhalant maintenance in this procedure we used all injectable drugs. Patients undergoing general anaesthesia should be intubated so that the anaesthetist can capture a patent airway. Using injectable anaesthesia for these longer anaesthetic periods can have the side effect of a prolonged recovery.

Note: Intubation was only done in this procedure after the heart rate faded.

Complications that occurred:

* The animal in this case encountered bradycardia and progressed further to complete cessation of the heart shortly after. Immediately the CRI was ceased, and epinephrine was administered at 0.2mg/kg. Epinephrine - Increases rate and force of cardiac contractions. Increases systemic vascular resistance and diastolic blood pressure resulting in improved coronary and cerebral blood flow.
* Oxygen was supplied to the patient using an anaesthetic machine in an attempt to resuscitate the kid.
* Tolazoline was also pre-calculated and at hand.  tolazoline may be used to reverse the effects of α2-adrenergic agonists at the end of a procedure to facilitate a quicker recovery and minimize the risk for gastrointestinal complications.
* Unfortunately, after all the interventions made the animal died.

Given the medical record of the animal, its poor body condition and previous respiratory issues and already complicated nature of anaesthesia and small ruminants (as described previously) one recommendation would include to have taken a non-surgical approach to the hernia repair, especially when uncomplicated.