ROPE TRUSS: An EFFECTIVE TOOL FOR MANAGEMENT OF EVERSION OF UTERUS IN BUFFALOES

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ABSTRACT

The present study describes successful management of post-partum eversion of uterus in six buffaloes presented to Veterinary Clinical Complex, College of Veterinary and Animal Sciences, Udgir.

Key Words: Rope Truss, Prolapse, buffaloes

INTRODUCTION

Prolapse is most commonly observed post partum obstetrical emergency in buffaloes, characterized by the protrusion of parts of the vaginal wall and cervix through the vulva so that the vaginal mucosa is exposed (Arthur *et al.*, 2001). Most often prolapse or eversion of uterus occurs immediately after parturition, occasionally up to several hours and in rare cases at about 48-72 hours after parturition. The condition is predisposed by long mesometrial attachments, strong tenesmus, relaxed, atonic and flaccid uterus. Excessive relaxation of the pelvis and perineal region, dystocia, retention of placenta, low plane of nutrition and hypocalcemia were major causes of the prolapse. Hyper-estrogenism due to excessive estrogenic contents in green fodder also predisposes prolapse (Roberts, 1971).

CASE HISTORY AND CLINICAL OBSERVATIONS

Six buffaloes were presented to Obstetrical Ward, Veterinary Clinical Complex, College of Veterinary and Animal Sciences, Udgir with the history of normal natural parturition after completion of gestation period. Placenta was normally expelled 4 to 6 hours after parturition. Twelve to 24 hours post-parturition, uterine prolapse occurred. The cases were treated by local quack but failed. In all the cases reoccurrence and complete eversion of uterus occurred after 48 hrs. The prolapse mass was affected with lacerated wound, superficial layers were ruptured and uterine bleeding of various degrees was noted (Fig. 1). In all the cases, continuous straining, pale conjunctival mucous membrane, no feed and water intake was seen.

TREATMENT AND DISCUSSION

The buffaloes were restrained properly and caudal epidural anesthesia (5 ml, 2% Lignocaine Hydrochloride) was injected. The prolapse mass in all the cases were washed with mild solution of potassium permanganate for removal of necrotic tissues, debris, dung etc. The prolapsed mass was lifted with moderated force to evacuate urine by applying palm pressure. Pop-in spray and ice packs were applied for reducing the size of prolapsed mass. Hemostatic @ 10 ml was injected intramuscularly to control bleeding.

Inj. Triflupromazine hydrochloride @ 1.5 ml was injected intramuscularly. The prolapsed mass was repositioned using palm pressure with lubricated gloved hand using 2 percent CMC; further rope truss was applied for retention and to avoid reoccurrence (Fig. 2). Then the buffaloes were treated with Inj. CPM @10 ml I/M, Inj. Dextrose 5% @ 2 lit., Inj. Calcium Borogluconate @ 450 ml I/V, along with Inj. Duvadilan, Inj. Dexamethasone @ 10 ml, Antibiotic, NSAID and Phosphorus supplement. Even after epidural anesthesia and treatment the straining was present. Hence, Inj. Xylazine HCL @ 0.3ml along with 4 ml distilled water was injected epidurally to reduce the frequency of straining. Same supportive treatment was repeated for five days. There was absence of straining on day 4 of treatment, thereafter rope truss was loosened and buffaloes were monitored for next 24 hrs to check the reoccurrence, if any.

Prolapse of uterus is a common complication of third stage of labour (Joseph *et al.*, 2001). Open cervix and atonic uterus predisposes the uterine prolapse (Markandeya, 2014). Hypocalcemia combined with irritation of birth canal, causes straining which aggravates the condition of prolapse (Yadav *et al.*, 2014). Reducing the size, repositioning the prolapsed mass and retention using application of rope truss is the effective and non-invasive method to prevent recurrence of prolapse mass in all the cases. Technical management, balanced diet, hygiene handling during and post parturition and prompt treatment definitely prevents further post partum complications in dairy buffaloes (Patil, 2014). Uterine prolapse is an emergency, but if cases are attended early the outcomes is favourable. Proper handling along with use of 3R Principle i.e., Reduction, Reposition and Retention is the key for successful management of the post- partum prolapse.

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REFERENCES

Arthur, G.H., Noakes, D.E., Parkinson, T.J. and England, G.C.W. (2001). Vaginal wall and cervix through the vulva. In: Veterinary Reproduction and Obstetrics. 8th Edn.. WB Saunders Company Ltd., London.

Joseph, C., Kulasekar, K., Balasubramanian, S., Kathiresan, D., Veerapandian, C. and Pattabiraman, S.R. (2001). An unusual complication of post-partum uterine prolapse in a she buffalo-a case report. *Ind. Vet. J*, **78**:57-58.

Markandeya, N.M. (2014). Postpartum complications in buffaloes - a review. *Intas Polivet*, **15**(II): 376-392.

Patil, A. D. (2014). Management of Postpartum Uterine Prolapse-A Report of Buffaloes. *Intas Polivet*, **15**(2), 405-407.

Roberts, S.J. (1971). Veterinary Obstetrics and Genital Diseases, 2nd edn. C.B.S. Publisher and distributors, Delhi.

Yadav, D.S., Choudhary, R., Shakkarpude, J. and Gautam, M. (2014). Postpartum uterine prolapse and its therapeutic management in buffalo. *Intas Polivet,* **15**(II): 426-427.

Fig. 1: EVERSION OF UTERUS IN BUFFALO

Fig. 2: APPLICATION OF ROPE TRUSS