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Case Report

CAESAREAN SECTION IN A CROSSBRED PIG

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ABSTRACT

A rare case of dystocia in a crossbred sow due to secondary uterine inertia was presented and relieved by caesarean section.

Key words: Dystocia, Sow, Caesarean section, Uterine inertia

Caesarean section in sow is a rare operation to relieve from dystocia. Indication for this operation in sow is primary and secondary uterine inertia, over sized fetuses, juvenile or damaged pelvis, prolapse, torsion, emphysematous fetuses etc. A decision for or against caesarean section must be based on the condition of sow, the value of sow, onset of labor, type of dystocia, and the potential number of live fetuses remaining (Leman *et al.*, 1986). Higher percentage of recoveries will occur when the operation is performed within a 24 hours after the onset of labor (Frank, 1964).

A farmer brought one thirty months old (approx.) crossbred sow (Hampshire X Local) weighing around 120 kg at 11 am with the history of farrowing pain from previous day morning. As per the history, the sow was served naturally around 115 days before. While examining, the sow was in tremendous stress condition and had not taken any feed since. Frequent but weak straining was observed. Examination per-vaginanum with the help of fingures revealed one posteriorly presented inflamed fetus, but it was not possible to take out the fetus by manipulation. It was decided immediately to go for caesarean section.

The sow was restrained by left lateral recumbency. All legs and the snout were tied down properly to prevent excessive movement during operation. Standard preoperative preparation for asepsis was done. Both epidural (8 ml) as well as local anesthesia (12 ml) was given by injecting 2% procaine solution (Getty, 1963). Caesarean section was performed by left flank vertical incision (Frank, 1964). The incision was made through the skin, subcutaneous tissues, and muscles layers down to the peritoneum. After proper haemostasis, the peritoneum was incised. Then part of the horn containing the fetuses was brought to the outside through the incision very carefully and allowed to lie on the normal saline soaked sterile cloth. The incision was then given on both the horns and four fetuses were recovered, one from right horn and three from left horn. Incision was given on each horn separately after completion of operation of one horn. All the fetuses were emphysematous and swelling foetid. Uterine content along with part of the fetal membranes were removed gently and carefully. The external surfaces of the horns were rinsed with warm saline. Prior to final closure of the horns, tetracycline bolus and tetracycline liquid were placed in the uterine lumen. Closing of uterine wound was done by double row of Lambert suture with No. 1 chromic cat-gut. Peritoneum and muscles were sutured as per the standard procedure. The skin incision was closed with a non-absorbable suture (nylon) material. Post-operative treatment was given with antibiotics (Gentamicin and Oxytetracyclin, both for better protection) and pain killer (Analgin) for five days along with dressing of external wound. An injection of oxytocin (Syntocinon® - 15 IU) was given after completion of operation to enhance uterine contraction. On day-to-day monitoring, it was found that the sow was recovering speedily but unfortunately, the owner sold the sow on 5th day of operation for slaughter to the local market.

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This dystocia could be due to the secondary uterine inertia because of fetal malpresentation (Jackson, 1976), fetal oversize (Arthur, 1964) or maternal factors (First and Bose, 1979). The fetus obstructed at the birth canal was presented posteriorly; oversize of the fetus could be due to the less number of fetuses and maternal obstruction might be due to the small birth canal because of first farrowing. Recovery rate of caesarean in sow reported to be as high as 90% if performed within 24 hours of onset of labor pain (Frank, 1964).

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Sd/-
(Prof. G. M. Wani)
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