



## **UTERINE PROLAPSE**

**Uterine prolapse:** is a common complication of the third stage of labor in cow and ewe, occur most often immediate after labor, occasionally several hours afterward (48-72) h after parturition. **Incidence:** 2-3 cases \ 100 calving.

### **Etiology:**

- 1- Violent or strong tenesmus.
- 2- Atonic uterus.
- 3- Retention of placenta.
- 4- Extreme forced traction.
- 5- When the uterus is contracted tightly around a dry fetus.
- 6- Most common in pluriporous cows.
- 7- Hypocalcemia (Milk Fever).
- 8- Eating clovers high in estrogen (especially in ewes).

### **Clinical signs:**

- 1- The animal usually recumbent, but it may be standing with the uterus hanged to the hocks.
- 2- It should be differentiating between vaginal and uterine prolapse by presence of caruncles on the latter.
- 3- Uterus covered with feces, straw, dirt, or blood clots.
- 4- The uterus is enlarged and edematous.
- 5- The gravid horn prolapses sufficiently, so the cervix present at the vulva.
- 6- Moderate symptoms of tenesmus, restlessness, pain anxiety.



### **Complications:**

- 1- Internal hemorrhage due to rupture of the uterine blood vessels.
- 2- Shock (release of histamine).
- 3- Tympany.

### **Prognosis:** depends up on:

- Type of case and duration of the condition before treatment.
- Whether the uterus has sustained severe injuries.
- General health condition of the cow.
- The animal future breeding history may be good or poor depending on the severity of the uterine lesion.

### **Treatment:**

#### **I. Replacement of the prolapsed uterus:**

- 1) Wrap the uterus in a wet towel or sheet or place it in plastic bag to keep it moist and clean until replaced.
- 2) If the cow is standing, the uterus should be raised and support level with the vulva until assistance arrives.
- 3) If the cow is recumbent, the uterus should be supported from hanging.

- 4) Epidural anesthesia.
- 5) Cleaning the uterus, vulva and the perineal region with warm saline, and then washing with 1% tannic acid.
- 6) Suturing the lacerated part in the uterus.
- 7) Massage of the uterus to relieve the edema.
- 8) Coating the uterus with oil containing mild antiseptic.
- 9) In replacing, the uterus held above the level of the floor of the pelvis, the vulvas lips pulled apart, and first the ventral portion (5 cm), then the dorsum of the prolapsed portion (10 cm) of the uterus should be replaced, pressure exerted with the palm of the hand, with the finger extended but held together, to avoid perforation of the uterus.
- 10) Finally, the ovarian pole of the uterus is pushed but the first of hand through the vulva, vagina and cervix into the uterine cavity.
- 11) After the replacement; 30-50 IU oxytocin giving IM, intrauterine and systemic antibiotics should be given.
- 12) If uterus is completely replaced, the animal is standing and not straining, a recurrence of the prolapse is very rarely. Temporary suturing of the vulva could be applied.

## **II. Amputation of the prolapsed uterus (Hysterectomy):**

When replacement is impossible or the uterus is severely lacerated, infected or necrotic:

1. Blood vessels in the mesometrium should be ligated.
2. Cranial portion of the vagina is ligated with suture.
3. Making long incision in the uterus on the dorsal surface.
4. The uterus and part of the cervix is removed and the stump is replaced.