Peri-parturient Emergencies

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Common Peri-Parturient Problems

Cow
• Dystocia
• Prolapses
• Metabolic
• RFM/Metritis
• Mastitis
• Paralysis

Calf
• Dystocia injuries
• Hernias
• Umbilical/Urachal infections
• Joint III
• Scours
• Hypothermia/Starvation
Uterine Prolapse - Considerations

- Situation eg paddock, yard, up, down
- Shock
- Lacerations
- Concurrent Obstetrical Paralysis
- Concurrent metabolic disorders
- Septicaemia
- Differentiate from prolapsed vagina
- Epidural?
- Osmotic aids?
- Live or Dead Calf
A Good Start?

- Sitting up
- RR = 20
- No Tear
- Minimal bleeding
- Grassy
- Live calf
- No paralysis
Even better
Not such a good start!
If down - get into frog leg position
Hypertonic Saline
Perserverence
Finishing the Inversion
To Suture or Not?
The Reward
Dystocia

Phone Call
• Time since waters broken
• Standing or Recumbent
• Yarded or paddock
• Anatomy visible?
• Owner intervention?
• Anatomy palpable
• Blowfly friendly?
• Sometimes it is better to advise euthanasia prior to incurring a visit

On Farm
• Make a full assessment
• Calf live/dead? Normal?
• Presentation/Position
• Cow status
  – Shock
  – Paralysis
  – Sepsis
• Prior intervention
  – Tears/Rupture
  – Sepsis
  – Fractured legs
<table>
<thead>
<tr>
<th>Equipment</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack or block ‘n tackle</td>
<td>Lignocaine</td>
</tr>
<tr>
<td>S/S chains or ropes</td>
<td>Oxytocin</td>
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<tr>
<td>Head snare</td>
<td>Antibiotics</td>
</tr>
<tr>
<td>Khun’s crutch</td>
<td>Anti-inflammatory</td>
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<tr>
<td>Surgical kit</td>
<td>Hypertonic saline</td>
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<tr>
<td>Embryotome</td>
<td>Pessaries</td>
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<tr>
<td>Palm knife</td>
<td>Suture material</td>
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<tr>
<td>Spatula</td>
<td>Embryo wire</td>
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<tr>
<td>Krey’s hook</td>
<td>Disinfectant</td>
</tr>
<tr>
<td>LED Light</td>
<td>Lubricant</td>
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<tr>
<td>Apron</td>
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Dystocias

- Foeto-Pelvic Disproportion!
- Head and/or Leg(s) back
- Uterine Torsion
- Posterior
- Breech
- Twins
- Monsters
## My usual responses

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Possible Techniques</th>
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<tbody>
<tr>
<td>Live calf normal presentation</td>
<td>Traction +/- Caesarean</td>
</tr>
<tr>
<td>Head no legs live</td>
<td>Epidural, repulse head, legs – traction. These will often go to caesarean</td>
</tr>
<tr>
<td>Head no legs dead</td>
<td>Lop head, repulse, as above</td>
</tr>
<tr>
<td>Anterior presentation, Legs with no Head</td>
<td>Epidural, head rope behind ears through mouth, hand traction on head while full traction on legs. Beware previous uterine tears from owner traction and calf’s teeth</td>
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<tr>
<td>Uterine Torsion</td>
<td>Laparotomy, attempt correction and then traction, most end in caesarean</td>
</tr>
<tr>
<td>Posterior live</td>
<td>Traction not as severe, if no go then Caesarean</td>
</tr>
<tr>
<td>Posterior dead</td>
<td>Pump lube, traction high to pull knees/pelvis then down. If no go then I euthanase or Caesarean</td>
</tr>
<tr>
<td>Breech</td>
<td>Epi, Khun’s crutch, the as for posterior</td>
</tr>
<tr>
<td>Normal presentation, dead</td>
<td>Lube ++. Shoulder embryotomy hard, hips simple no embryotome, still consider Caesar</td>
</tr>
</tbody>
</table>
My Caesarean Technique

- Epidural? Shave, 100ml Lignocaine® line block, Prep with Metho, 25ml Depocillin® IM
- Prepare wet kit including swaged 16g 1.5” N. Bush scrub of arms/hands
- Bold incision right through muscles to peritoneum
- Open peritoneum with scalpel carefully
- Feel curvature of uterus for leg or head. Using double handed technique, incise uterus with guarded 25cm scissors, extract foetus
- Exteriorise uterus, cut off XS membranes
- Single layer Utrecht No 3 Catgut, insert pessary prior to final knot. Inject 4 ml oxytocin intra-uterine
- Single layer continuous all muscles No 3 Catgut, ensuring all layers captured
- Simple continuous skin Nylon with swaged needle. Surgery time < 30 minutes – improves prognosis, shock
- Live calf caesareans usually need no further A/B.
Retained Foetal Membranes

- Monitor for systemic illness (is she eating/drinking) and use parenteral antibiotics – Oxytetracyclines
- If still present Day 5 attempt manual traction. I/U pessary + give PG day 15 and 25

Obstetrical Paralysis

- I rarely attend as my experience is that I make little difference to outcome
- Educate clients that if paretic immediately post-calving (even if gets up) to use NSAIDS
- Acupuncture? Phil Poulton
- Try to confirm case is paralysis cf metabolic downer cow
Calf Problems

- Hernias – small can reduce and elastrator, larger ones surgery or wait and see
- Infections – Systemic A/B +/- irrigate Lotagen® or SFF
- Patent Urachus – irrigate with Potassium Permanganate (Chemist) or surgery
- Abscess – lance/drain
- We keep a freezer of colostrum for client use
Vagina and Rectum
Schistosomasoma refluxus
Know what you are feeling
Important Considerations

• Vet intervention dytocias/prolapses etc are salvage ie most will not be retained as breeders so must be economic eg 400kg heifer @ $1.50 = $600 less all vet costs plus transport/marketing costs x prognosis

• We need efficient skills - Time on the job not just about economics – influences survival

• Caesarean good survival - mothering/milking? Dead calf caesarean? Total embryotomy?

• Know your own strengths (& weaknesses)

• Understand your client