

MJF College of Veterinary Animal Sciences, Jaipur.

RUMENOTOMY

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RUMINOTOMY IN LARGE ANIMAL



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Rumen anatomy & Physiology

 \Box Placed :- 8th rib to the pelvic inlet.

 \Box It occupies most part of the left h a small part of right half of the abdominal cavity.

□ Turkish towel appearance.

Epithelium-Keratinized stratified squamous epithelium



Development of papillae in rumen



Figure 1: The rumen of a calf fed milk only shows little papillae development. Figure 2: The rumen of a calf fed milk and hay shows little papillae development.

Figure 3: The rumen of a calf fed milk and grain shows significant papillae

Rumen Physiology

The role of rumen microorganisms



INDICATION

- 1. Traumatic reticulitis
- 2. Hair balls & other foregin bodies in the rumen & reticulum.
- 3. Repair of reticular hernia.
- 4. Persistent rumen impaction.
- 5. Frothy bloat.

Anesthesia during rumenotomy

ocal anesthesia.

- A. Infiltration anesthesia
 - a) Line block.
 - b) Inverted L block.
- B. Proximal paravertebral anesthesia.
 - Distal paravertebral anesthesia.





Regional anesthesia of the cattle left flank using inverted L infiltration pattern.



Proximal Paravertebral Nerve Block . Needle are placed just cranially to the transverse processes about 2.5 cm from midline.



Distal Paravertebral Nerve Block . Needle placed just above & below L1,L2 & L4 transverse processes & lidocaine is infiltrated in a fan pattern.

Clinical finding

- Dull & depression.
- Anorexia.
- Slow rumination or atony.
- Drepressed rumen motility.
 (Both frequency & amplitude- impaction)
- Grinding of teeth .
- Sternal recumbency.
- Enlargement of abdomen.
- Tympanic or drum like sound on percussion of left par lumber fossa. Crepitating sound may be heard on palpation.
- colic
- Ruminal stasis (Constipation).
- Abducted elbow.

Diagnosis

- History.
- Use of metal detector.
- Pole test.
- Change ph of the ruminal fluid.
- Blood test.
- Abdominocentasis.
- Lateral plain radiograph.
- Ultrasonography

Surgical method

Rumenotomy is done left flank incision. Surgical site-Incision 3 to 5 cm caudal & parallel to the last rib. Incision length should be 20 to 25 cm. Skin – subcutaneous tissues – external & internal obliques muscle – transverses muscle peritoneum are incised in the same plane. The rumenotomy site is in the dorsal sac of the rumen using both techniques. (weingarth frame method & Mclintock cuff method)





Incision site

Rumenotomy instruments







Rumenotomy closure

Precaution :-

To avoid potential contamination of the abdominal cavity by ruminal contents , the ruminal lumen is either exteriorised (Weingart fram or McLintock cuff) or abdominal cavity is sealed off from the rumen by temporary insertion of a continuous suture



Rumenotomy closure

The rumen is suture with :-

- Continuous lambert inversion suture . Continuous cushing inversion suture (catgut No. - 5, vicryl)
 Usually a single layer of simple continuous suture for peritoneum and muscles edges. An additional layer of simple continuous suture can be used to reinforce the first layer. (catgut No.- 3, vicryl)
 - Skin- simple interrupted sutures

(silk, No. -1)

Post -operative management

- Fluid therapy.
- Antibiotic.
- \Box NSAIDs.
- **Regular dressing of wound.**
- Mild osmotic laxatives ex- magnesium hydroxide
 Image: Image:

Complication

Lack of improvement.Peritonitis.Incisional infection.

