MJFCVAS,CHOMU

OVARIOHYSTERECTOMY

Dr. Kuldeep

OVARIOHYSTERCTOMY

• Surgical removal of both ovaries and uterus .



INDICATIONS

- Animal birth control program (ABC)
- Ovarian cyst
- Uterine disease
- To minimize risk of mammary gland tumours
- Prevention of hormonal changes

ANAESTHESIA

 Combination of xylazine hydrochloride @ 0.25 – 0.5 mg/kg ketamine hydrochloride @ 0.5 mg / kg diazepam @ 0.1 – 0.5 mg/ kg

 If animal is debilitated – epidural anaesthesia combined with local infilltration









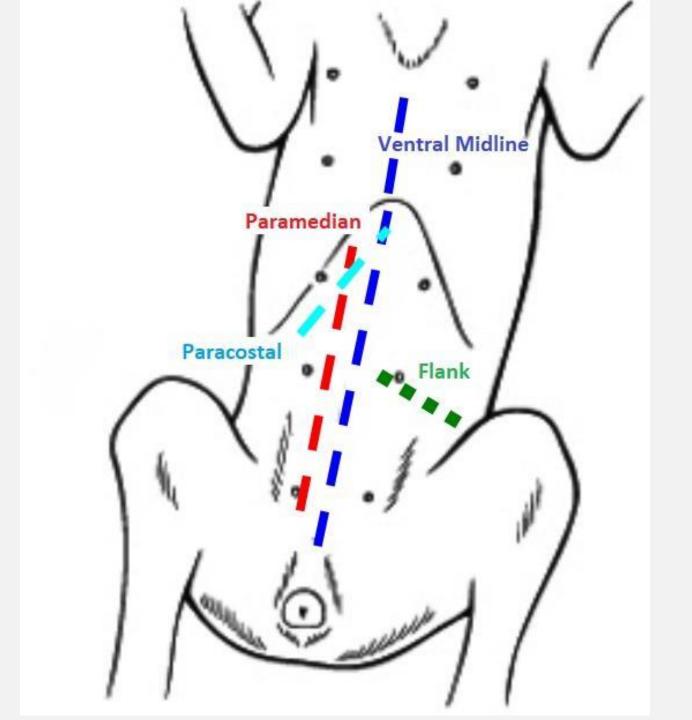


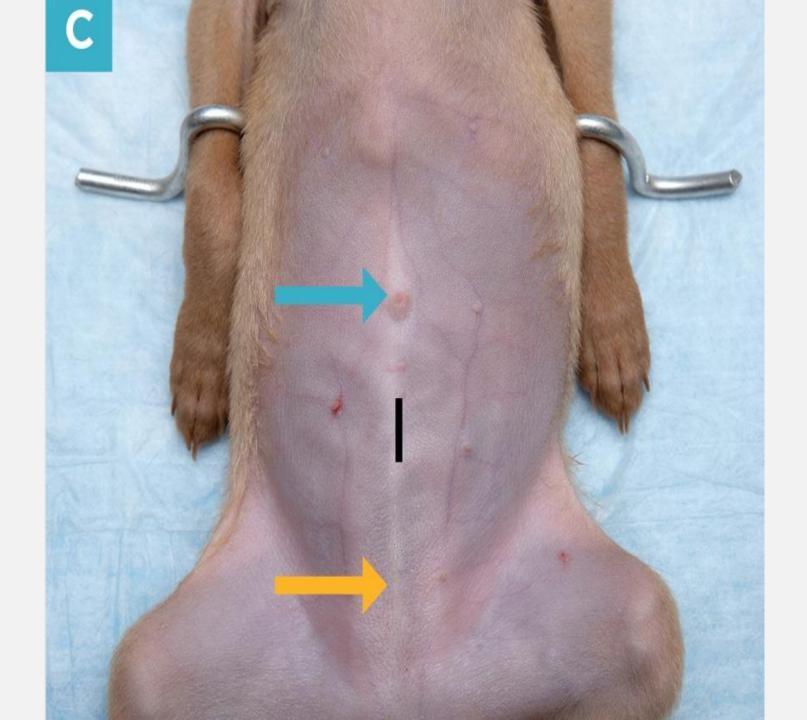
SURGICAL APPROACH

• A ventral midline celiotomy

(centred between the umblicus pubis through linea alba)

• Paralumber flank approach





Ovary

Jteru

Incision-

Uterine horns



SURGICAL METHOD

3 cm incision caudally from 2cm away from umblicus through linea alba .

Ovaries exteriorized by stretching or breaking the suspensory ligament.

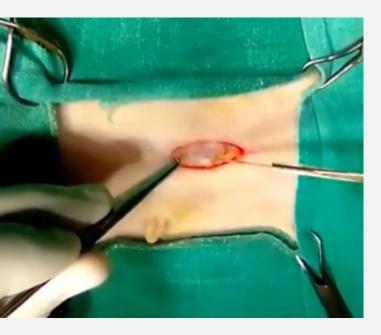
Ovary exposed by incised ovarian bursa and disconnected from its anterior attachment .

uterine pedicles ligated just proximal to cervix and cut.











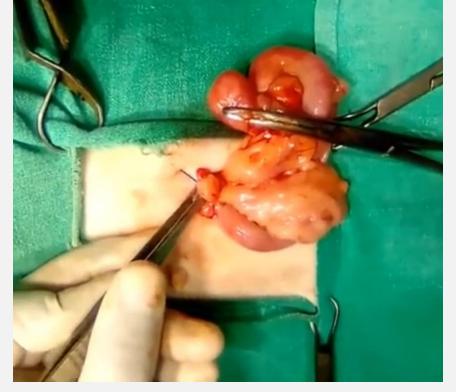






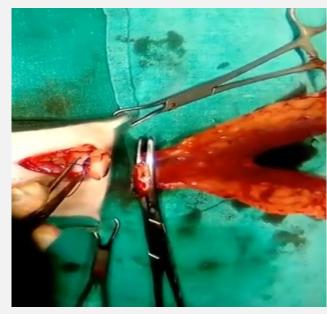






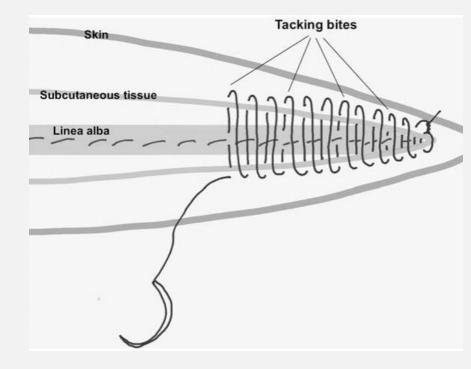








SUTURING



Linea alba :- simple continuous suturing

Subcutanous tissue along with skin :- sutured with horizontal mattress

(Catgut, PGA)

Skin – simple interuppted (Silk, nylon,cotton)

COMPLICATIONS

- Hemorrhagic shock
- Oestrogen responsive urinary incontinence
- Pyometra
- latrogenic urethral trauma
- Body wt. gain due to low estradiol level
- Eunuchoid syndromes

POSTOPERATIVE CARE

- Asd with povidone iodine 4-5 days
- Broad spectrum antibiotics × 7 days
- Nsaids × 5 days
- Multivitamins

THANK YOU!