

UTERINE PROLAPSE



Dr Bhavna
Assistant Professor cum Junior Scientist
Deptt. of Veterinary Gynaecology and Obstetrics
Bihar Veterinary College, BASU, Patna

- ⦿ Common complication of the third stage of labour in cow and ewe.
- ⦿ Occurs immediately after parturition or occasionally upto several hours or days afterwards.
- ⦿ It is also called “casting of wethers” or “casting of the calf-bed”.

- Incidence – 0.2 – 0.3%
- Common in autumn and winter
- Common in pluriparous cows
- Less frequent in sow and rare in mare and bitch.
- In ruminants, generally complete while in sow and bitch, partial.



Etiology

- Hypocalcaemia causing uterine inertia
- Violent or strong tenesmus
- Relaxed, atonic and flaccid uterus
- Retention of placenta especially at the ovarian end of gravid horn
- Excessive relaxation of the pelvic and perineal regions
- Inadequate exercise
- Vigorous force applied during forced traction of fetus

Clinical signs

- Mucus membrane of uterus with its cotyledons remains exposed.
- Enlarged and oedematous
- Mild to moderate symptoms of tenesmus, restlessness, pain, anxiety, anorexia, increased pulse rate and respiration rate.
- Death due to internal haemorrhage as a result of the excessive tension placed on arteries by the prolapsed mass.

Prognosis

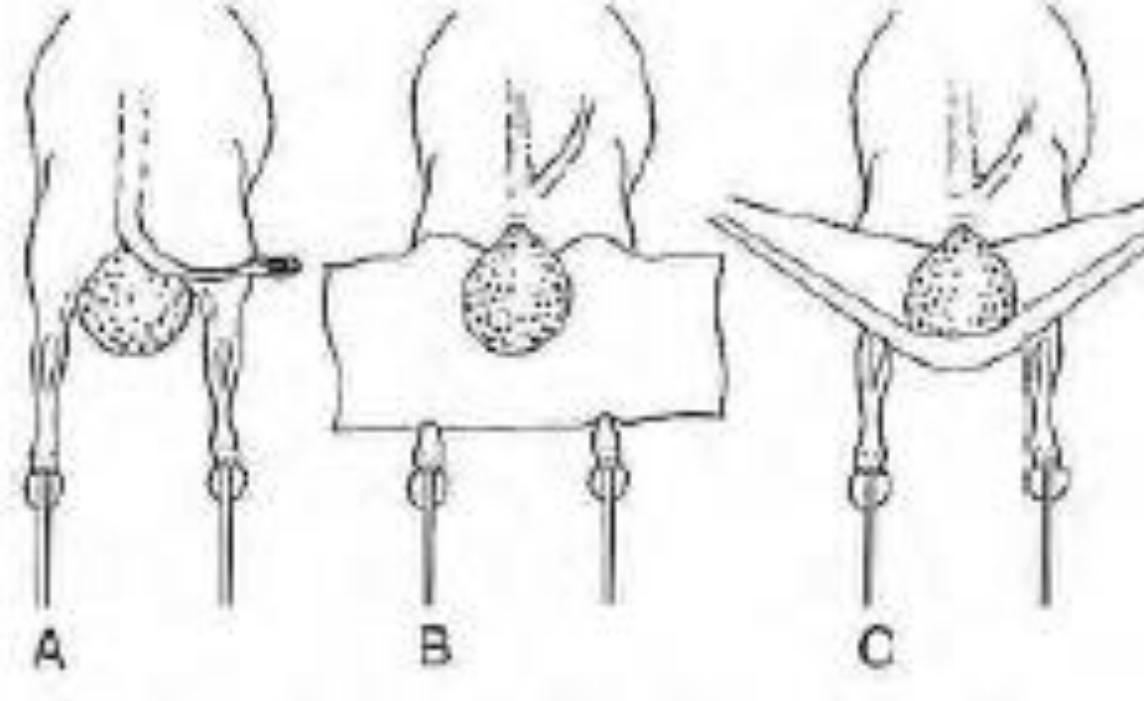
Depends on –

- Type of case
- Duration of the condition
- Whether the organs have sustained severe injury

Treatment

Replacement of the everted organ

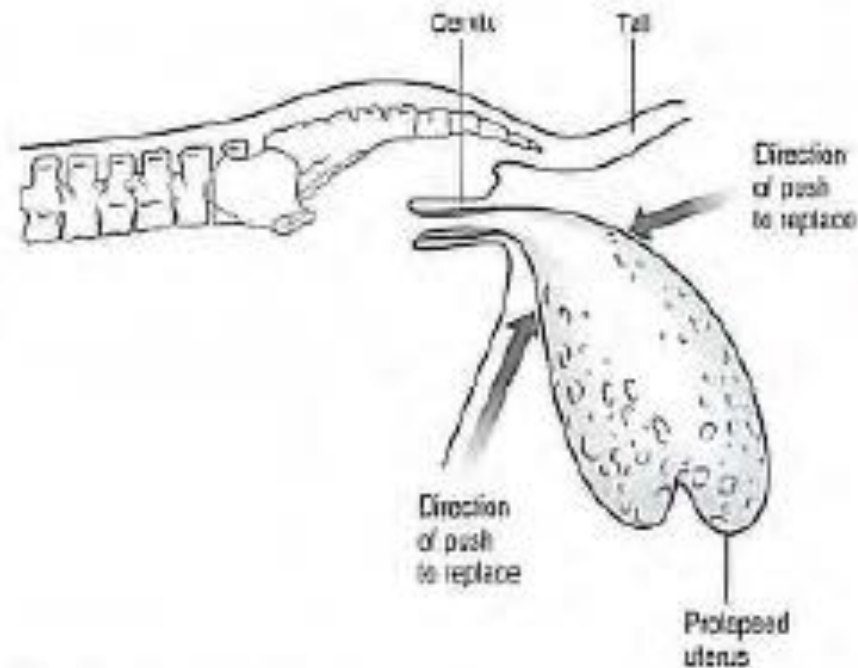
- ⦿ Raise the hind quarter
- ⦿ Epidural anaesthesia
- ⦿ Palpate for distended urinary bladder
- ⦿ Clean properly
- ⦿ Remove the attached fetal membranes
- ⦿ Apply pressure using palms and extended fingers



Cow positioned in sternal recumbency with extended hind limbs

Prolapsed organs placed on a clean sheet and raised in a sling

Picture showing where to apply pressure to start replacement of prolapsed uterus



- ⦿ Ensure complete replacement by delivering 9-14 litres of clean, warm water into uterus.
- ⦿ Inj. Oxytocin to help uterus and cervix contract.
- ⦿ Inj. Calcium borogluconate
- ⦿ Recurrence is rare, if properly replaced.

Post-replacement care

- Antibiotic coverage
- Non-Steroidal anti-inflammatory drugs (NSAIDS)
- Anti-histaminic
- Vitamin B-complex for 5 days
- Tranquillizer siquil-5 ml I/M
- Application of lignocaine ointment on the vaginal wall 2 to 3 times for 3-4 days.

THANK
YOU!

