CORRECTION AND MANAGEMENT OF UTERINE PROLAPSE IN CROSSBRED COWS

L Ramsingh1*, K Murali Mohan1 and K Sadasiva Rao1

*Corresponding Author: L Ramsingh, Email: ramsinghl@yahoo.com

INTRODUCTION

Uterine prolapse is an uncommon complication of parturition in the crossbred cows, but when it does occur, rapid effective treatment is required to ensure the survival, recovery and continued fertility of affected animal (Potter, 2008). It is a common complication of third stage of labor in crossbred cows (Arthur et al., 1999). Uterine Prolapse is one of the most potentially dangerous complications associated with calving. This condition occurs shortly after calving when the basically turns inside out and protrudes from the cows vulva. About 12% of uterine prolapse occurs after calving. A uterine prolapse can vary in size from about 18 inches to 3-4 feet in a large cow. Large round oval shaped caruncles are visible on the exposed of the uterus. These structures serve as the attachment sites for the placenta which nourishes the developing fetus. In beef cattle uterine prolapse occurs more easily. Samad et al. (1998) reported that cows with uterine prolapse had an extended calving to conception interval in Rajendranagar. In crossbred cattle, prolapse of uterus is usually associated with hypocalcaemia or milk fever. Few authors reported that 40% of cows became pregnant after uterine prolapse. If prompt treatment is instituted, a post operative fertility rate of 40-60% has been recorded (Tyagi and Singh, 2002). Nevertheless it is a mistake to associate such different diseases, particularly if metabolic and facultative pathogen are contemporaneously involved in their
etiology. In fact in multifactorial diseases, it could be attributable to the systemic consequences attributable to inflammatory phenomena mainly anorexia, catabolic effect impairment of the protein liver synthesis, etc. The aim of this study was to manage and correct the clinical cases of uterine prolapse save crossbred cows from severe consequences.

**MATERIALS AND METHODS**

The study was carried out among crossbred cattle throughout September 2012 at College of Veterinary Science, Teaching Veterinary Clinical Hospital, Rajendra Nagar, Hyderabad, Andhra Pradesh. The study was conducted based on the clinical manifestation and a cow was considered to have a uterine prolapse when eversion of the uterus was visible outside the body.

**CORRECTION OF PROLAPSED UTERUS BY EPIDURAL ANESTHESIA**

For epidural anesthesia of cow 10 ml of 2% lidocaine solution was injected into the epidural space. Epidural anesthesia was used to block the coccygeal and sacral nerves so as to desensitize the tail, anus, perineum, vulva and vagina.

**CORRECTION AND MANAGEMENT**

At first surrounded area was washed with clean water. Then the everted uterus was washed with clean water and potassium permanganate solution. Sugar solution was introduced in the uterine surface to reduce the volume of prolapsed uterus. The uterus was washed with normal saline solution. The everted uterus was pushed through the vagina by manual pressure to region it normal position. Following replacement temporary closure of the vulva with reoccurrence quil suture was performed. After manual correction antibiotic (Procaine Penicillin @ 200000 IU/kg body weight, I/M route), saline DNS – 5% solution, I/V route, antihistamine (Promethazine hydrochloride @ 1 mg/kg body weight, I/m route were given to prevent secondary bacterial infection.

**RESULTS AND DISCUSSION**

Simple manual methods of overcoming uterine prolapsed difficulties have been introduced in this study. The tension of a rope around the posterior abdomen, raising the animal's hind legs on board or on a truss of straw, or even casting her and raising her part by means of a block and tracle hooked to figure of eight rope around the hooks. This is also suggested by different author (Arthur et al., 1999). Before replacement of uterus epidural anesthesia was performed. The replacement of uterus was performed little by little, starting the vulval lips upper and lower portion. The prolapsed uterus was pushed into vagina by manual pressure and takes care of vulval lips, which is the recommended method by Smythe (1948). Procaine pencillin was given to prevent the secondary bacterial infection.

By gentile pressure, the nearest cotyledons are pushed into vagina, taking care that the lips of the vulva remain well apart and don’t become turned inwards. It is generally best to replace portion of the upper and lower surface alternatively. In recumbent animal, the immediate need is to cover the prolapsed mass with clean, wet cloth to keep the mass moist and free from further animal. In standing animal, the free from wrapped in a cloth and hold high level of the vulva. Handling of the prolapsed organ invariably leads to about of tenesmus and
Therefore light epidural anesthesia is mandatory (Tyagi and Singh, 2002).

Plenderleith (1986), described a method which is now in common usage amongst practitioners. The cow is placed in sternal recumbency with both hind legs pulled out. The usually the edematous placentomes allow easy separation of cotyledons from caruncles (Potter, 2008). Prognosis of prolapsed uterus generally favorable for uncomplicated cases where there has been no serious damage to the uterus. In one study a two week survival rate of 72.4% (Gardner et al., 1990) was found, with other studies findings survival rates of 73.5% (Jubb et al., 1990) and 80% (Murphy and Dobson, 2002).

CONCLUSION

A difficult calving that causes injury or irritation to the external birth canal, excessive pressure applied to pull a calf, can cause a uterine prolapse. The effect of prolapse uterus on subsequent fertility is due to involution of uterus one of the most common causes of infertility. In most cows the major economic loss is due to a delay in conception.

ACKNOWLEDGMENT

The authors were greatly acknowledged to College of Veterinary Science, Teaching Veterinary Clinical Complex Hospital, Rajendra Nagar, Hyderabad, Andhra Pradesh.

REFERENCES


7. Smythe R H (1948), Personal Communication to GH Arthur.
