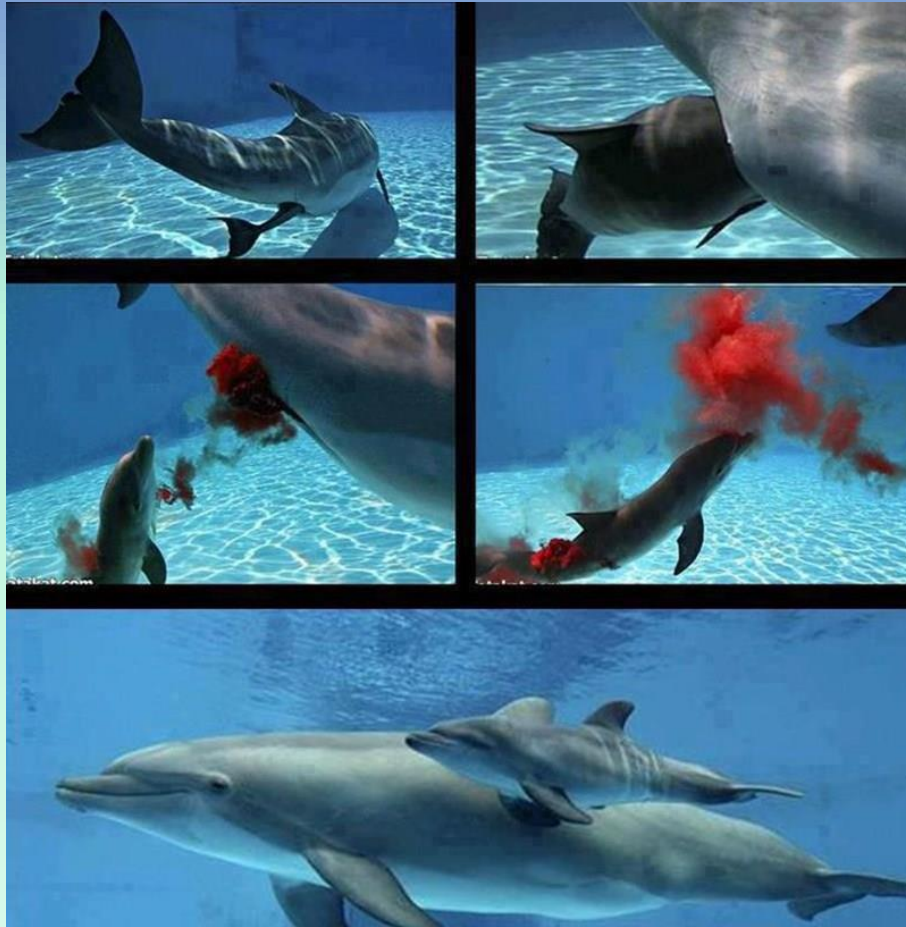


Obstetrical operations

**5th year bachelor students,
South Valley University**

**Dr. Eslam farag fouad,
Department of Theriogenology,**

Obstetrical operations





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Obstetrical operations

- The operations which can be used to solve the abnormal case of fetal dystocia.
- These operations include:
 1. Mutation (alive or dead)
 2. Forced traction (alive or dead)
 3. Fetotomy (dead)
 4. Caesarean section (alive or freshly dead)

Mutation

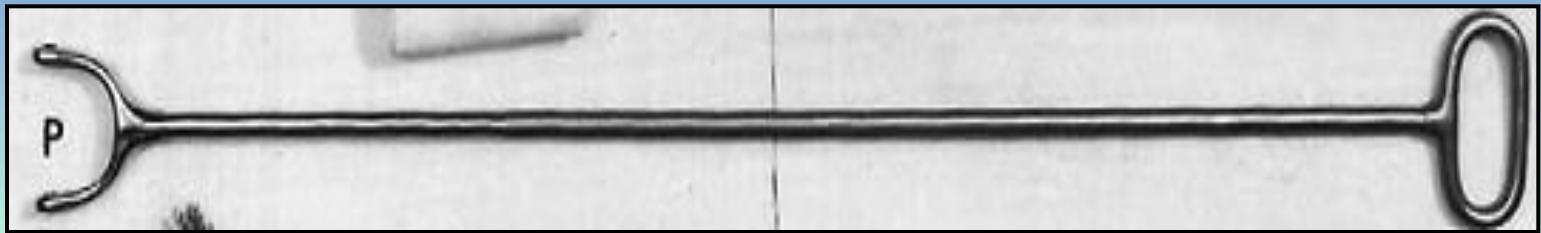
- All manipulations that performed to correct the fetal maldisposition and return fetus to normal ppp.
- **These manipulations includes:**
 1. Repulsion
 2. Rotation
 3. Version
 4. Extension of fetal extremities

A. Repulsion (Retro pulsion)

- Pushing the fetus from maternal pelvis toward the abdomen to provide a sufficient space for correction of the maldisposion.
- **Steps:**
 1. Repulsion during interval between uterine contraction (sinking in tissue in perineal region).
 2. Animal must be in standing position but if in recumbent (lateral recumbancy).
 3. Sufficient lubricant present before repulsion.

4. Repulsion performed by:

- Manually by hand
- Using crutch repeller



- In anterior present. → Between fetal shoulder and neck
- In posterior present. → Vertical in perineal region

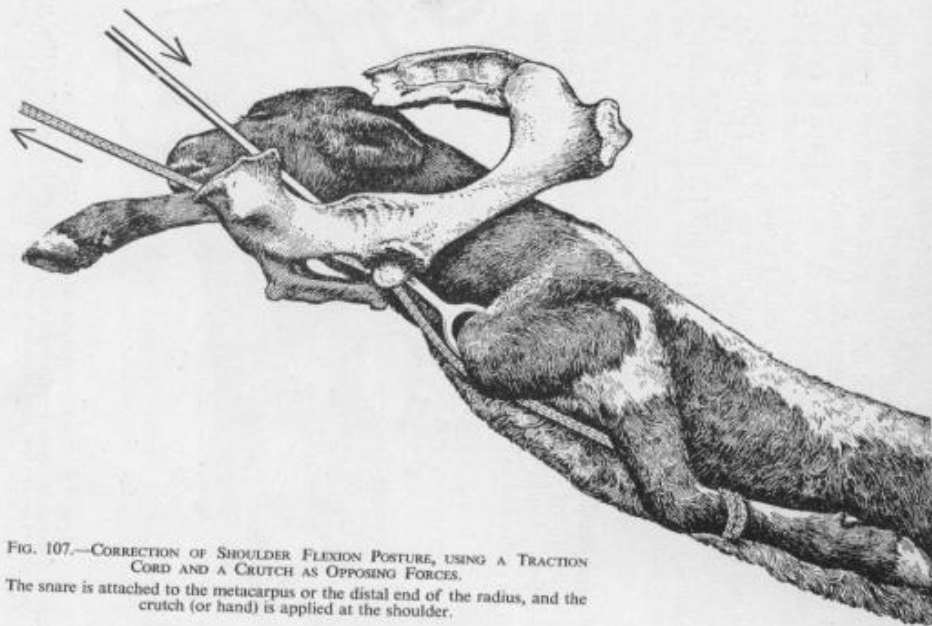
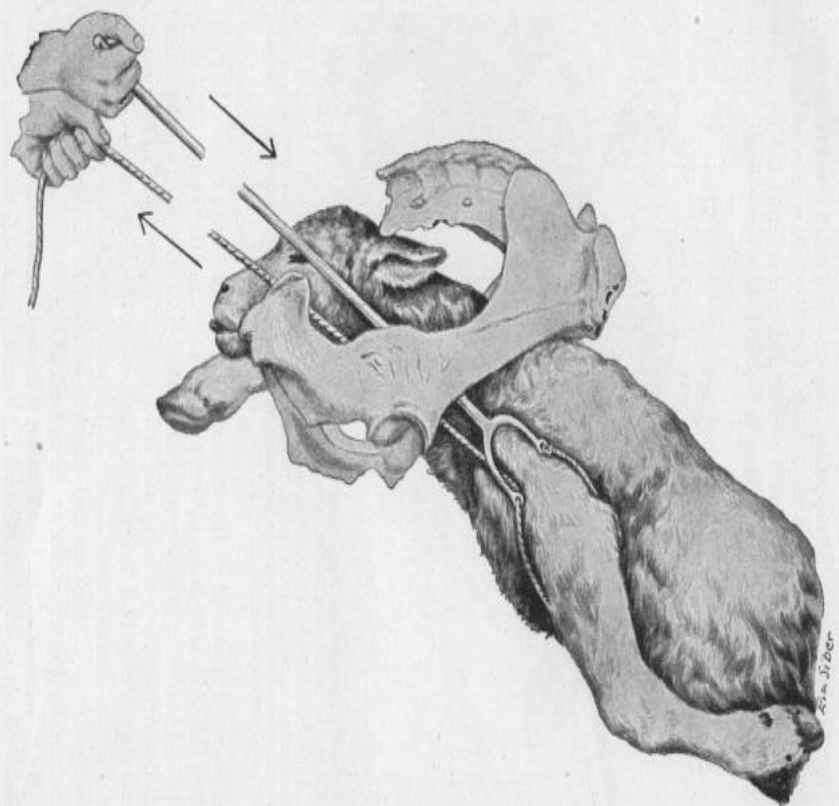
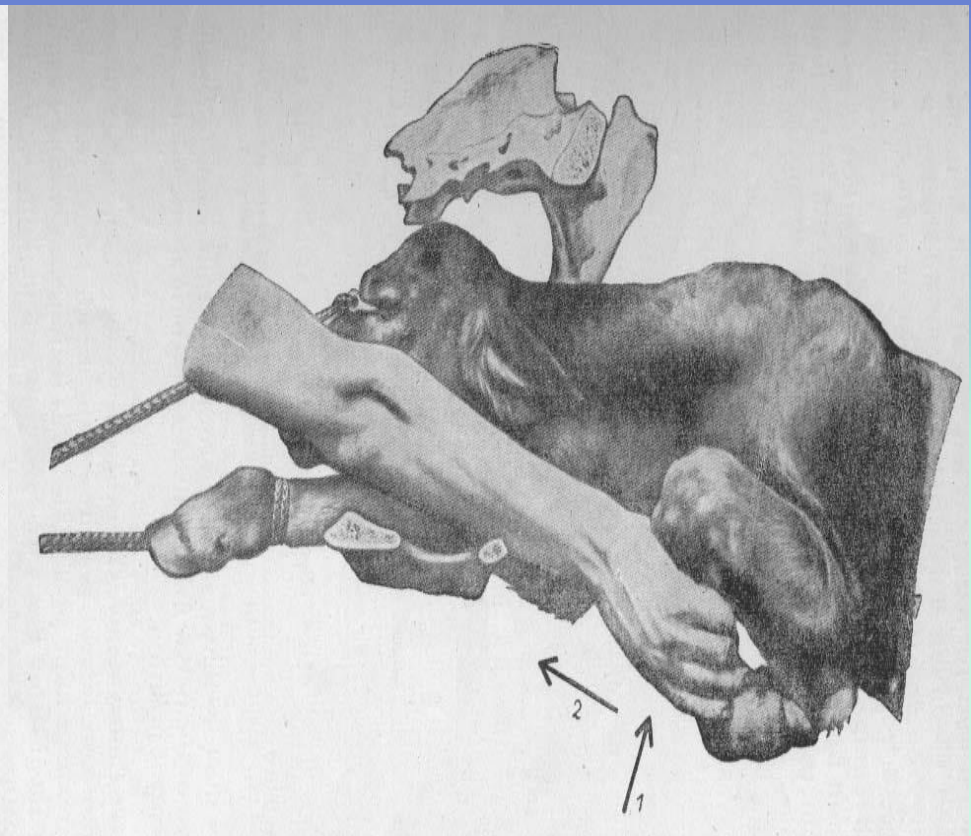
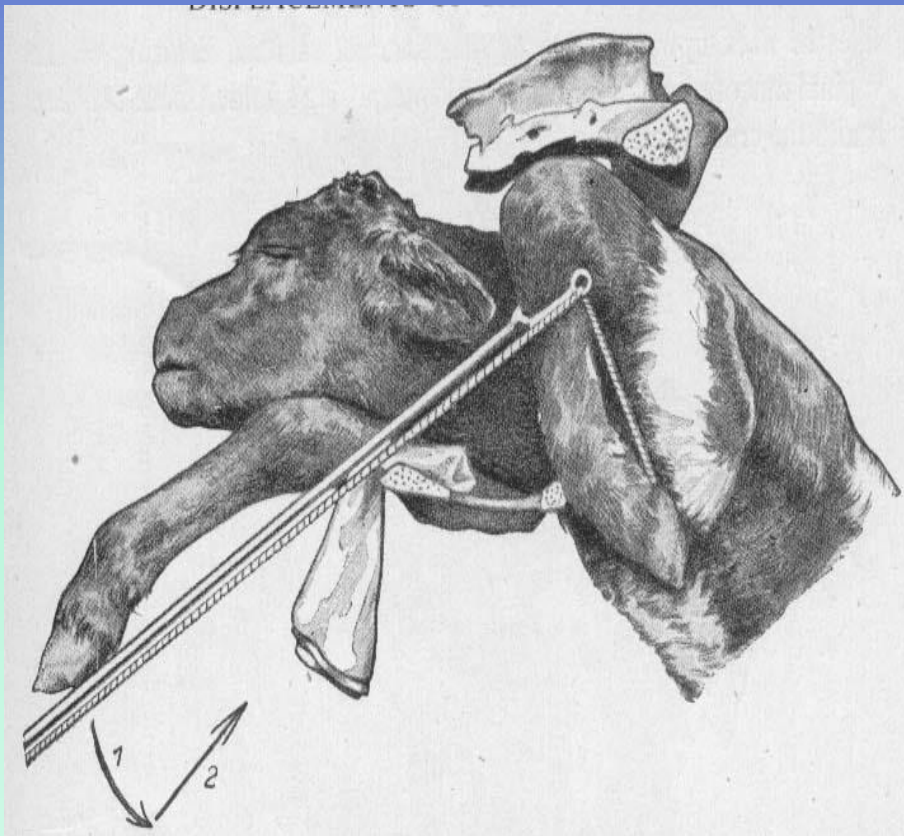


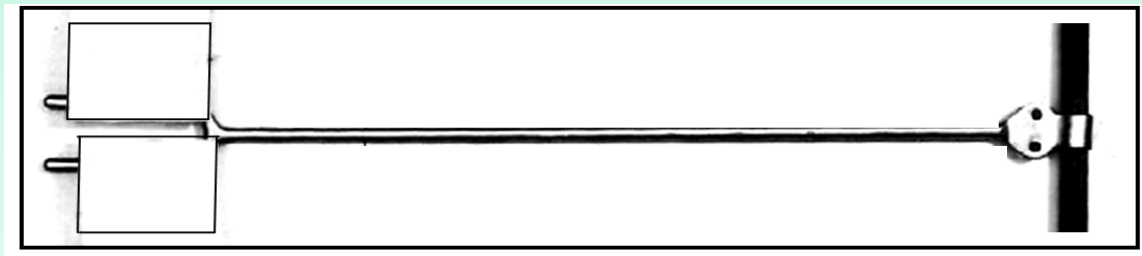
FIG. 107.—CORRECTION OF SHOULDER FLEXION POSTURE, USING A TRACTION CORD AND A CRUTCH AS OPPOSING FORCES. The snare is attached to the metacarpus or the distal end of the radius, and the crutch (or hand) is applied at the shoulder.

DISLOCATION OF



B. Rotation

- Turning fetus around its longitudinal axis for correction of abnormal position into normal **dorsosacral** position.
- Rotation is performed in case of dorsoiliac or dorsopubic.
- Before rotation fetal limbs should be extended firstly.
- Instruments used: **Torsion fork or Torsion hook** with its canvas cuffs, wooden bar and obstetrical chain or robes.

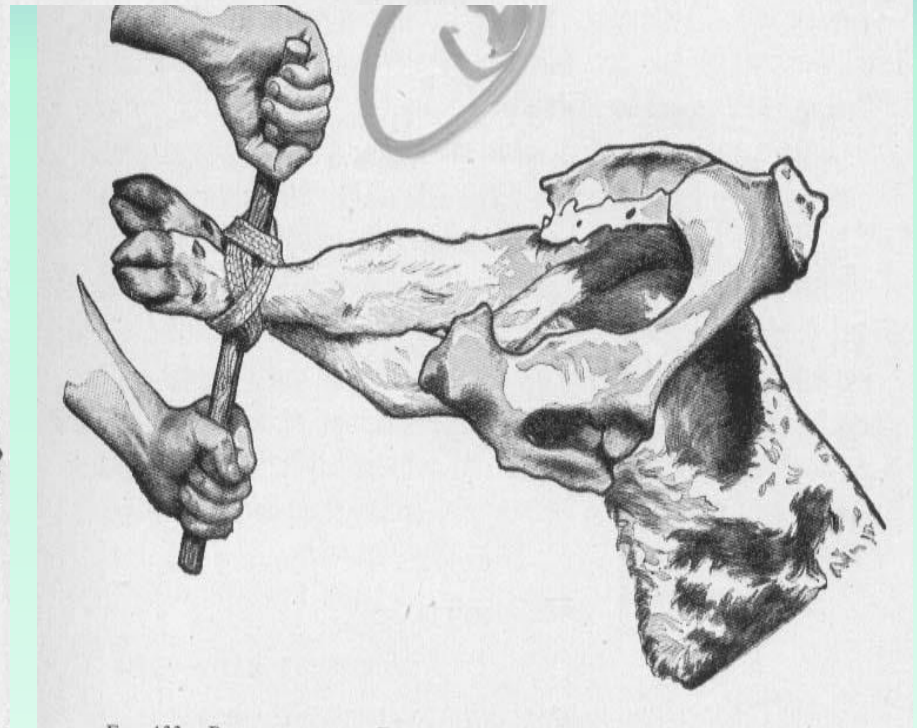
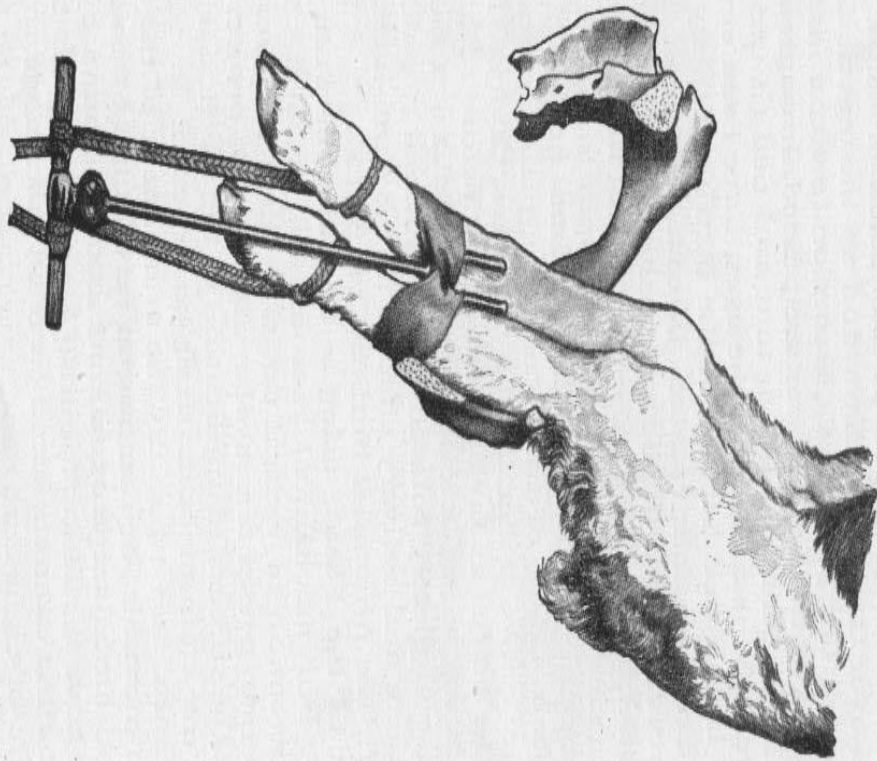
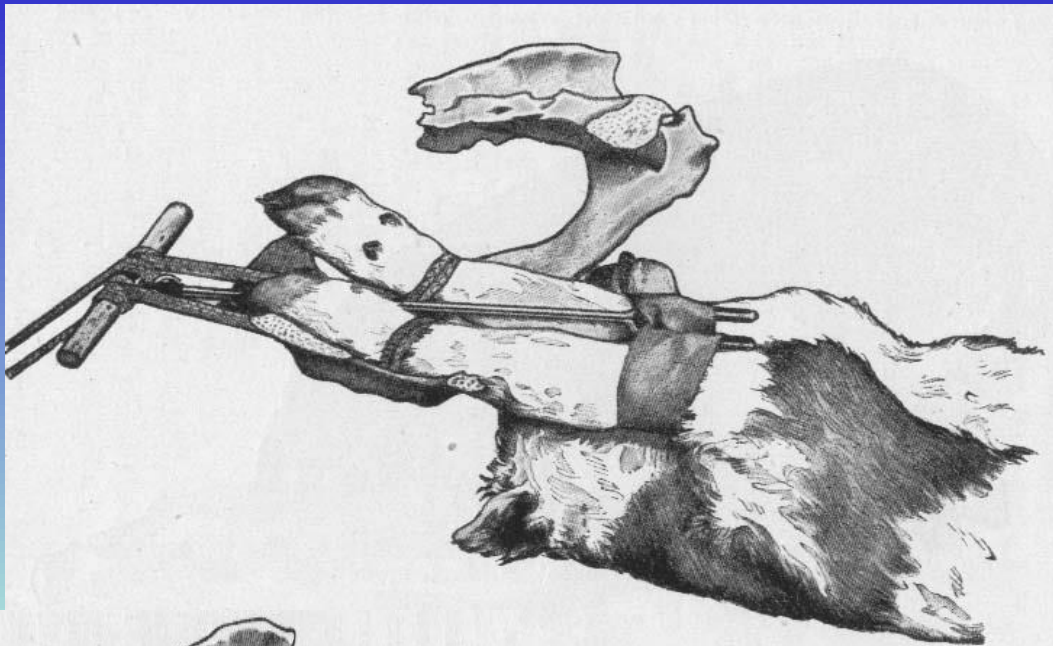


Torsion fork

1. 2 canvas cuffs inserted around fetal limbs
2. Torsion fork introduced by hand till its both end catch the medial aspect of the canvas.
3. Obstetrical rope looped around both limbs & its free end handled by the fork
4. Wooden bar inserted in the end of the fork
5. Fetus gradually rotated around its long. axis till normal position.
 - In case of dorsoiliac or dorsopubic: rotate clockwise or anticlockwise.

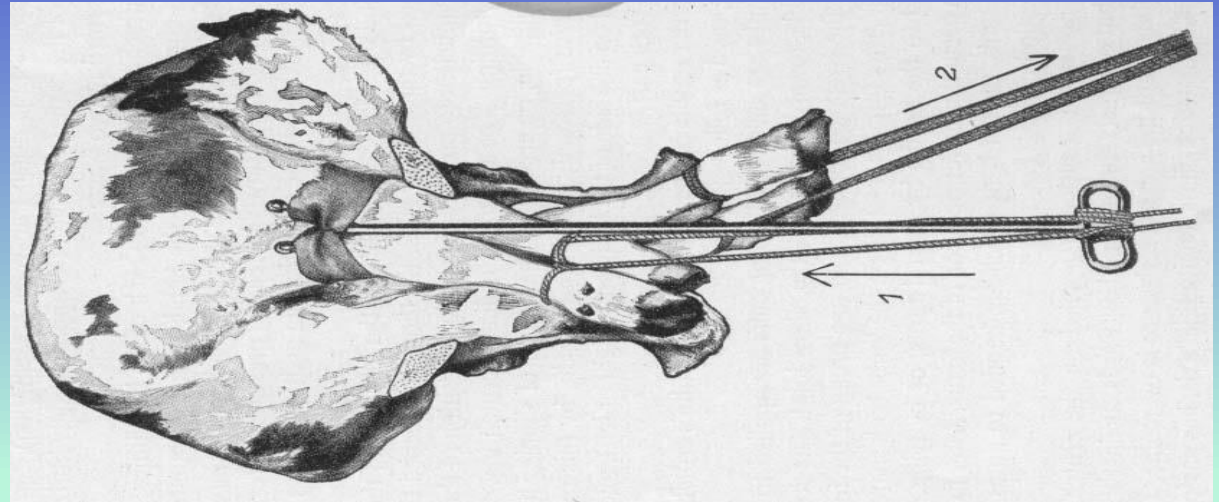
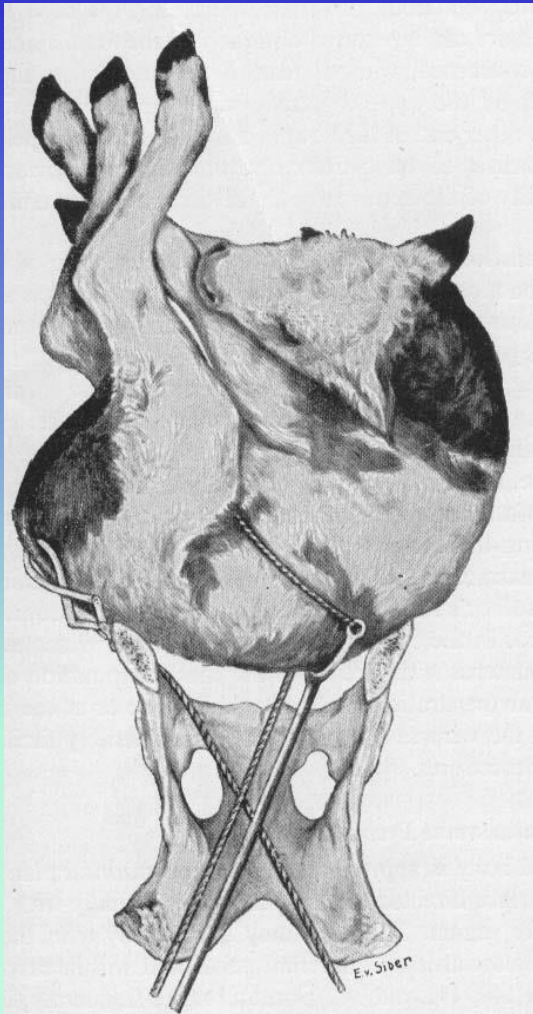
Torsion hook

1. One canvas cuffs inserted around long end of the hook
 2. Torsion hook introduced by hand with one canvas holding one limb.
 3. Other canvas inserted around other limb till hold it with the short end of the hook.
- Rotation may be **manual** by hand clockwise or anticlockwise.
 - Wooden bar may used alone if limbs outside vulva.



C. Version

- **Turning fetus around its transverse axis into anterior or posterior for correct transverse present. Or around its vertical axis.**
- **Repulsion of one end and traction of the other end.**



Repulsion fetal parts (anterior parts) away from vulva

Traction of the other part by ropes after make digital snare (posterior) to avoid complication of head & neck

In dorsotransverse: use rope director when the fetal parts not reachable



Dog Sitting Position

If you have time:


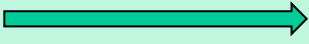
Presentation: Anterior Longitudinal

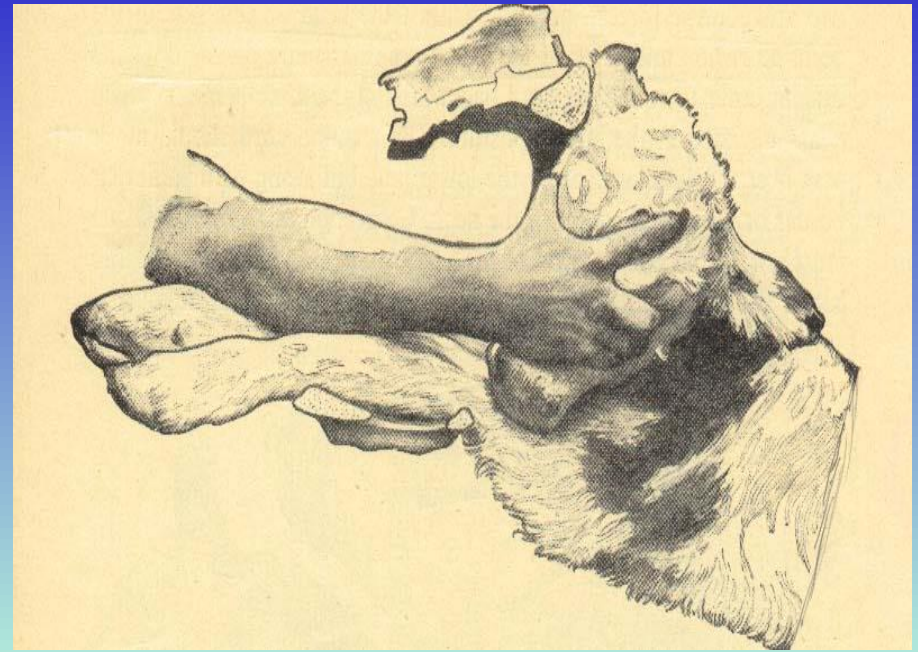
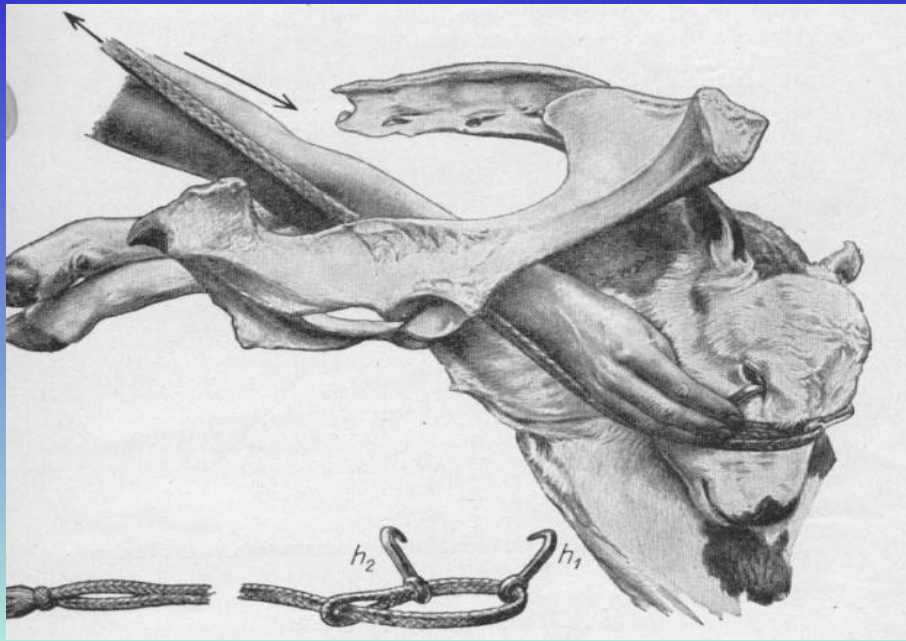
Position: Dorsal (Dorso-Sacral)

Posture: Bilateral Hip Flexion in anterior presentation

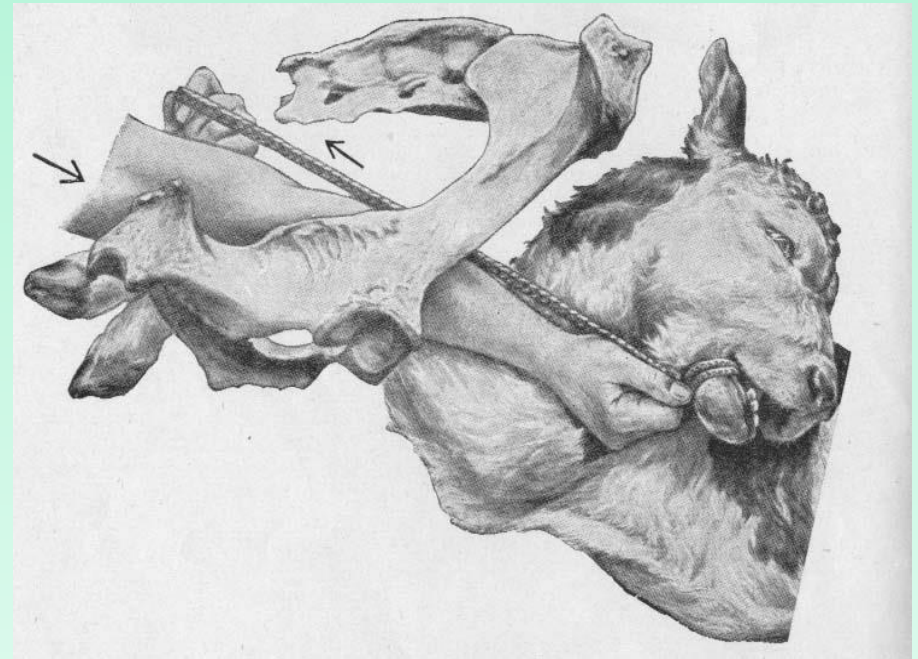
1. Hand inserted with palm upward till claw of hind limb then repulsion toward abdomen & traction from head and fore limb
2. In small fetus: digital snare around hind limbs then traction from it & repulsion fetal anterior parts
3. Caesarean section : early with dam of good condition

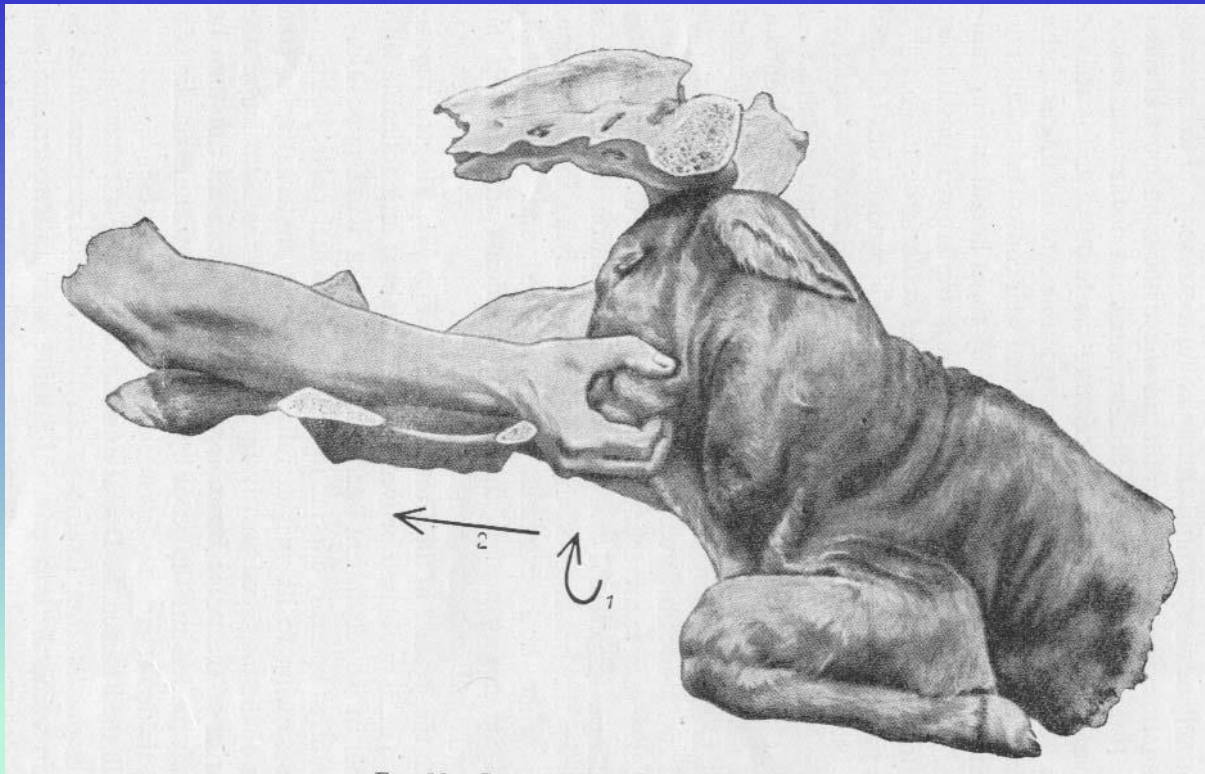
D. Extension of the extremities

- Correct abnormal posture
- Firstly repulsion then correction of the flexion
- Instruments:
- Crutch repeller  repulsion
- Ropes or chain  traction
- Animal should be in standing position or lateral recumbancy

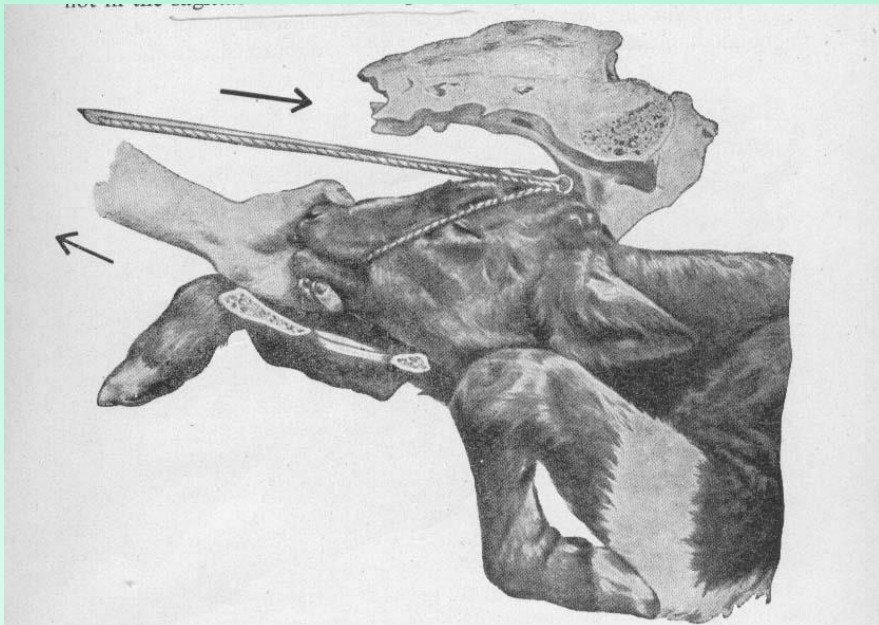
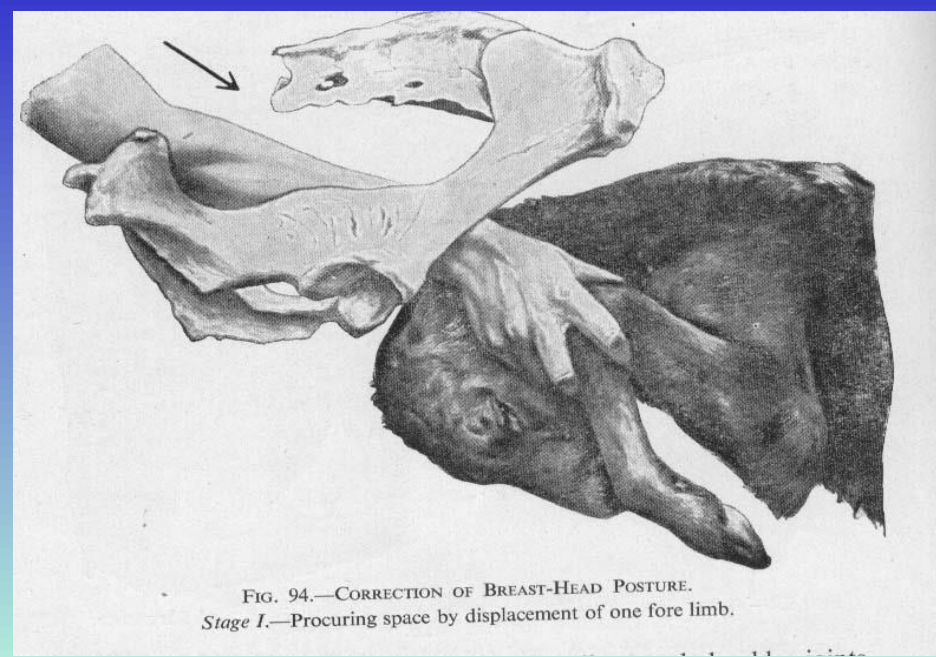
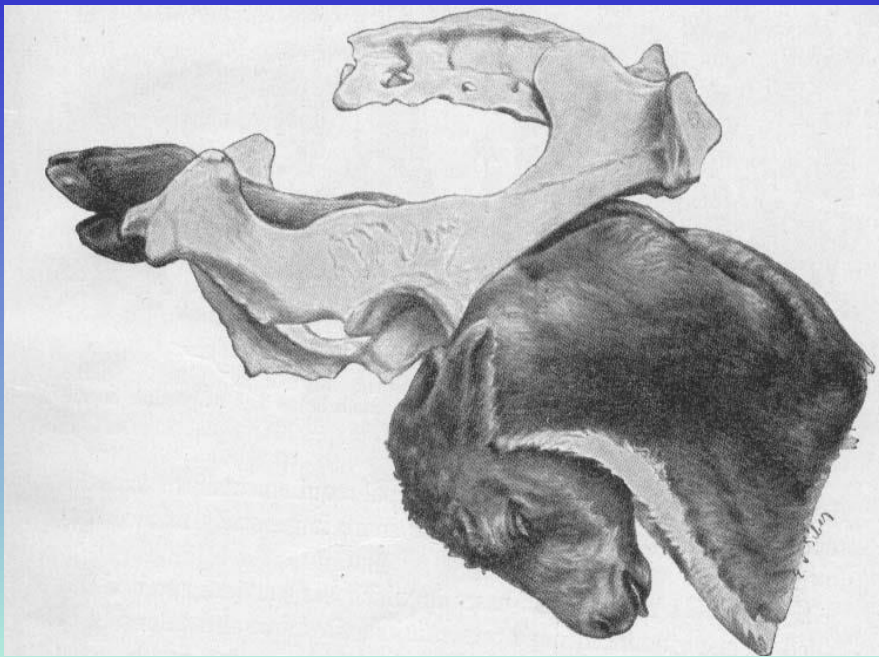


1. Repulsion
2. Hand cover muzzle and rotate in arch of circle
3. Use cotton rope as mandibular snare or halter
4. Use sharp eye hook: fixed in medial canthus of eye in dead fetus or blunt eye hook in eye socket in live fetus.

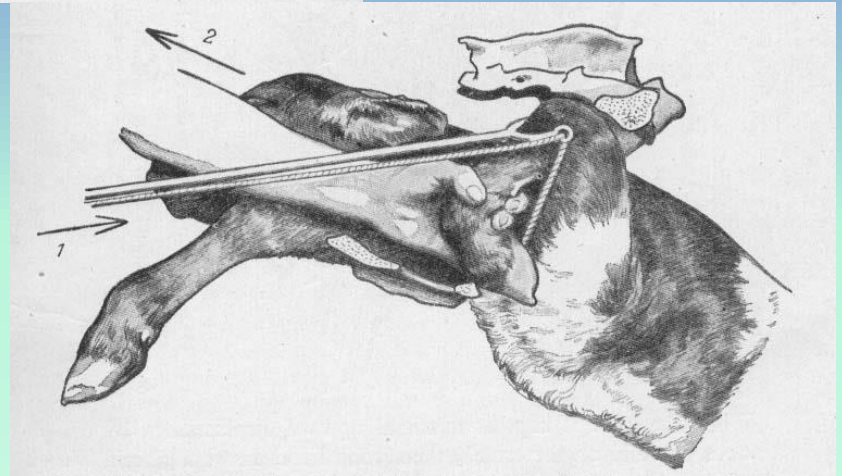
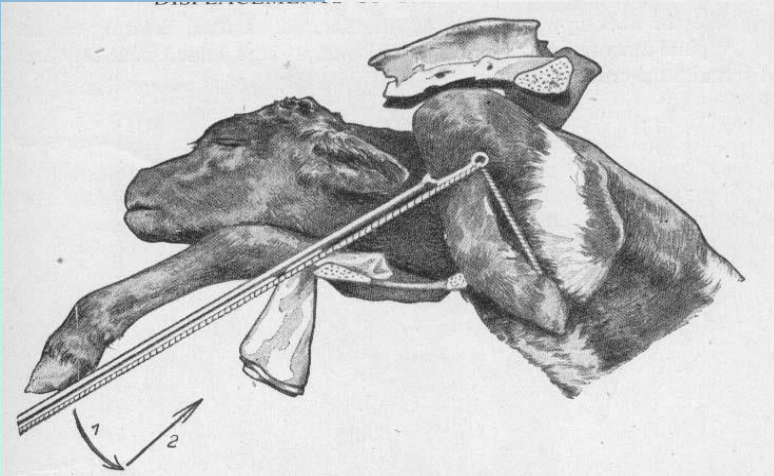
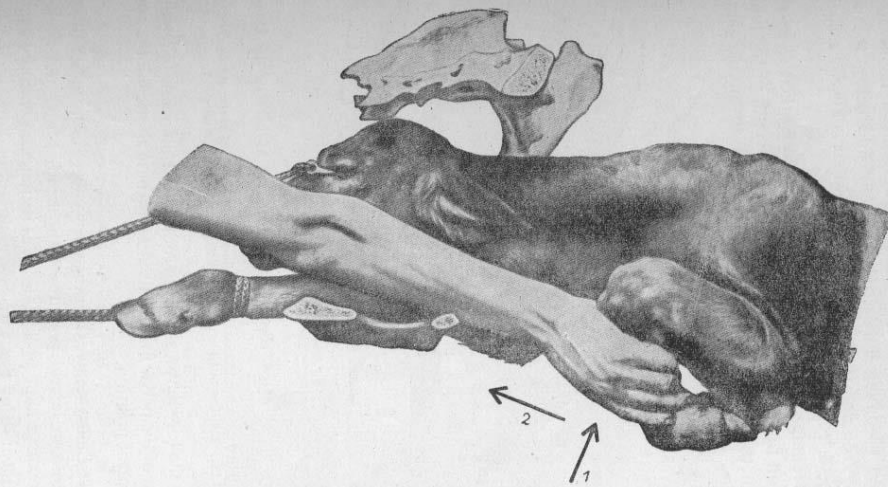




1. Repulsion
2. Insert hand with palm upward & upward traction of head after cupping calf muzzle to protect birth canal from fetal incisors.



1. Repulsion
2. Unilateral carpal flexion to provide sufficient space
3. Traction of head semicircular inside of flexed limb
4. Correct carpal flexion



1. Repulsion
2. Insert hand with palm upward & backward, inward traction of claw with repulsion of flexed carpus outward, forward
3. Use cotton rope as digital snare for traction

may be performed as follows.

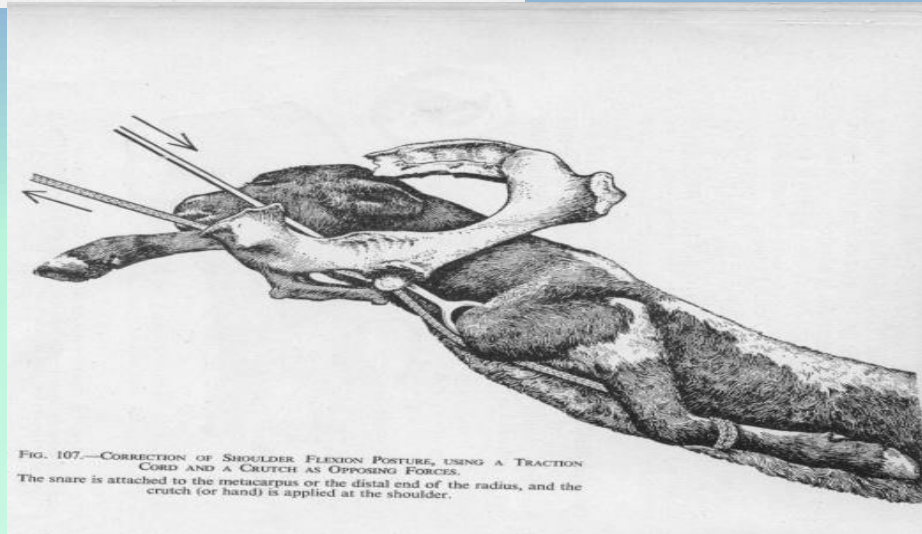
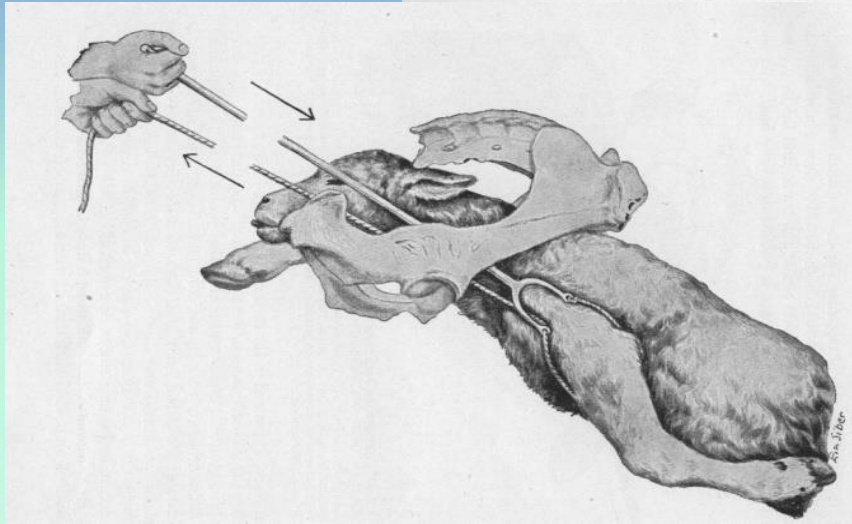
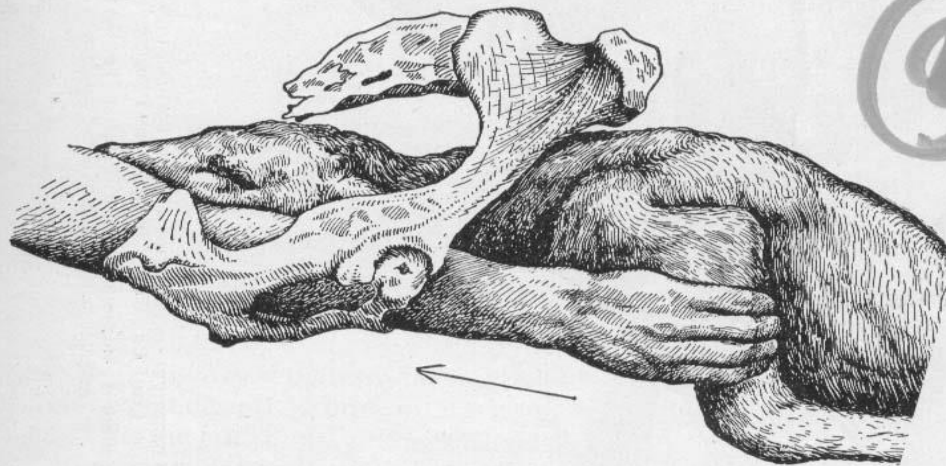
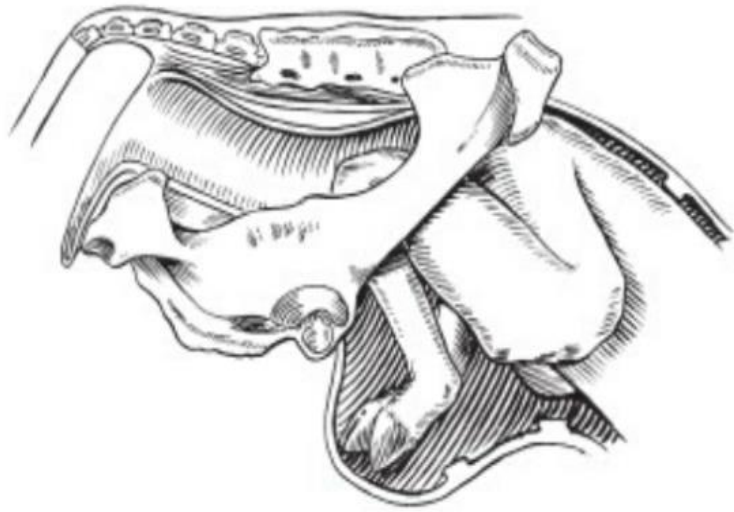


FIG. 107.—CORRECTION OF SHOULDER FLEXION POSTURE, USING A TRACTION CORD AND A CRUTCH AS OPPOSING FORCES. The snare is attached to the metacarpus or the distal end of the radius, and the crutch (or hand) is applied at the shoulder.

1. Repulsion
2. Convert to carpal flexion by traction of the limb from radius & ulna
3. Use cotton rope with rope director around forearm
4. Correct carpal flexion



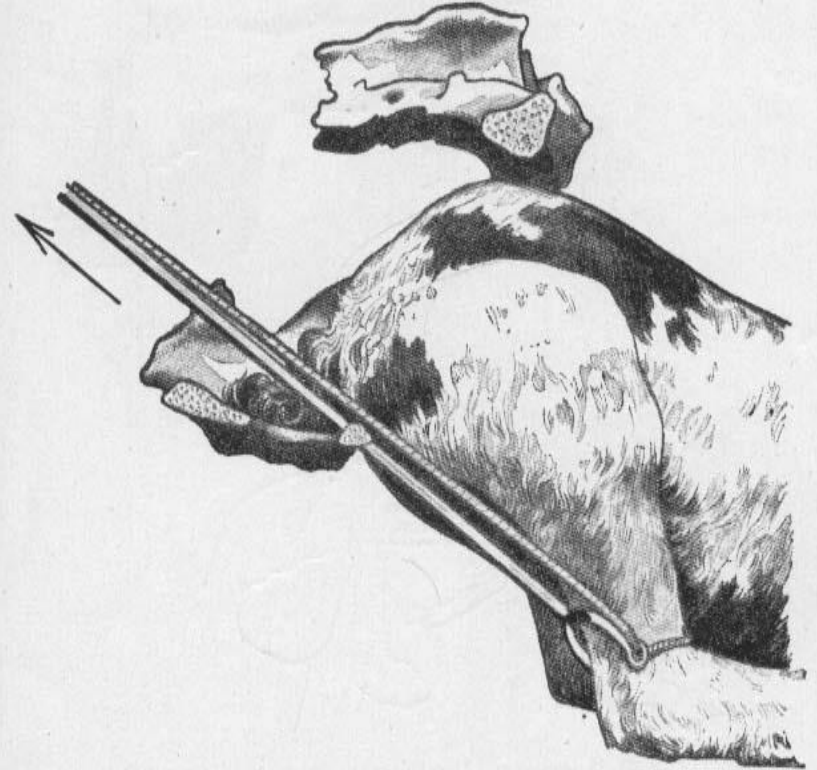
Bilateral Hock Flexion

If you have time:

Presentation: Posterior Longitudinal

Position: Dorsal (Dorso-Sacral)

Posture: Bilateral Hock Flexion



1. Repulsion
2. Hand inserted cover claw & traction inward, backward with repulsion of the hock joint outward, forward
3. Use cotton rope for traction & crutch repeller for repulsion
4. In hip flexion: after repulsion, convert to hock flexion by traction from tibia & fibula & use rope director then correct hock flexion as previous.

