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| **RIGHT FLANK EXPLORATORY LAPAROTOMY** | |
| IMG-20161123-WA0002.jpg  Image result for ruminant abdominal dissection      IMG-20161123-WA0013.jpg      IMG-20161123-WA0026.jpg  IMG-20161123-WA0017.jpg | **Methodology**;   * The size, position and orientation of the duodenum should be evaluated. * It should be flaccid, 3-4 cm in diameter, and oriented horizontal in the dorsal third of the incision * A skin incision is made midway between the last rib and the tuber coxae, approximately 20cm in length * Haemostats can be placed if there is excessive bleeding with ligation of blood vessels * The cutaneous trunci muscle is incised using forceps as a guide, to make sure that no deeper tissues are incised * The incision is continued through the external abdominal oblique; these muscle fibres runs in a caudoventral direction * A small incision is made through the internal abdominal oblique and continued with scissors; these fibres run in a cranioventral direction * The transverse abdominus and peritoneum is then incised by tenting and then cut with scissors; these muscle fibres of the transverse abdominus runs transversely, while the peritoneum feels slippery upon touch * Abdominal exploration is then performed by sweeping hands under the incision * The right kidney should be located in the dorsal retroperitoneal space, cranial to the incision * The Liver is next found in the right lateral compartment cranial to the 13th rib - edges sharp (not rounded), firm, smooth surface colour of uniform dark blue-brown to purple * As the caudal border of the liver is palpated in the ventral direction the gall bladder is encountered. feels like a - tube sock filled with a viscous fluid and may be distended if the anorectic. * The caudal border of the liver is palpated to the ventral extent. * This will leave the surgeon in the cranial abdomen, against the diaphragm (feel the heartbeat with the hand palm down) * Below the caudal border the liver is what compartment of the reticulum (honeycomb feel) * Once the reticulum has been assessed for hardware disease, the ventral peritoneum is swept for adhesions or remnants of the falciform ligament * In the ventral compartment of the abdomen, proceed behind the omental curtain into the central compartment for the left kidney (12 cm straight in, suspended 12 cm from dorsum) * With the palm directed ventral, proceed along the right rumen wall in a cranio-ventral direction until the omasum encountered it feels feel like a soccer ball * On the dorso-caudal surface of the omasum in a fold of omentum, you find the left gastric artery (should run cranial to caudal unless a displacement has altered the orientation * Palpate the intestines for foreign bodies, gas distended loops, sausages, or faecal balls (all bad things) * Go under the left kidney and over the caudal sac of the rumen into the left compartment to feel for signs of peritonitis or a DA. * Proceed along the cranial ribcage to locate the spleen - feels granular * The rectum located within the pelvis - centre of the pelvic canal suspended by the mesorectum * The peritoneum and transversus abdominus will be sutured using - #2 chromic gut in simple continuous pattern * Towel clamps can be used to separate the underlying organs from the suturing site * The internal abdominal oblique and external abdominal oblique muscles will be sutured using # 2 Polysorb braided absorbable suture in a simple continuous pattern * The skin will be sutured using #3 vetafil/barunamid in a Ford interlocking suture pattern * 2 inches of skin should be closed using a simple interrupted suture pattern to allow for drainage if there is any subcutaneous infection * The closed surgical site is then cleaned of any traces of blood with gauze and saline |
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