Using rat-toothed forceps and scissors a very narrow (no more than 4 mm) strip of mucosa from the anaesthetized area. For older mares that have had the operation performed several times, more radical dissection may be necessary before healthy (bleeding) tissue is reached.



In some cases, where there is not much vulval mucosa remaining, it is best to just "freshen up" the junction with a scalpel blade to get bleeding and not actually remove any further tissue.



It is very important not to remove too much vulval tissue otherwise, with repeated opening and closing, there can be significant loss of vulval tissue. Eventually it becomes impossible to obtain effective closure of the vulva in extreme cases.



The exposed submucosal tissues are sutured together using:

* a simple interrupted suture pattern in mares which have had the operation performed several times before
* a locking pattern in mares in which the vulval tissue is healthy with little fibrosis



The suture material may be permanent or absorbable. The gauge of the suture material should not be too thick as this encourages faecal material to attach to the sutures. Skin staplers can be used, but the author found no time advantage over conventional suture techniques and it was harder to obtain a good alignment. Antibiotics are not given, but tetanus prophylaxis is needed if the mare is not vaccinated.

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The aim of the operation is to reduce the vulval aperture and so prevent pneumovagina and faecal contamination of the vestibule.

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The time of suture removal is not crucial and is normally done approximately two weeks after surgery. However, the vulva must be re-opened by performing an episiotomy before the next foaling otherwise major damage can result.