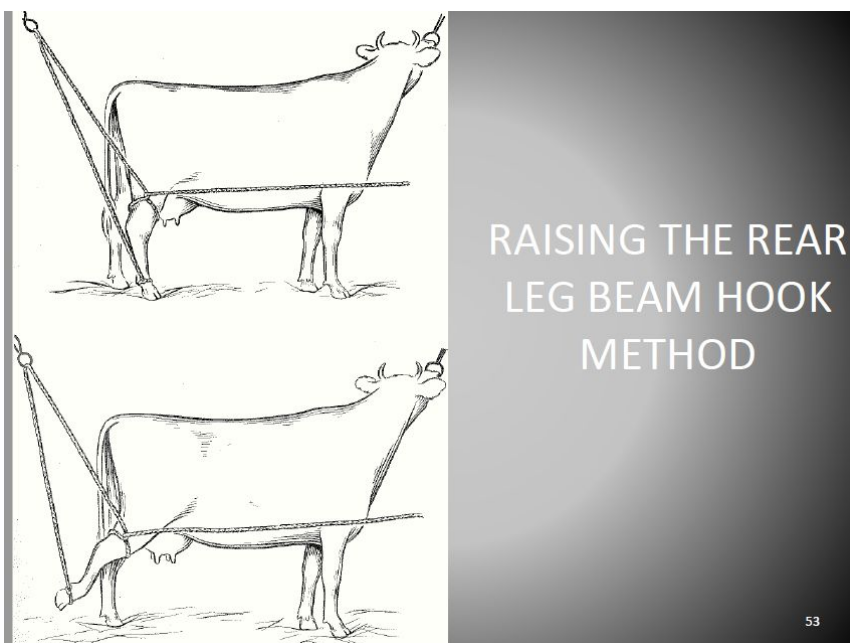
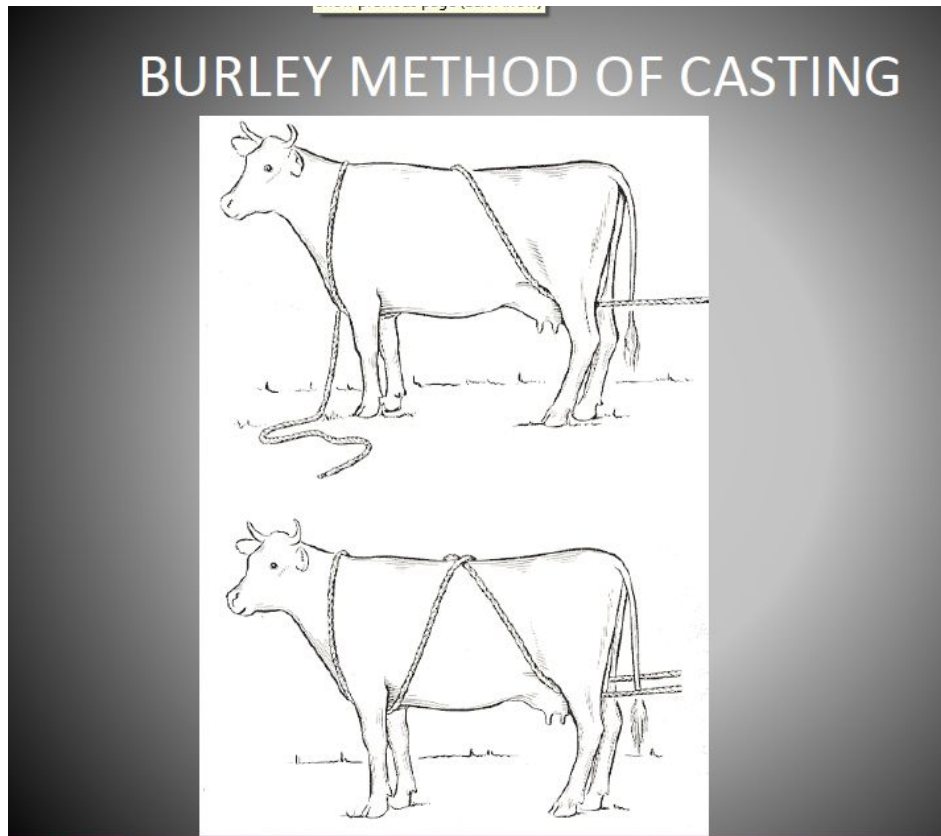


Pre Operative Considerations

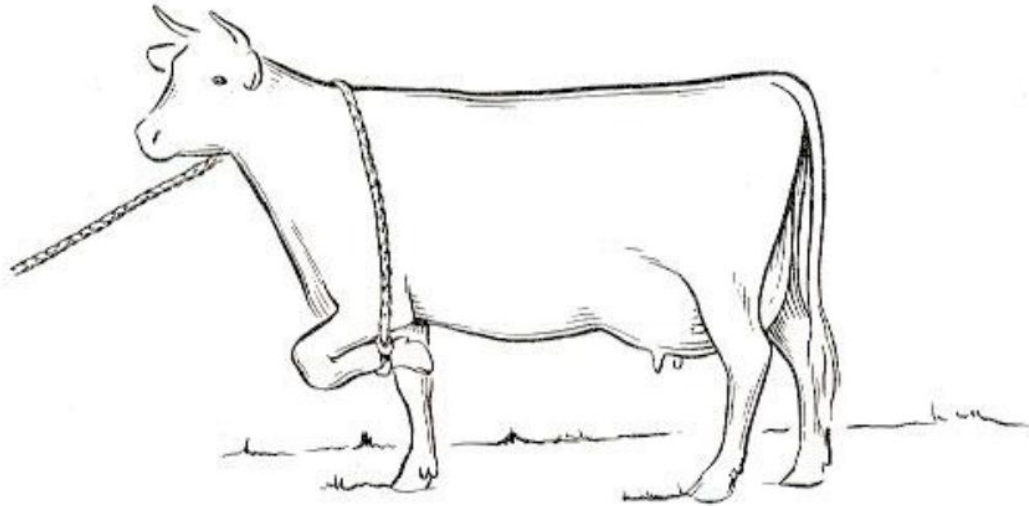
- A history should be taken from the owner to help to diagnose the issue. Clinical signs such as limping, non weight bearing, lagging from the rest of the herd, decreased appetite and milk production can aid in diagnosis.
- A physical exam should be conducted on the animal to assess overall health status including respiratory, cardiac, musculoskeletal and neurological function. This should indicate whether or not the animal is fit for anaesthesia and recovery from surgery.
- An ASA grade of 1 is ideal for surgery to be performed.
- The animal must be properly restrained in a stanchion along with good use of ropes or a hoof trimming crush such as the one below for the procedure to be done.



- Rope restraint includes the Burley method of Casting, the forelimb hopple and the hindlimb beam hook method:



FRONT LEG HOPPLE



- However, if such equipment is not present then the animal can be sedated / anaesthetized through administration of a Ketamine, Xylazine and Butorphanol (ketamine stun) for chemical restraint using these doses:

Ketamine 10%(IM) 0.25mg/kg

Xylazine 2%(IM) 0.05mg/kg

Butorphanol 2% (IM) 0.02mg/kg

- Analgesia can be provided through administration of Flunixin Meglumine (Banamine)
Slow IV injection: at a dose of 1.1mg/kg and concentration of 50mg/ml.

- Antibiotic coverage provided by Long acting Penicillin Streptomycin (IM) at a dose of 20,000 IU/kg and concentration of 200,000 IU.
- The hoof must be washed and cleaned so that all dirt and debris is removed from the hoof and interdigital cleft using a brush and hoof pick. The surgical site should be shaven and Chlorhexidine or Povidone Iodine solution can be used to surgically prepare the area.
- The animal should be fasted for 24 hours prior to surgery to avoid intra operative complications.
- **Intravenous Regional Anaesthesia** must be used to provide desensitization of the limb area, either forelimb or hindlimb:

A tourniquet is placed on the limb above the main course of the vein (fetlock joint) and 2% lidocaine is injected distal to the tourniquet into either the cephalic, dorsal common digital vein or saphenous vein whether it be fore or hind limb, using a 22 gauge needle. The tourniquet is left on for no more than 45 minutes.

All instruments used in the surgery must be disinfected prior to use in a disinfectant solution such as chlorhexidine.

- Scalpel
- Hoof trimmer
- Hoof knives
- Suture material
- Forceps
- Haemostats

Reversal Drugs include:

Drug	Dosage	Use	WDI (Withdrawal Interval)
Tolazoline	2-4 times xylazine dosage IV	As a reversal agent for xylazine	8 days for meat 48 hours for milk
Atropine	0.04mg/kg IV	To reverse bradycardia	14 days for meat 3 days for milk
Epinephrine	0.02mg/kg IM	To counteract anaphylactic shock due to hypersensitivity reaction from certain drugs.	None as it occurs naturally.