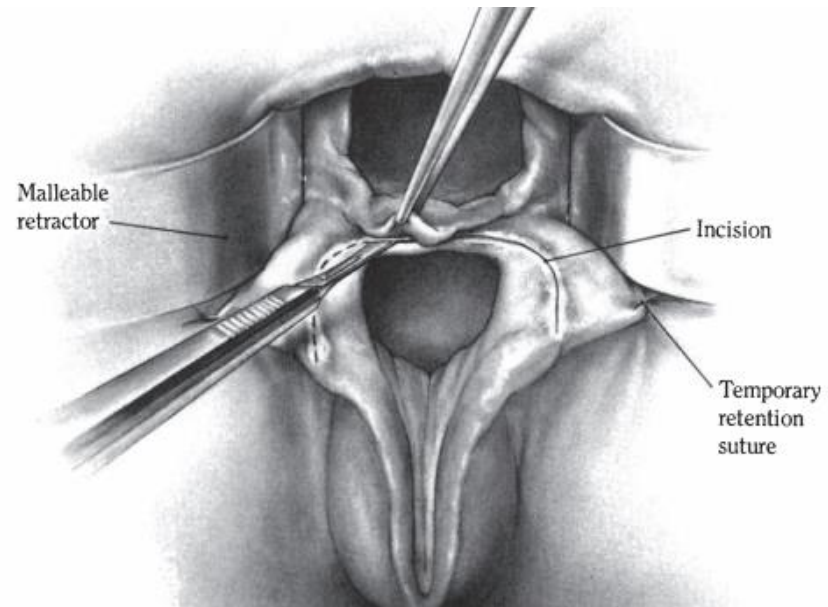


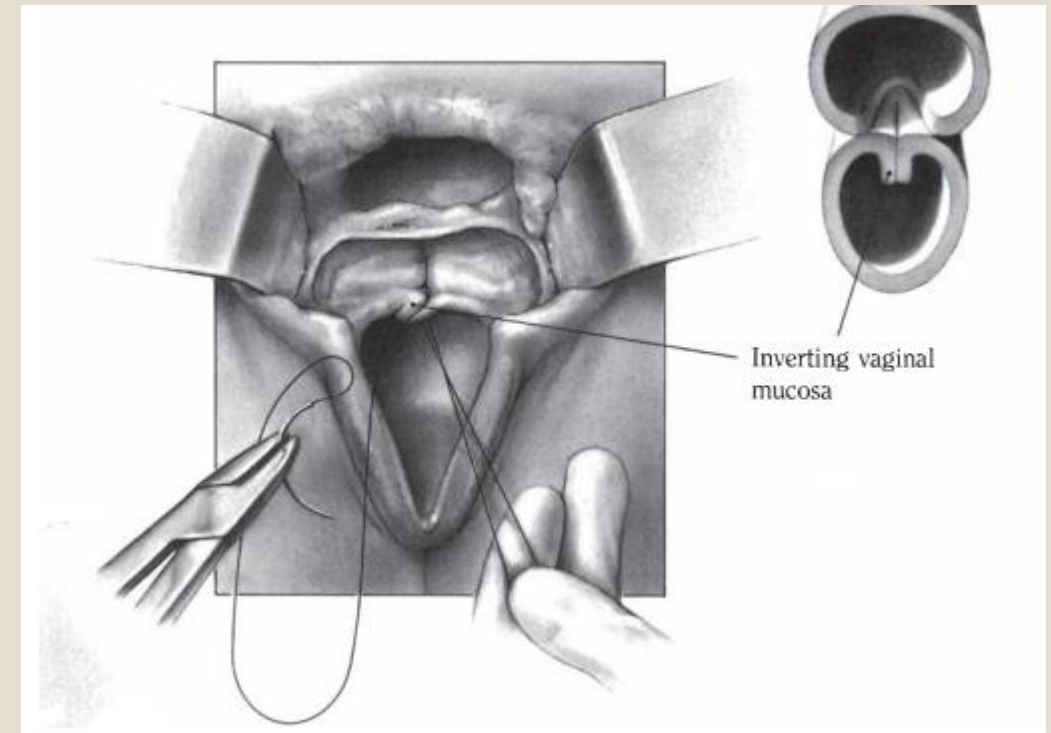
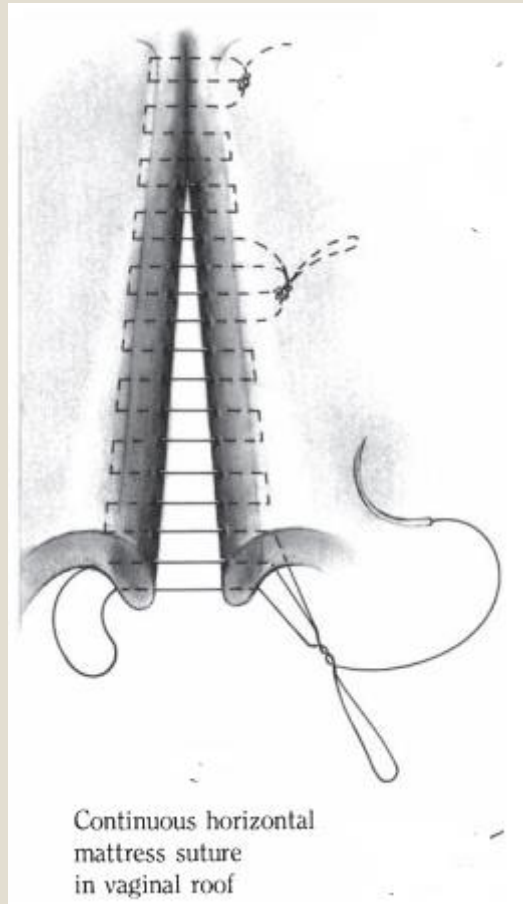


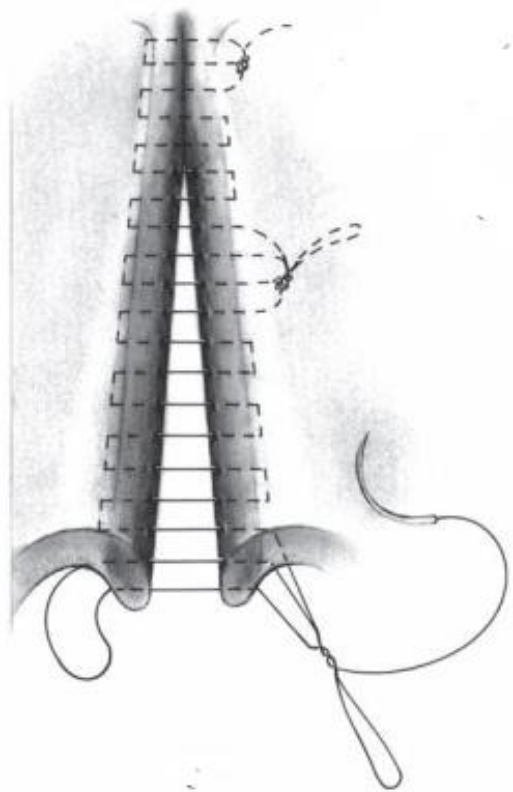
STAGE 1



- Make an incision extending from the shelf formed by the intact rectum and vagina, along the scar-tissue margin, to the level of the dorsal commissure of the vulva.

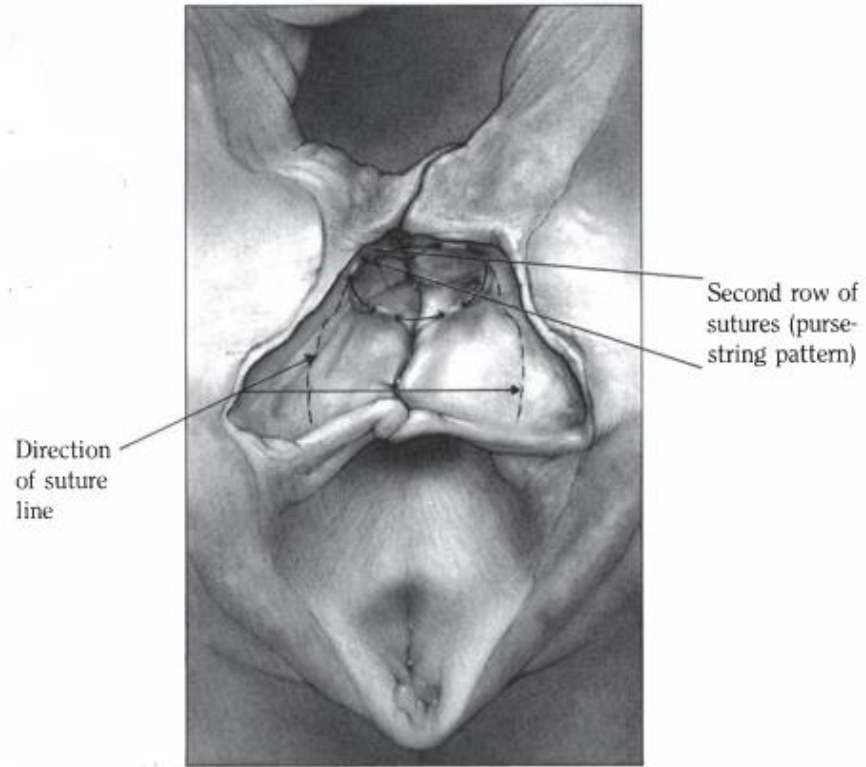
- Reflect the vaginal mucous membrane and submucosa ventral from the line of the incision to form a flap of tissue approximately 2.5 cm wide. At the shelf, separate the rectum and vaginal mucosa. The mucosa should form the vaginal roof with minimal tension on the suture material. Closure of the shelf is commenced by apposing the vaginal roof, and tying on the midline of the vaginal roof just cranial to the defect. The knot should become the cranial end of a continuous horizontal mattress suture pattern, inverting the vaginal mucosa and forming the first layer of the repaired roof of the vagina.



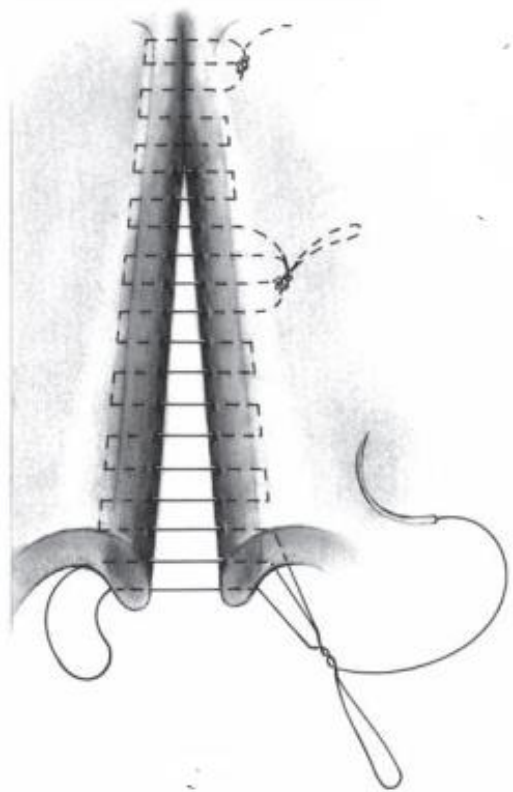


Continuous horizontal
mattress suture
in vaginal roof

- Ensure the suture pattern penetrates the edges of the vaginal mucous membrane and is continued caudally for one-third to half the laceration. Tie and tuck the suture into the vagina until it is needed later in the repair.

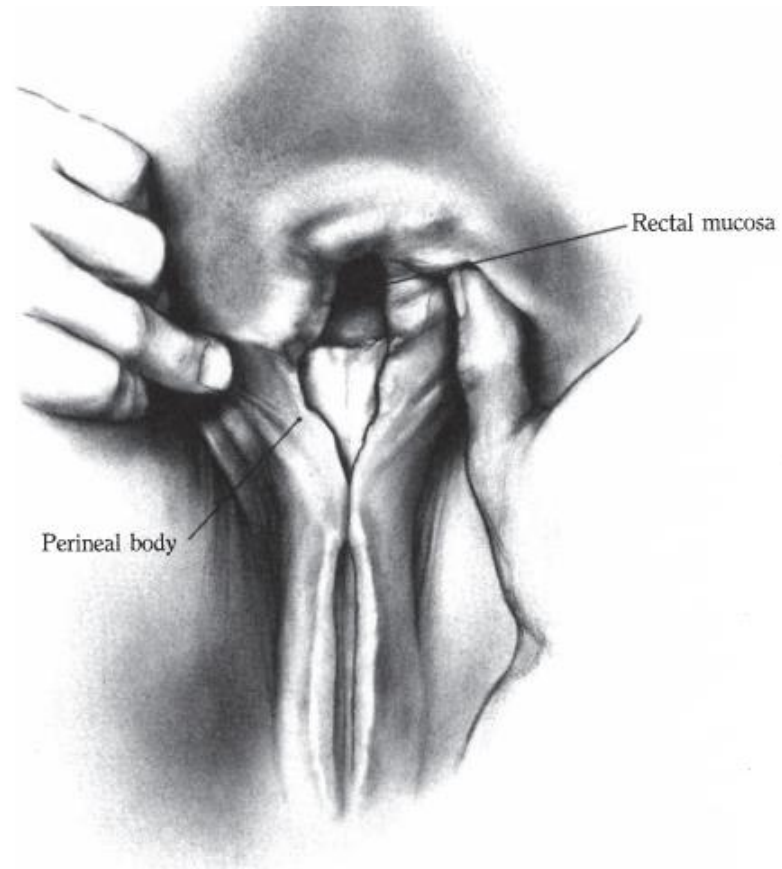


- Place a second row of sutures between the rectum and the vaginal wall. The suture is essentially a purse-string pattern, passing through the rectal submucosa, perivaginal tissue, and vaginal submucosa on both sides of the common vault. Tie each suture immediately after it is placed.



Continuous horizontal
mattress suture
in vaginal roof

- When the interrupted sutures are placed as far caudally as the newly sutured vaginal roof, resume the continuous horizontal mattress pattern, and suture the vaginal mucosa in a caudal direction to the dorsal commissure of the vulva.



Completed first stage

- Continue the interrupted sutures caudal to the dorsal commissure of the vulva; keeping the overall direction of this row horizontal. This method avoids narrowing of the rectal lumen. Sutures should not be placed in the rectal mucous membrane.

- Following the first stage of the operation, ensure the mare receives antibiotics for about 5 days.
- Approximately 2 weeks of healing should be allowed before proceeding with the second stage of the operation. Any exposed sutures should be removed a few days before the second operation.
- Conversely, the second stage can be performed immediately.

Reference

- Hendrickson D. Techniques in Large Animal Surgery. 3rd ed. Ames: Blackwell Publishing