

A thick black L-shaped frame surrounds the text. It starts at the top left, goes down, then right, then up, and finally right again at the bottom right.

RUMENOTOMY

INTRA-OPERATIVE PROCEDURES

Taken from: Turner and McIlwraith's Techniques in Large Animal Surgery

Procedure

1. Make a flank incision caudal and parallel to the last rib, 5 cm long.
2. Open using technique used for exploratory laparotomy without breakdown of adhesions near the reticulum.
3. Anchor the rumen to the initial incision by pulling it over the edge of the skin incision and perform a continuous inverting suture pattern. At the ventral region of the incision, perform two large inverting sutures.
(Suture: Surgipro, Prolene)
4. Incise the rumen with a scalpel.
5. Wearing long rubber gloves, evacuate and explore the rumen. If any foreign body is present, it is now removed.

Procedure

To reach the reticulum:

Follow the dorsal wall of the rumen until the ventral wall and a direct line from the incision.

The reticulum can be picked up to search for foreign bodies.

Considerations- Rumen

- For frequent access to the rumen, the following may be used:
 1. Stay stutures
 2. Rubber rumenotomy shroud
 3. Fixation ring
 4. Rumenotomy board
- Enough room should be left at dorsal and ventral regions to allow closure.
- To prevent accumulation of ingesta from the incisional site, the use of a rumen shroud or a wound edge protector may be used at the incisional site
- To remove fluids from the rumen, a large bore stomach tube can be used as a siphon

Considerations- Reticulum

- Foreign bodies are frequently lodged in the honeycomb of the reticulum. They can be found by careful palpation.
- Abscesses are commonly found in the medial wall of the reticulum near the reticulo-omasal orifice. If abscesses are found in the reticulum, they should be evaluated, lanced or drained.
- After exploration, the reticulum may be swept with a magnet.
- A magnet may be placed and left in the reticulum

Closure

1. Close the rumen incision with a simple continuous pattern. (Suture: no.1 or no.2 synthetic absorbable material.)
2. Close the surgical site (skin) using a continuous Ford interlocking pattern. (Suture: Vetafil)
3. Irrigate the surgical site using polyionic fluid after closure of the lumen.