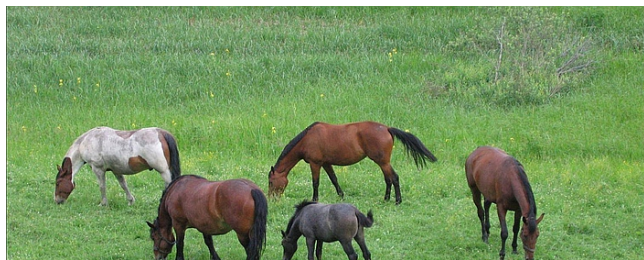


FETOTOMY IN A MARE



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by

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INTRODUCTION

What is it?:

Fetotomy is surgical procedure that when we have a dystocia, in which we seek to reduce the segments that are too large to pass through the calf obstetric canal, as well as removing his limbs in abnormal presentations.

□Fetotomy part: one part of the body is removed.

□Fetotomy Total: fetus shatters into pieces.

The embryotomy is a procedure that aims to:

- Decrease the segments that are too large for the obstetric canal.
- Remove limbs in abnormal presentations that can not be accommodated .
- Remove fetal parts to make room for the various types of correction.
- In childbirth with fetal malformation

INDICATIONS AND CONTRAINDICATIONS

◁INDICATIONS:

- Absolute or relatively large (especially dead) fetuses that are not on orced traction.
- Hard stricture dilation and inadequate soft channel.
- When the fetal abnormal static and can not be corrected.
- When fetal deformations.

◁CONTRAINDICATIONS:

- Insufficient dilatation.
- The general condition of the patient is compromised.
- Rupture soft canal or uterus.

EQUIPMENT

- Universal Embriotom wire saw
 - Detachable Probe enhilar
 - Dual handles wire saw.
 - Wire saw
 - Pasalazo
 - Articulated hook.
 - metal closures
 - Slide Iron holder with five grooves for attaching chains extractors.
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- Equipment for epidural anesthesia.
 - Obstetric lubricant, for example Vaseline (large quantities needed).
 - Clean warm water.
 - Paper towels.
 - Sedatives.
 - Uterine relaxant (clenbuterol) may be useful.
 - Nasogastric tube - it may be necessary to prevent / reduce abdominal effort

WHEN FETOTOMY, AND WHEN CESAREAN?

- Cesarean
- ◁Bicornual Pregnancy
- ◁Oversized fetus
- ◁very small mare (fetotomy impossible)
- ◁alteration of the presentation (position and immutable positions)
- ◁hydrocephalus (monstrosities)
- ◁irreducible uterine torsion
- ◁pelvic deformation (fractures)
- ◁vulvovaginal trauma
- ◁Contractions advanced stage 1 or 2 chronic metritis

Fetotomy

- ◁An oversized fetus
- ◁Abnormalities in the presentation, position or posture or a combination of these that can not be corrected by mutation.
- ◁When the fetus is emphysematous and prey is toxic.
- ◁economic situation: A fetotomy may allow delivery of the fetus.
- ◁fetotomy recommended if removal can be achieved after 1 or 2 cuts.
- ◁The management of retained placenta should be started immediately after

A. EMBRYOTOMY IN THE PREVIOUS PRESENTATION

- Amputation of the head and neck . Collar is cut as close to the chest as possible.

- a. The head and neck extended
- b . Head in lateral or ventral flexion: Pasalazo saw the sets.

- Amputation of a former member : Cut between the back and chest.

- a. The extended member
- b . The member fully rearward .

A. EMBRYOTOMY IN THE PREVIOUS PRESENTATION (2)

- Cut the body:

- a. Cross section of the thorax behind
- b . Partial cross section behind the scapular leaves .After cross section behind the chest.

- Sagittal section of the pelvis .Saw is placed with pasalazo .

□Supplemental Sections: Partial amputation of a forelimb . When both forelimbs are placed in the pelvis , it may be necessary to amputate get enough space for the amputation of the head.
□Cut into the carpal joint.
□If required amputating a former member with head in lateral flexion, lateral head is placed on the opposite side of the member to be cut flexion.

B. EMBRYOTOMY IN THE SUBSEQUENT PRESENTATION

- Amputation of a hind limb.

- a. The extended member
- b. The member fully directed forward. Pasalazo saw the sets.

- Transverse amputation of the lower back.

- Evisceration.

- Cut the body:

- a. Amputation of the posterior segment of the thorax.
- b. Diagonal cut anterior chest (division diagonal length). Pasalazo saw the sets.

□Supplemental Sections: Partial amputation of a hind limb. Cut below the hock. Cross partial amputation of the croup. When the members are positioned along its length under the belly, may decrease the rump by a partial amputation. (Figure 26).