FETOTOMY IN A MARE



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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:

a. Decrease the segments that are too large for the obstetric canal.
b . Remove limbs in abnormal presentations that can not be accommodated .
c . Remove fetal parts to make room for the various types of correction.
d . 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
1.Universal Embriotom wire saw
2.Detachable Probe enhilar
3.Dual handles wire saw.
4.Wire saw
5.Pasalazo
6.Articulated hook.
7.metal closures
8.Slide Iron holder with five grooves for attaching chains extractors.

1.Equipment for epidural anesthesia.
2.Obstetric lubricant, for example Vaseline (large quantities needed).
3.Clean warm water.
4.Paper towels.
5.Sedatives.
6.Uterine relaxant (clenbuterol) may be useful.
7.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
1. 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.

2. 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)
3. Cut the body:

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

4. 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
1. Amputation of a hind limb.

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

2. Transverse amputation of the lower back.

3. Evisceration.

4. 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).