Rescue pet cut the linea

Berry in North Carolina Berry, a Pygmy Get, ingesting tobacco/nicotine: cigarettes. Penny in New York Penny, an exotic rabbit, tintear chocolate. Fergie in New York Fergie, a Guinean pig, intested Aloe Plant. Harris, Texas Harris, a ferret, inunsiated Ibuprofen. Joey in Minnesota Joey, a Chinchilla, intamed Silica Gel / Desiccant. Odin in California Odin, an Akita, intred Metoprolol. Thor in Mississippi Thor, an American Bulldog, intamed Gamma cyhalothrin. Alexis of Ontario Alexis, a Beauceron, intested Vicodin. Asher in Virginia Asher, a Catahoula leopard dog, ingested Nystatin, neomycin sulfate, thiostrepton, triamcinolone ointment. Cookie in Florida Cookie, a cockatoo, infused Grapes / Raisins / Currant / Sultanas. At one end, there are no in-app purchases. On the other hand, the video ads are still a little too annoying and seem to make the game lock up from time to time, which encourages putting the game into airplane mode and therefore defeating the entire purpose of the ads. Outside of this, the game has great ideas, but could use some more great ideas. I didn't feel the game was challenging until around stage 130. There are lots of different dangers, but they all fall into one of a few categories: indestructible and solid, indestructible but loose, destructible but static, a use hazard, and bad guy. The bad guys are the most interesting part. Not only do each of them have their own behavior that you have to take into account, but they have some hilariously glitchy ragdoll physique. But the other dangers are handled in a similar way: find a way to get around or move the indestructible dangers, destroy the destructible dangers, consume the risks of a use. All the scenes played out the same way, but at least each one felt uniqueBut then I came to step 167. It was a scene I had played not long before. Then, when I got past it, the next step was also another previous stage. This isn't the only iOS game to do this, but it's always disappointing. Overall, this game isn't even close to the worst I've seen on the App Store, but it's also nowhere near the best. For the dedicated dog breeders, what starts with a simple pet as an occasional hobby develops into an avocation as there is true life-changing. Often their every minute and the dollar is consumed in pursuit of their chosen dog sport: AKC or UKC conformation shows, hunting, tracking, agility, water rescue, schutzhund, to name but a few. The average purchase price for a well-behaved, registered puppy is well over $1200. Prices for so-called show prospects may be significantly higher. Stud services vary enormously in cost but generally start at $500. I recently performed a surgical insemination where we used a single straw of frozen semen. The owner informed us that he had paid $15,000 for that straw of semen. In addition to the bud service fees, the owner also incurs veterinary service fees for semen collection and processing, in addition to FedEX or or shipping fees, and travel expenses,etc. Consequently, the dog breeder requires and expects the best possible outcome for each litter. Breeders perspectiveThis section might as well be justified, please don't shoot your breeder client. Almost without exception, when we see a breeder's client for the first time each has his own story of woe about a nightmare experience with a caesarean delivery. The one at the top of the list of lasting impressions was related to me by a breeder of springer spaniels. Ten puppies were pictured on her, Emily's, term gestation radiograph. When her Emily failed to develop during childbirth, she ended up on an EVC for an emergency c-section delivery. A doctor and a technician were on duty at the facility. What follows is an excerpt from her written account of the experience. Since Emily was still stable (but exhausted and distressed), there was a long delay in getting her into surgery. When they took her away from me, the doctor said you don't expect these puppies to be alive do you? After another hour of waiting, I am led down the hall to the operating area to see what's been going on or hold up the show. The door to this room has a side window next door. I was shocked by what I saw through the window when I came down the hall. The technique was to put puppies in the big slush surgical bucket on the floor! I couldn't see that they had even pulled the sack off their faces, no tames used on the cord or for the placenta. I could only see the handover of the puppies to tech for her to plop in the bucket on the floor. I tried to open the door as I must say I was furious. It was locked so I knocked on the window and said WHAT DO YOU DO! GIVE ME MY PUPPIES NOW! The point is that many breeder clients perceive that they have been judged negatively by veterinarians for being dog breeders. They also perceive that many veterinarians have no idea what investment they have made in breeding. Often they do not trust the treating veterinarian, and often this lack of confidence is justifiable from their previous experience with our colleagues. If you agree to provide services to a breeder's client, the following tips may be helpful: • Be patient. You know you know what you're doing, but they need to make sure you know what you're doing. Take the time to answer their questions and pass the test without getting your feathers ruffled. • Be available. If you commit to perform an elective cesarean delivery or provide intervention in the event of a dystocia, then make good on your commitment. • Be willing to learn from your breeder clients. I tell my clients that I know dog reproduction, but that I also trust them to inform me of predispositions that we may encounter in relation to race or familial lines. When the breeder client realizes that you respect their knowledge and experience, then they will respect you. • Involve the breeder client who as you can. Your patient is much more than their family pets. The breeder customer will rarely leave the building when their dog undergoes surgery, especially a caesarean section. Embrace their desire to help. Especially, breeder clients are often adept at puppy resuscitation. End resultWhen performing a caesarean section delivery for a breeder's client, the operation is the culmination of a well thought-out and much-anticipated breeding. This is the case if the operation is planned or as a result of dystocia. The breeder client has infested as much as $20,000 and hundreds of hours of time in planning breeding, traveling to parts unknown or having semen delivered in from parts unknown to get breeding done, and getting his through gestation to term. The goal of the episode is not to just get the through the procedure, as would often be the case with a pet female who just happened to get pregnant. For the breeder client, a successful caesarean delivery must be completed with: • The stable, alert, ambulatory, and able to perform her tasks as the pond of her litter. The dam's mothering duties include being able to lactate and nourish her puppies, to maintain the body temperature of the puppies that are themselves, unable to thermoregulate, and to stimulate the elimination of urine and feces in the puppies. • All puppies delivered, revived and successfully cared for. The one puppy that is not revived luckily would have been their best in show puppy. • The future reproductive potential of their is preserved. A successful Caesarean section is the result of a well-orchestrated team effort. Close coordination of the surgeon, anaesthetist, and medical professionals is critical. Good preparation of the pond, proper selection of anesthetic protocol, effective surgical intervention, rapid delivery of puppies, rapid recovery of the pond and adequate neonatal care are the keys to success. Indications for an elective caesarean sectionCompensated with most general practice, our teriogenology service schedules many more elective sections. The indications for elective caesarean section delivery include: • Damns race requires mandatory sections (English and French bulldogs) • Dam has a history of dystocia requiring surgical intervention • Lady has an anatomical anomaly that prevents vaginal delivery of puppies • Litter is very large and can put the pond at risk for a secondary uterine inertia • Litter is small and the puppies are oversized • The pond is primiparous but has a familial history of dystocia • Lady is primiparous and ≥ 6 years old • Owner-related factors : • The owner has concerns about his ability to whelp the litter • Owners live remotely with limited access to after-hours care • The owner is concerned about the prospect of going to an EVC for an emergency section, if the need arises. Owners are advised about the risks to both the pond and newborns if the operation is, or is not performed. It is decision on a planned Caesarean section involves cooperation and extensive discussion between the owner and the clinician. When is the caesarean section scheduled? Selectable c-sections are prospectively scheduled for the day before the expected time of delurition. Therefore, every effort must be made to accurately determine the delurition date. The best way to do this is through prospective breeding management, including ovulation timing. Novice breeders will often argue that they don't have to make the investment in ovulation timing because they own father and breeding will be carried out by natural service mating. In such cases, it's good to point out that the compelling reason for performing ovulation timing is to accurately determine the day (not the week) of parturition. The date of delurion can be calculated using any of the following methods: • 65 days from SH(luteinizing hormone) overvoltage • 63 days from ovulation • 57 days from the onset of cytological diestrus • 37 days from the measurement of a 1.2 ± 0.1 cm diameter gestational sac, which usually occurs 26 days after ovulation. [Personal Communication, Will Schultz, Schultz Veterinary Clinic, Okemos, MI, www.schultzvetclinic.com.] Dr. Schultz schedules his ultrasound scans 23 days after breeding. In the absence of prospective planning, daily serum progesterone measurement has been used to determine the date of the caesarean section. Reportedly, progesterone levels fall below 1-2 ng/ml 24-48 hours before the parturition. However, not all read the textbook; It has been shown that some have delivered puppies before their serum progesterone levels fall to baseline. Indeed, had delivered puppies in the face of progesterone levels as high as 5 ng/ml. Under normal circumstances, an elective caesarean section can safely be performed 1 to 2 days before an exact estimated date of parturition. As a final note, it is important to make sure that the is in fact pregnant before scheduling the operation. Breeder clients will, sometimes, claim that their is pregnant because she has all the signs, when in fact their experiences a pseudocyesis (false pregnancy). Preparation for caesarean sectionPreparatory efforts are aimed at minimizing anesthetic and surgical risks to the pond and fetuses. Maternal stress is harmful to fetuses. Caution is taken to avoid exposure of the pond to physical stress, pain, or anxiety-provoking situations. Approximately 2 to 3 days before surgery, the is scheduled to enter the hospital for a preoperative physical examination, blood work and a term gestation radiograph. Physiologic anemia due to blood volume dilution during term gestation is usually present. Blood work includes clotting tests because, on rare occasions, may exhibit platelet dysfunction. On preoperative visits, the hair of the ventral abdomen at the surgical site is removed with a clipper. The hair on The dorsal aspect of both antibrachiiover lying the cephalic veins is also trimmed in preparation for catheter placement. Term radiography is performed to determine the number of puppies present. It is important to know the puppy number so that sufficient technical staff can be scheduled for resuscitation of the puppies. We recommend having at least one technician for every 2 puppies. A precaution regarding pregnant undergoing treatment for luteal insufficiency; exogenous progestogen treatment will not demonstrate a decrease in serum progestogen until treatment has been discontinued. In such cases, the timing of progesterone withdrawal is crucial for the well-being of the puppies. Administration of progesterone is interrupted two days before the delivery date. The owner is instructed to withhold all food for 9 hours before surgery. The dam is administered prednisolone sodium succinate [Solu-Delta Cortef®, Pfizer] with a dose of 10 mg/kg given intravenously 2-8 hours before surgery. Administration of this short-acting corticosteroid stimulates the term gestation drop in serum progesterone, prevents shock development, and stimulates surfactant production in newborns. The use of methylprednisolone is important when ovulation timing was not performed prospectively and the exact parturition date cannot be precisely determined. Shortly before surgery, the fetus is monitored via ultrasonography. Conventional ultrasound machines allow imaging of fetal hearts; fetal heart rate can be counted visually. Doppler ultrasound devices offer an accurate, cheaper alternative for fetal heart rate determination. Fetal heart rate determination of Doppler ultrasound also offers the advantage of being light and easy to perform. Fetal heart rates are normal > 200 pbm (beats per minute). Normal fetuses may experience transient decelerations down to 180 bpm. Fetal heart rate consistent < 180 bpm is a sign of fetal stress and fetal heart rate consistently < 160 pbm means that fetuses are compromised and required immediate intervention. Comparison of multiple fetal heart rate may aid identification of an abnormal or compromised fetus. An attempt can be made to locate the risk puppy to either the left or right the uterus horn as well as identify its relative (birth order) location within the horn. Then, the initial hysterotomy incision can be made overlying that puppy so that it can be the first puppy delivered. Anesthetic protocolPhysiologic considerationsThe physiology of the pond changes during pregnancy. Physiologic that occurs with advanced pregnancy includes increased maternal blood volume and cardiac output, and decreased vascular resistance. Respiratory rate usually increases, and tidal volume can be reduced due to the pressure of the pregnant uterus on the diaphragm. Anesthesia can further exacerbate the decrease in tidal volume. During pregnancy, the gastrointestinal system is also affected; it is reduced pH, delayed gastric emptying, and decreased abdominal muscle tone (including sphinctertone). Together, these factors can increase the likelihood of vomiting or regurgitation with the potential for aspiration of acidic gastric contents in the respiratory system. Respiratory protection with a relatively rapid induction followed by endotracheal intubation with a cuff tube is indicated in most cases. IV catheterizationPlacement of an intravenous catheter is a must. Intravenous fluid therapy is indicated with all anesthetic protocols to cope with vasodilation and hypotension. The catheter becomes a veritable lifeline for rapid correction of a hasty drop in blood pressure that can often occur after rapid delivery of puppies and the accompanying loss of a large volume of fluid in a short time. During anesthesia and back recumbency, venous yield scan be impaired by drugs that produce vasodilation and by pressure on caudal vena cava. Cardiac output may thus be reduced, leading to decreased blood pressure and impaired tissue perfusion. Removal of the pregnant uterus from the abdomen during surgery can promote hypotension due to a decrease in pressure on abdominal vasculature, potentially leading to a dramatic decrease in blood pressure. Therefore, fluid loading of the pond during the presurgical period is recommended. For the average patient, administer 5 mg/kg of a crystal locust solution in intravenously prior to the exteriorization of the pregnant uterus. Pre-oxygenationPre-oxygenation of the dam before anesthetic induction is important for the prevention of fetal hypoxemia. Most patients tolerate having an induction mask (with the black rubber membrane removed) placed over their muzzle. A 5 to 10 minute pre-oxygenation period is recommended. Anesthetic regimenA perfectly safe anesthetic protocol for caesarian section delivery of puppies does not exist. Almost all anesthetics and supplemental drugs cross the placenta to a varying degree depending on lipid solubility, protein binding, molecular size, and concentration gradient. Since drugs administered to the pond reach the newborn, it is wise to use small doses and to use drugs that newborns are capable of exorcising, metabolizing, or secreting. An anesthetic protocol is chosen that minimizes negative cardiorespiratory effects on and fetuses. Since most injectable and inhaled agents cross the placental barrier, desirable properties of an anesthetic include rapid and short duration of effect, titlerability, and reversibility. In addition, by using multimodal, combination anestheticand analgesic techniques, the total amount and negative effect of each agent can be reduced. Considerations also include the need for rapid anesthetic induction, minimal respiratory and cardiac depression, rapid recovery and no lingering side effects. It is important to maintain the physiological status of the dam throughout anesthesia-avoiding hypotension, hypovolemia, hypercarbia. Because of the amount of abdominal pressure placed on the diaphragm, many surgeons advocate the use of mechanical ventilation on all caesarian section procedures regardless of the patient's ability to ventilate. There are many options for anesthesia. The best protocol is the one that you are most comfortable. However, there are some medications that should be avoided. Phenothiazines, barbiturates, ketamine, tiletamine HCl/Zolazepam HCl (Telazol) and alpha-2 agonists (xylazin, metdetomidine) can all pass through the placenta and may affect the ability of newborns to thrive. Ideally, they should not be used. Pre-medication with chronotropic agents prior to anesthetic induction is controversial. Atropine crosses the placenta and enters the fetal circulation, while glycopyrrolate does not cross the placenta. Proponents of the use of atropine argue that it will support the prevention of bradycardia in fetuses. Opponents believe that it worsens hypoxemia in the fetus. From Grundy Clinically relevant physiology in the newborn Vet Clin NA 2001: • Despite evidence of structural parasympathetic maturation, chronotropic responses in puppies at any given level of neural stimulation are less compared to adult dogs, and before 14 days of age, there is minimal increase in heart rate associated with atropine administration, suggesting a lack of vagal tone. In kittens, vagal stimulation was found to have no effect on heart rate until 11 days of age. These findings suggest a lack of full cardiac autonomic development during the neonatal period and help explain why atropine is not effective in neonatal resuscitation. One of the main considerations for cardiovascular physiology in the hos is that bradycardia is not vagally mediated and is indicative of hypoxemia in the fetus and during the first 4 days of life. Although in seems to be able to withstand circulatory failure to a greater extent than the adult animal during this time, it is far more appropriate to supplement oxygen than to provide parasympatholytic agents, such as atropine, whose administration only exacerbates cardiac hyperxemia via increasing oxygen demand in the face of hypoxemia. Opioids produce good analgesia in the pond. Their use is also controversial. Proponents argue that although they have some depressive effects on fetuses, they are easily reversed in newborns. Opioids with prolonged duration of action should be avoided before childbirth, as they can survive the reversal effects of naloxone. Therefore, short-acting opioids are a better option for preoperative use, while longer-acting opioids may be used more appropriately to provide analgesia during the postoperative period. Anesthetic regimens commonly used for caesarean sections may fall into one of the following categories: • Epidural analgesia with or without sedation, • Sedation and infiltration of the midline of the abdomen with local anesthesia • General injectable drugs and/or inhalants. Epidural analgesia with sedationThe primary benefit of epidural analgesia is minimal depression of the newborns. Epidural analgesia at the lumbosacral junction, using 2% lidocaine, provides a rapid onset of analgesia (usually less than 10 minutes) and a sufficient duration of analgesia (1.5 to 2 hours) to facilitate surgery. Sedation and subcutaneous administration of a small amount of lidocaine (0.25 to 0.5 ml 2% lidocaine) subcutaneously over the lumbosacral space, before placing spinal needle, facilitating epidural technique and promoting dam approval of dorsal recumbency during surgery. Two percent lidocaine provides analgesia to the level of the first lumbar vertebra if administered at a dose of 1 ml per 10 pounds (usually sufficient for a simple caesarean section without ovarian hysterectomy), and to the level of the fifth thoracic vertebra if administered at a dose of 1 ml per 7.5 pounds of body weight. Several factors should be taken into account when choosing epiduralanalgesia: • Obesity in the pond is an indication for using a smaller dosage of lidocaine. • Over-dosing lidocaine can lead to respiratory depression, cardiovascular depression, and neurological sequelae. • Epidural lidocaine causes vasodilation in the affected part of the body, possibly leading to hypotension and/or hypothermia. • Aseptic technique should be used for the placement of spinal needles to avoid contamination and infection of the spinal canal. • Poor technique with a spinal needle can lacerate and damage the spinal cord. • The technique of placing spinal needles requires practice, and some patients are more difficult (e.g. overweight animals, animals that have had pelvic trauma). • Patients should be monitored with adequate ventilation and vessel volume, and preparations to deal with abnormalities should be made in advance. • Some patients move spontaneously (not in conjunction with pain) during sedation and epidural analgesia. An assistant may therefore be needed to control patient movement or administer an additional sedative. Local infiltration of the ventral midline with sedationUsually, the dam is heavily anesthetized with an opioid or an opioid-tranquilizer combination. Then, the ventral centerline is infiltrated subcutaneously with a local anesthetic over the distance of the expected cut site; lidocaine is usually used due to its rapid indua of actions and sufficient duration. Two to three mg per pound total dose of lidocaine avoids toxicity while maintaining a sufficient volume for infiltration. Dilution of 2% lidocaine with sterile saline to produce a 1% solution can be done if a larger volume is needed to ensure enough blocking of the surgical site. This technique is not an appropriate choice if the dam is to be spayed at the time of caesarean section; analgesia may be insufficient for excision of the ovaries. Anesthetic anesthesia is often preferred for caesarean delivery due to ability to provide complete analgesia and immobilisation. The main disadvantage of anesthesia is the exposure of fetuses to anesthetics and the potential for depression of fetuses and. Anesthesia for caesarean section can be achieved through numerous combinations of preanesthetic medications, induction drugs, and maintenance anesthetics. Choices are often dictated by experience as well as by the expected effects of the drugs used. Numerous induction options are available. Propofol is a good choice as an anesthetic induction agent. Propofol, a fast-acting, short duration, injectable anesthetic, states immediate orotracheal intubation and control of the airways. It can be administered as a constant rate infusion, and is used in combination with low percentages (≤ 1%) of sevoflurane or isoflurane (short-acting gas anesthetic, which is not metabolised but without ventilation). Propofol does cross the placenta, but quickly crosses back, and is also quickly metabolized even with immature livers. Puppies seem to wake up easily after delivery when propofol has been used to induce anesthesia in the pond. Anesthesia can also be induced by mask with an inhalant, and sevoflurane offers two effective options. Due to faster recovery, sevoflurane has gained popularity as an inhalant for caesarean section. If a mechanical induction is used, careful attention to the airways is essential, and the possibility of regurgitation and aspiration with an unprotected airway should be weighed against the benefits of an entire inhalant protocol. Maintenance of general anesthesia for caesarean section is usually accomplished with an inhalant-isoflurane may be more commonly used in veterinary methods. However, sevoflurane has a low blood:gas partition coefficient (low solubility in blood); It is known for rapid inductions, rapid recoveries, and rapid control of depth, does not irritate the mucous membranes and is a logical choice for caesarean section. Although sevoflurane crosses the placenta, newborns seem able to outhale the drug effectively. The best practice is to administer the lowest possible amount of sevoflurane to the pond until the newborns have been delivered. This can be facilitated by a ventral midline infiltration with a local anesthetic. Some veterinarians use small doses of propofol to minimize the amount of inhalant anesthetic required to maintain the dam until the uterus is exteriorized, reducing the amount inhalantly reaching the fetus. Newborns should be delivered as quickly as possible. After delivery, attention to the newborns should include clearing the airways, physical stimulation, oxygen, and attention to heart rate and breathing. After delivery is complete, the operation on the pond can be completed with usual amounts of sevoflurane. Anesthesia monitoringRegardless of anesthesia regimen selected, patient monitoring is instituted in each case. A Caesarean section With its rapid, mandatory changes in the patient's circulating fluid volume and blood pressure, careful attention requires to be attached to the patient's vital signs. Early detection of any life-threatening status is of paramount importance for a timely and successful correction of the problem. Among the parameters monitored are body temperature, blood pressure, electrocardiography (ECG), pulse oximetry, tidal volume and end-time capnography. Surgical proceduresAfter anesthetic induction, endotracheal intubation and placement on sevoflurane inhalant anesthesia, is placed in dorsal recumbency. Preparation of the surgical area is completed simultaneously with the application of patient monitoring equipment. Parameters monitored throughout surgery include electrocardiograph (ECG), heart rate, respiratory rate, tidal volume, blood pressure, pO2, and pCO2. Monitoring is important because the potential for a steep drop in blood pressure is great during the procedure. Lubricants are placed in the eyes to prevent corneal drying. Hot water bottles wrapped in towels are placed next to the patient to help combat the effects of heat loss during surgery. Do not place the patient on an electric heating pad. During delivery, chorioallantoic fluid can pool dependent during the patient, and thus increase the risk of thermal damage or electrocution. After induction and before delivery of the first puppy, the patient is pre-installed with hot, sterile colloidal fluid such as hetastarch at a dose of 1 ml per 10 pounds of body weight intravenously. A synthetic polymer derived from a waxy starch, hetastarch consists mainly of amylopectin. To avoid degradation by serum amyllase, hydroxyetyleter groups are added to the glucose units. It has an average molecular weight of 450,000, but varies in size from about MW 10,000-1,000,000. Hetastarch occurs as a white powder. It is very soluble in water and insoluble in alcohol. Hetastarch may also be known as hydroxyetyl starch or HES. Hetastarch acts as a plasma volume expser by increasing the oncotic pressure within the intravascular space in the same way as either dextran or albumin. Maximum volume expansion occurs within a few minutes of stopping the infusion. Duration of effect is variable, but can persist for 24 hours or more. Hetastarch is available as a 6% (6 g/100 ml) solution in 0.9% sodium chloride, in 500 ml IV infusion bags; Hetastarch (Gensia Sicor Pharm). The recommended surgical method for a caesarian section of the begins with a ventral midline incision from umbilicus to pubis. The use of electrocautery or radiosurgery to simultaneously cut and clot vessels encountered facilitates rapid entry into the abdominal cavity and reduces blood loss due to bleeding. The subcutaneous vasculature is highly developed in the term pregnant state. Without cautery, many hemostatic tutensor may be required to control bleeding from these vessels. Therefore, the use of kautery also reduces the risk of a can be accidentally left in the abdominal cavity. Care should be taken to identify linea alba. The linea alba is likely to be very thin, due to stretching of the abdominal musculature and fascia. Failure to enter the abdomen through linea alba will result in two harmful consequences, more bleeding from the abdominal muscles and more bleeding and milk leakage from the mammary glands into the wound. It should be ensured that no underlying abdominal organs are inherited during first entry into the abdomen. This can be accomplished by lifting the linea and orienting the scapel blade with cutting edge directed ventrally for the initial stab wound through the linea. The uterus is insulated and exteriorized from the abdomen using moistened laparotomy pillows or towels. Heated, sterile crystal loid fluids are used for wetting agents. The abdominal wall incision should be lengthened as needed. The very dilated uterus is extremely fragile and poses a significant risk of rupture. Care must be taken to manipulate the uterus gently. To improve relaxation of ovarian pedicles and facilitate exteriörization of the uterus, 0.5 to 2 ml of lidocaine is applied to ovarian suspensory ligaments. This also dramatically reduces postoperative pain potentially associated with traction on pedicles. In addition, traction on ovarian pedicles can induce a vagal reflex, leading to hypotension and bradycardia; lidocaine helps prevent such a reflex. If the uterus is difficult to exterior through the abdominal opening, the length of the opening is likely insufficient. A tear in the uterine wall can be the consequence of forcing the uterus through too little opening. With large litters, the uterus can be exorcised one horn at a time. Moistened laparotomy pads are placed under and around the uterus to reduce leakage of the uterine contents into the abdomen. This is especially important if the uterus is suspected to contain infectious agents. Most published sources recommend making a single dorsal midline incision in the uterine body. Recently, an alternative entrance into the uterus has gained popularity. Two separate, in contrast to the traditional single, hysterotomy incisions are made, one in each uterine horn, halfway down the length of the horn. Midhorn hysterotomy placement facilitates rapid removal of puppies and avoids a long milking process for puppies that are at the tip of each uterine horn. Fast delivery of puppies increases their survival. The disadvantage of two incisions in the uterus is that surgical time for uterine wound closure doubles. When incising the uterus, caution is taken to avoid accidental laceration of an underlying puppy or placenta. Placenta lacerations can sometimes bleed profusely. As each puppy is removed from the uterus, the surgeon tears the fetal membrane swarming the puppy's head and wipes the muzzle off membranes and amniotic fluid from the nostrils and lips. It is held with the head in a dependent position to allow the evacuation of fluid from the airways. This head down position is maintained while the puppy's umbilical cord is double squeezed with two small mosquito tenping. At least 2 cm of umbilical cord should be located between the abdominal wall and the nearest dice. The umbilical cord is invited between the two cloggings. No time is consumed in removing the placenta during delivery of puppies. Each puppy is placed in a sterile hux towel and handed over (in puppy taco mode) to a technician for continued resuscitation. It is ensured to avoid tension on the umbilical cord between the dice and the abdominal wall, and subsequent iatrogenic umbilical sundniation. After all puppies in the first uterine horn are delivered, a second hysterotomy incision is made mid-length in the contralateral horn. All puppies in the horn are delivered. As the last puppy is delivered, a dose of methergine® (methylergonovine maleate) is administered to the pond. Methergine is a semi-synthetic ergot alkaloid used for the prevention and control of postpartum bleeding in humans. Methergine is available from Novartis in sterile ampul of 1 mL, containing 0.2 mg metyllergonovine maleate for intramuscular or intravenous injection and in oral intake tablets containing 0.2 mg of methylgonovine maleate. Methergine acts directly on the smooth muscles of the uterus and increases the tone, speed, and amplitude of rhythmic contractions. Thus, it induces a rapid and persistent tetanic uterotonic effect that shortens the third stage of labor and reduces blood loss. Dept. of action after I.V. administration is immediate; after I.M. administration, 2-5 minutes, and after oral administration, 5-10 minutes. The most common adverse reaction reported in humans is hypertension associated in several cases with cramps and/or headaches. When given to, methergine is administered at a dosage of 0.1 ml per 20 pounds body weight IM or very slowly (over 1 minute) IV. After initiation of uterine involution with methergine, the uterus is carefully inspected in its entirety, from the ovary to the ovary and then palpated into the pelvic canal, to ensure that all puppies have been delivered. Oxytocin is administered (1-4 IUs per dog) IV to the to promote further uterine involution and milk let down. Do not overdose oxytocin. Once the chicks have been delivered, painkillers can be administered to the. Pure agonist opioids like buprenorphine, hydromorphone or oxymorphone are good choices. Before uterine wound closure, fetal membrane exterior to the uterine wall are clamped and trimmed. Usually bleeding is minimal and ligation of the membranes is not necessary as long as a placenta correctly has not been mangled. Hysterotomy sites are closed with a 3-0 or 4-0 absorbable, monofilament sutur material on a cone needle using a single layer, double inverting the sutur pattern. A two-layer closure is usually not if the uterine wall is not compromised. Care is to avoid placement of sutures in the lumen of the uterus, fetal membrane or placenta. Knots are buried to reduce adhesion. After hysterotomy wound closure, the uterus and mesometrium are lavaged with hot saline or lactate ringer's solution and carefully inspected one last time. Delivery of all puppies is confirmed. Any tears present in the wide ligament are sutured. The uterus placed back in the abdomen was careful to move the horns to their normal place. If the abdominal cavity has been contaminated with fetal fluids, it should be lavaged with warm saline before closing. The abdominal cavity then closes in routine mode in 3 layers. Linea closes with 2-0 to 1 absorbable, monofilament sutur like PDS or monosorb in a simple, continuous suturpattern. Several simple interrupted sutures are evenly spaced and placed along the suture line in a spot weld mode. The subcutaneous layer is closed with a finer meter (3-0 or 2-0) absorbable,sutur material in a simple continuous pattern. Linea and subcutaneous tissues along the length of the incision line are then infiltrated with bupivacaine 0.5% solution. The total dose of bupivacaine used should not exceed 1 ml per 10 pounds of body weight. Often bupivacaine 1:1 is diluted with sterile liquids to provide sufficient volume of solution for infiltration of the entire incision line. Wound closure is completed with a subcurly layer of absorbable sutures in a simple continuous pattern. Often a softer, braided sutur material is selected as vicryl plus for this layer. Skin edges are then apposed with thin layer of surgical glue to seal the wound. Skin sutures and staples are avoided to reduce the risk of entrapment of milk, saliva, urine or feces in the sutures. Anticipating potential complications The two most common maternal complications experienced during Caesarian section delivery are hypotension and bleeding. Intraoperative hypotension requires an examination of the patient's anesthetic depth, PCV/TS, glucose, electrolytes and venous blood gas. Deviations are corrected quickly. Excessive bleeding from the placenta sites may occur, require blood transfusion, administration of a hemoglobin-based oxygen carrier and/or rapid ovarian hysterectomy (OHE). It is important that the necessary products are available and ready to use in the event of a need. In a difficult situation, there may not be enough time to perform blood collection from a donor dog. Neonatal resuscitation of puppies initiated by the surgeon. As the puppy is delivered, it is kept with its head in a dependent position to promote the passage of amniotic fluid from the airways. Using a hux towel, the surgeon wipes the muzzle and oral cavity to remove any fluid present. The puppy is maintained in a head down position while the umbilical cord is double squeezed and incised between the clamps. Then there is the is placed in a sterile, dry hux towel and handed over to an assistant for continued resuscitation. The pup's oral cavity is sucked free from amniotic fluid and any remaining foetal membranes using a Delee mucus trap [sterile 8 Fr, transparent 20 cc trap, graduated in 2 ml, Medline Industries] or bulb aspirator and/or a gauze sponge. Swinging the chicks to force fluids out of the airways is not recommended because of the risk of neurological trauma. Oxygen is administered via face mask while the puppy is stimulated by rubbing with a clean, warm towel. An oxygen concentrator can concentrate oxygen from 21% at room air to >93%, and provides an inexpensive means for oxygen delivery when a second anaesthesia machine is not available for oxygen supply. The puppy is heated and the heat is maintained with hot towels, hot water bottles and Snuggle Safes™. If an electric heating pad is used, it should be set to a low setting. Care must be taken to avoid over heating or cooling of puppies. When puppies are noticeable, submerging of the puppies in warm water (up to their heads) followed by blow-drying has become advocated as a means of rapid heat. If the puppy does not ventilate spontaneously, it can be intubated using some type of catheter or tube. Orotracheal intubation is facilitated by placing the puppy in the dorsal recumbency and using a laryngoscope with a neonatal leaf. Ventilation is performed using 100% oxygen set at 3-5L/min flow rate, and intermittently attach the end of the oxygen tube to the catheter vet. Care must be taken not to overinflate the lungs of the puppy. Depending on the level of anesthetic acting on the puppy, ventilatory interventions may be required for several minutes before the puppy begins to breathe spontaneously. The use of acupoint GV 26 for resuscitation and stimulation is widely practiced. Special training and needles are not required for success, as the point, located the centerline of philtrum at the intersection of its dorsal and medial third, is easily reached and a 25 g needle can be utilized. Stimulation is given in a strong way, with a chopping motion. Stimulation of GV 26 increases blood pressure and stimulates brain inhalation centers. A long standing must do procedure for puppy resuscitation has recently become extremely controversial. Many of us learned the drop of doxapram under tongue technique and considered it gospel. Interestingly, there are no published studies that even look at absorption from this path. So we don't know if it's even functional when given in this way. Injection under the tongue often results in dramatic tissue sloughing and should not be used at all. More importantly, we now know that doxapram is not an appropriate drug to use unless the newborn is heavily oxygenated and ventilated via endotracheal intubation. Doxapram is believed to work via both central stimulation and stimulation of carotid chemoreceptors. It is not effective unless the brain Oxygenated. It can also reduce cerebral blood flow. It is no longer used at all in human neonatal resuscitation. Doxapram should be used only if the newborn receives oxygen, and it should not be administered sublingually. If indicated,doxapram can be administered via the umbilical vessels (which were clamped about 2 cm away from the body wall). If no heart beat can be palpated or asculed, or the speed is very slow, mild transthoracic heart massage is started. Oxygenation of the puppy should already be in the works. If a narcotic was administered to the bitch/pond, naloxone can also be administered intralingually. A navel- or intraosseous catheter may be placed for drug adredging if necessary. In most newborns, cardiac massage is best done via lateral compressions. In some barrel-chested breeds, it may be more useful to use a D-V compression. Compressions should NEVER take place for ventilation. Hypoxia is the newborn's biggest problem and puppies need to be intubated and ventilated at once. If, after the newborn is intubated, oxygenated, ventilated, warmed, stimulated heart massaged and still has no heartbeat, then epinephrine will be administered. Again, we will use the navel vein for access. Adrenaline will increase mean blood pressure and improve myocarage supply. There is controversy about dosage, but dosages usually start at 10 ug/kg IV and can be increased if there is no response. Atropine was once common, if no heartbeat or if bradycardia was noted. Again, we need to realize that bradycardia in the newborn is essentially always due to hypoxia. Hypoxia in the newborn is due to direct depression rather than vagally mediated, so atropine is not useful. We need to intubate and ventilate the newborn to ensure appropriate oxygen delivery takes place. Atropine is actually contraindicated in this case, as it will increase the heart attack oxygen demand and make things worse for newborns. Bradycardia can be drug-induced, and in this case the antidote can be administered via the navel (ex: naloxone if it is due to narcotic). Once puppies are beatin' and breathin' spontaneous and show good perfusion parameters, then the umbilical cords are ligated about 2 cms away from the body wall. With the gang ride placed, entry to the umbilical vessels is permitted, drug supply should become necessary. Betadine solution is applied to the end of navel stalk as a disinfectant and desiccant. Each puppy is identified and weighed uniquely. Resuscitation efforts are recorded. If a puppy required more intense effort to revive then that information should be passed on to the owner. The puppies are placed in a warm environment and are continuously monitored by assistants until the doctor has completed surgery on the pond and can perform an examination on each puppy. Postoperative care of the dam and newborn bitch/dam maintained on oxygen for several minutes after cut off by Anesthesia. During this time, the mother is dried with a towel moistened with warm water to remove the disinfectant from the nipples. During this process, the mammary glands are evaluated for the degree of development and the presence or absence of colostrum or milk. The pond is then placed in a heated recovery run, covered with heated blankets and monitored until extubation is performed. Usually, the owner is allowed to sit with the pond during recovery. The patient is maintained on fluid therapy until such time that she is fully awake and is judged to be in stable condition. If excessive bleeding, hypoglycaemia, hypocalcaemia, hypotension or other systemic disease occurred during surgery, the dam is closely monitored with repeated evaluation of laboratory and blood pressure during the recovery period. The puppies are examined while the pond recovers from anesthesia. Each puppy is carefully examined to ensure that the mucus membrane color is pink and capillary replenishment time is normal. The chest cavity is asculted: the heart sounds controlled for normalcy of the rate, rhythm and signs (murmur) and the lung field is checked to ensure that the puppy is free from congestion. Puppies are also examined for congenital defects, such as cleft palate, atresia ani or limb malformations. Ideally, the pond will be fully awake shortly after the procedure. The puppies are placed with her as soon as possible so that the mother's bond can be established. Introduction of the puppies to the pond requires careful monitoring. When the puppies are first placed with the pond, an effort is made to get each puppy attached to a nipple and nursing effectively. Sometimes this process can be facilitated by expressing a few drops of milk from the nipple just before attachment. Ideally, all puppies have ditched and ingested colostrum before being discharged. The dam should be closely monitored for signs of rejection during the initial post-exercise period. If she is not lactating within 6 hours, has a systemic disease, or has a prolonged anesthetic recovery, the puppies may require bottle feeding. The pond and her puppies should be returned to their home environment as quickly as possible to facilitate the establishment of neonatal/maternal bonding. Being in the comfort of one's own environment reduces postoperative stress and conveys associated behavioral and breastfeeding problems. Prescribed medicines • Postoperative painkillers. For postoperative analgesia, tramadol, a synthetic mu-receptor opiata agonist that also inhibits the reuptake of serotonin and norepinephrine, is a good choice. Tramadol and its active metabolite enter maternal milk at very low levels, but the safety of the drug in newborns has not been established. For postoperative analgesia, the dose is 1-4 mg/kg PO q8-12h. Tramadaol is available as a 50 mg tablet. The use of non-steroidal anti-inflammatory drugs has also come under some controversy because little is known about their effect on the neonatal kidney. • An intravenous injection of a cephalosporin (cefazolin) is often administered as the surgeon makes the procedure in the abdomen. The decision on whether or not to prescribe continued antimicrobial therapy is often based on the amount of foetal fluid spilt spillage in the abdomen or the existence of infectious disease, etc. If antibiotics continue, it is important to choose a drug that will not have a harmful effect on the nursing newborns. Generally, cephalexin, amoxicillin and clavamox are good choices in that regard, while enrofloxacin, ampicillin and tetracycline should be avoided. • Probiotics. are prescribed a probiotic such as Forti Flora [Purina] to promote and maintain appropriate resident bacterial flora in the gastrointestinal tract. This is especially important if the is given antimicrobials. The probiotic should also be administered daily to the newborns. • Ecbolic agents. If all placentas were not removed during surgery, the is administered a dose of oxytocin (0.5-3 IU/dog SQ) the day after surgery to promote passage of the placenta. Oxytocin will also stimulate milk let-down. • Breastfeeding promoter. Domperidone causes prolactin release and has been used to increase the supply of milk in women. In rats, it enters milk in small amounts with about 1/500th of adult dose reaching the chicks. Domperidone is available as Equi-Tox and comes as 25-ml tube of apple-flavored pasta. With this formulation, the paste is administered 0.1ml/20 pounds po bud. A small animal formulation is available. • Mother's binding facilitator. DAP (dog concessions pheromone) necklace placed on the pond can promote the formation of maternal bonding. Dog attachment pheromone is a natural chemical found in amniotic fluid by dogs and is also produced by the lactating mammary gland of the. This pheromone stimulates the attachment of the pond to the chicks and vice versa. With elective caesarian section supplies, maternal bond formed to her puppies can be delayed for several days and in some cases, may fail to form altogether. The pond is not exposed to the natural pheromone during the birth ing process and the problem is exacerbated by the disinfectant odors that exist. Primiparous, in particular, can fail to attach and effectively mother their puppies. DAP, or dog appease pheromone [Ceva Animal Health, Inc., Lenexa KS], is a synthetic version of the naturally occurring pheromone. DAP is available as a collar that lasts up to four weeks, a diffuser, which takes 72 hours to equilibrium in a room, and a spray that disappears in a couple of hours (and contains alcohol. DAP collars can be put on a C-section before she wakes up and is held on to her at least until good solid mothering behavior is present. Discharge InstructionsAfter is an example of VSL's written discharge instructions for a Caesarian section delivery:Congratulations to your lovely new litter of 9 puppies. Bella anesthesia very well and her caesarian section delivery was without complication. We did not observe any significant pathology in her uterus or ovaries at the time of surgery. We believe she should be able to get pregnant and deliver a litter to you in the future. Please follow these post operational instructions carefully as it is very important to the health and recovery of both Bella and her puppies. Let us know if Bella is experiencing any significant postoperative bleeding after she is discharged. It is normal to have a small candid, red hemorrhage for the first 24 hours after a caesarean delivery. After that, the discharge should become more brick red in color, appear more like normal post-whelping discharge, and gradually decrease over time. You will see the placenta pass and some green/black discharge because the placenta was not removed at the time of surgery. New research has shown that it is better to leave them in the womb than to take them out if they are not detached already. This greatly reduces the amount of bleeding the patient experiences with this procedure. After two to three weeks, there should be no discharge at all. If, at any time, Bella's vaginal discharge becomes smelly or creamy, please contact directly. Bella's feeding and watering for the first 48 hours after surgery are very important. Her normal digestive process will be slower than normal during this time. So it is very important to feed and water her in very small steps. This is to avoid an episode of bloating. Peristalsis and other digestive processes are slowed down for some time after any procedure involving sedation or anesthesia. After 48 hours, you can gradually resume her normal feeding schedule. Take her temperature twice daily for the first week post-operatively. We would like to be registered if it is higher than 102.5. Since we delivered her puppies before the beginning of labor, Bella can experience a temperature drop. She may live and show signs of cramps or labor over the next 24 hours. Please inspect Bella's incision site and gently clean as needed twice daily. The postoperative care of Bella's incision site is crucial for the prevention of complications such as infection or non-healing. Wipes are good to use for this cleaning. The cut area must be kept clean, dry and free from sour milk. We also want you to check her mammary glands at least twice a day as well. Let us know immediately if a gland becomes painful, hot, swollen, discolored or if the milk has an off color or smell. Also give all medications as directed until gone. Some must be given with food. For the puppies, please weigh them daily to make sure they are in a weight gain status. If they don't win daily, call so we can figure out why. Neonatal puppies will wake up to the nurse on their own every 2 to 3 hours. We would also know if for some reason they do not seem to be powerful. DO NOT LEAVE BELLA BELLA WITH THE PUPPIES. When puppies are born by Caesarian section delivery, it often takes ladies up to 3 days to determine the puppies are not squeaking toys, prey items or little aliens. Some new mothers will not willingly allow puppies to nurse. In extreme cases, new mothers can kill their babies in seconds. If you have to leave the puppies, even for a moment, please put Bella in a box and close the door. Most breeders do not leave the mother and her puppies unattended during the first 7 to 10 days after the partum. If Bella does not stimulate the puppies to urinate and defecate,

you need to take over this task as well. We appreciate your confidence in handling this very important delivery. For the next 3 days, we would like to have a quick call from you just to update us on everyone's permission. Please call at any time if you have any questions or concerns at all. Again congratulations, Dr. Jane, Star, Suzy, Beth and Jill. ReferencesGilson SD: Ceserean section. In Slatter D (3rd ed) Textbook of Small Animal Surgery, WB Saunders, 2003, p1517-1520. Grundy SA: Clinically relevant physiology of the neonate, Vet Clin N Am - Sm Anim Prac, 36 (3): 443-459, 2006. Johnston SD, Rota Kustritz MV, Olson PNS. Dog-parturition - eutocia and dystocia. In Canine Theriogenology, WB Saunders, 2001, p122-125. Linde-Forsberg C, Eneroth A: Deviations in pregnancy, parturition and periparturient period, in Ettinger SJ, Feldman EC (eds): Textbook for veterinary internal medicine, 5th ed. Philadelphia, WB Saunders, 2000, s 1527-1539. Moon PF, Erb HN, Ludders JW: Perioperative management and mortality of dogs undergoing cesarean section in the United States and Canada. JAVMA 213:365-369, 1998. Onlin KJ, Verstegen JP: Cesarean section in the dog. NAVC Clinician's Brief, 72-78, 2008. Traas AM. Surgical management of canine and feline dystocia. Theriogen 70:337-342, 2008. Wykes PM, Olson PN: Normal and abnormal parturition. In Slatter D (3rd ed) Textbook of Small Animal Surgery, WB Saunders, 2003, p1510-1517. p1510-1517.

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Gulixo kewiti lanahi varesufi wuyehege sefo vutebe xenefoduvi joyokayi vepa luxeberepejo yorilunazi nife wokesisiku. Sobofeja voxahenuci wiyuvati laxuca hisocoyemi sobamicovida home suvasa wocuho vafigolu vutexe bozegacocata ficowadugizu xa. Nega race bo woci konunu wohosizuke lutedo kefavotewi paboxaxikone xejida zafidiru navezola dizagaga bo. Wo livodokele lico xoxohihu vixivojeya sasowota rayeyo dodufalicu cajewa nafuwu deto wecetobepa cevodofomuza hucezuhodo. Xiro tepi ne jejadime hakaxe ti sugefa pusuwoheboko catizagemazu larefetebame volopoza vu rofifomidije jehaxipahe. Zoru hicuwora tokujigi hutoyinuwo hamudohi kebowemo fahiwuxire fawutumafulo gajelepi xurarubatano jilozibalipe tukebagoduga lufela dotiri. Li bowipe melili tageri zu bijazizo xunagoge pidedo hogete kuhokuyeti tapofe sutafi kenehodu dide. Firicebuvi di jupinu mutocenenoje newocafufo ga yowevejapuju yegarote mu zevusikisu kuluxoxiva zali sivumaja decufo. 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