

Caesarean Section in a Queen Cat

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Abstract

A cat was presented with full term gestation and no delivery. The queen cat was dull, depressed and having inappetence for last 2-3 days. On palpation, fetal bony structures were felt in uterus. Caesarean section under general anesthesia was performed taking all aseptic precautions and dead fetus was removed.

Keywords: Cat; caesarean section; dystocia; laparotomy

Introduction

Elective or emergency caesarean section is common in preventing or treating dystocia. The frequency of conducting caesarean section to relieve dystocia in feline is not common as compared to canine (Jyothi and Kolipaka, 2018). Caesarean section is performed on an emergency basis in 58 percent of the time. The goal of caesarean section is delivery of healthy, vigorous kittens and provision of surgical anesthesia, appropriate analgesia and rapid return to consciousness for kitten. Most major body systems change during pregnancy, which may have significant impact on anesthetic management. The anesthetic technique chosen should ideally provide optimal maternal and fetal conditions to ensure optimal oxygen delivery with minimal neurological and cardiorespiratory depression of both the queen and kittens. The most important elements for success in caesarean section are short as possible anesthetic and surgery time. Therefore familiarity with anesthetic protocol is an important consideration (Traas, 2008). Cases of dystocia that could not be relieved through vaginal manipulative procedures were immediately subjected for caesarean section in small animals. This communication documents successful management of caesarean section in a cat with uneventful recovery.

History and Clinical Observations

Two years old cat was presented with complaint

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of having completed full gestation period but not delivered, inappetence for 2-3 days, dull and depressed. On palpation, fetal bony structures could be felt. Clinical examination revealed the condition of cat was serious. Rectal temperature was 101.2 °F respiration rate, was 18 and heart rate was 106 bpm. Considering history, clinical signs and palpation of abdomen to save the life of cat caesarean section under general anesthesia using Butorphanol and Propofol with ensuring all aseptic precautions were performed and dead fetus was removed.

Surgical Technique

The animal was controlled in dorsal recumbency and caudal mid ventral abdomen was prepared for aseptic surgery. Animal was premedicated with inj. Butorphanol at 0.01 mg/kg b.wt. intramuscularly and under general anesthesia was induced and maintained with inj. Propofol at 2 mg/kg for laparotomy, a 4-5 cm caudal mid ventral abdominal incisions was made, muscles were separated and uterus was located and dead foetus was removed (Fig. 1). Uterus was washed with normal saline to avoid infection and sutured on continuous suture pattern for closing both the uterine and abdominal incisions with catgut, followed by interrupted suturing pattern for skin using nylon (Fig. 2 and 3). Post-operative care was undertaken with prolonged antibiotic therapy with inj. Intacef^a (Ceftriaxone), Inj. Melonex^a (Meloxicam), inj. Tribivet^a (Vitamin B₁, B₆ and B₁₂) followed by regular dressing of wound on every alternate day with Tincture iodine and Exoheal^a (herbal wound healer) spray. The skin sutures were removed after twelfth day of post-operative treatment with normal diet and uneventful recovery observed (Fig. 4).

Caesarean section in queen



Fig. 1: Laparotomy with dead fetus



Fig. 2: Closer of laparotomy incision



Fig. 3: Cat post-surgery



Fig. 4: Recovery after surgery

Discussion

Surgical intervention is mandatory if there is an oversized foetus, uterine torsion or rupture or dystocia. Cesarean section is also the treatment of choice, if maternal well-being is compromised, as it is most efficient treatment with lowest risk, especially if more than one fetus is to be delivered (Erika, 2008). Cesarean section is performed on an emergency basis in 58 percent of time. Dehydration, hypovolemia, hypotension, exhaustion, hypothermia, toxemia, hypoxia, hemorrhage and shock may be present if dystocia has been in progress for some time (Jyothi and Kolipaka, 2018). Pregnancy creates major maternal physiologic and anatomic adaptations associated with increased metabolic

demand imposed by growing fetal and uterine mass (Aarnes and Richard, 2015).

References

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