hounds, Dachshunds and Bassett Hounds.[1] Though they may occur anywhere on the body, they are most common on the skin of the head, neck and legs. Excision is the treatment of choice.[2]

References

1. Muller *et al: Small Animal Dermatology.* 3rd ed. Saunders, Philadelphia, 1983. pp 733.
2. Muller and Kirk: *Small Animal Dermatology.* 2nd ed. Saunders, Philadelphia, 1976. p 626.

Preferred suture material in repair of rectovestibular lacerations in mares

M. Shokry, MDVet, I.M. Ibrahim, PhD, A.S. Ahmed, PhD, M.A. Abdel Hamid, PhD, Faculty of Veterinary Medicine, Cairo University, Giza, Egypt

Rectovestibular laceration may occur in mares foaling an oversized or malpositioned fetus. Surgical repair is required before mares are rebred. With the various surgical procedures used to repair rectovestibular lacerations, failure is often associated with use of an inappropriate suture material.[1-8]

This report details trials with various types of suture material in repair of third-degree rectovestibular lacerations.

Materials and Methods

Six experimental animals (4 mares, 2 jennies) were given epidural anesthesia, after which the rectovestibular shelf was sectioned for at least 5 cm to create a third-degree rectovestibular laceration. Hemorrhage was controlled by packing the area with gauze, tetanus antitoxin was given, and the animals were left untreated for 2 weeks until inflammation was largely reduced.

Another 3 mares with a rectovestibular fistula and 1 with third-degree rectovestibular laceration, presented as clinical cases, were also included in the study. The rectovestibular fistulae were converted to third-degree lacerations, and 2 weeks allowed to pass, before repair was undertaken.

The animals were fasted for 24 hours before surgery. Initial restraint involved tranquilization and epidural anesthesia. The rectum was manually evacuated, the bladder catheterized and the affected areas of the rectum and vagina disinfected. The tail was tied out of the way and swabs inserted into the rectum to prevent passage of feces during surgery. After preparations were completed, the animals were anesthetized and secured in dorsal recumbency.

A single-stage technique was used in repair of the laceration, involving incising the rectovestibular shelf around the perimeter of the laceration, separating the rectal and vestibular walls, and apposing the laceration edges of each wall independently using simple-interrupted and Lembert sutures.[6]

For repair of the laceration, 00 chromic gut was used in 2 animals, 00 monofilament nylon in 2 others, and 00 polyglycolic acid (Dexon: Ethicon) in the remaining 6 animals. The skin, from the ventral anal sphincter to the dorsal vulvar commissure, was closed in all animals with silk.

Postoperative care included removal of rectal tampons, IM administration of penicillin-dihydrostreptomycin for 5 days, use of tetanus antitoxin, topical application of an antibiotic ointment to the incision, and feeding of green chop and bran mash with mineral oil. Skin sutures were removed after 12 days.

Results

The best results were obtained when the rectovestibular lacerations were repaired with polyglycolic acid suture material, an absorbable, synthetic material. These results are similar to those in another study.[6]

Use of chromic gut resulted in incisional dehiscence in all animals in which these sutures were used. Similar results with chromic gut have been reported elsewhere.[7,8] Monofilament nylon sutures produced questionable results, in that the wound initially healed but dehisced several weeks postoperative because of straining. Results of other studies have suggested that nylon and synthetic absorbable material, such as polyglycolic acid, are best used in contaminated wounds.[9]

References

1. *Deutsch Tier Wchnschr* 49:339-341, 1941.
2. *JAVMA* 138:659-664, 1961.
3. *Proc 8th Ann Mtg Am Assn Eq Pract,* 1962. p 165.
4. *JAVMA* 144:485, 1964.
5. Vaughan, in Jennings: *The Practice of Large Animal Surgery.* Saunders, Philadelphia, 1985. pp 1127-1132.
6. *Vet Surg* 8:25-27, 1979.
7. *Proc 6th Ann Mtg Am Assn Eq Pract,* 1960. p 105.
8. *Proc 19th Ann Mtg Am Assn Eq Pract,* 1973. p 225.
9. *Ann Surg* 177:679, 1973.