

Veterinary Opinion and Evidence-Based Medicine Regarding the Best Management Practice for a Bovine Uterine Prolapse

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Introduction

Hypothesis: The analysis of veterinary opinions from cattle practitioners and a comparison of these findings with the existing literature can be used to establish a valuable 'best clinical practice guideline' for bovine practitioners on how to manage a bovine uterine prolapse. Evidence based medicine is used to base clinical practice on scientific evidence. This evidence can be provided in many forms, for example text books, journals, letters, websites, and personal communications. The collected information on a particular topic is then assessed to find the most valid techniques that can be used in practice. Often there is a lack of evidence based medicine for common cases. By studying existing literature and investigating opinions of veterinary practitioners, knowledge can be shared among individuals within the veterinary field. Given the paucity of clinical research studies in bovine medicine, using veterinary opinions may be a useful tool for producing clinical guidelines. There is a wealth of experience present in the field, and with the current technology we can easily tap into that. Within cattle practice, management of a bovine uterine prolapse can vary considerably. Each veterinarian can justify their own reasons for this, but why are there so many options, and how do veterinarians choose what they believe to be the best? Is it possible to develop clinical guidelines based on veterinary opinion, to help clinicians choose the appropriate management for each case? This study provides information for cattle veterinarians to base or improve their current practice upon. Veterinarians can hear what others in their profession do, compare it, and possibly alter their own technique.

Materials and Methods

An online survey (SurveyMonkey.com) consisting of 62 questions, was developed in October 2008, after a thorough review of the literature. The survey collected information on veterinary opinions on the management of a bovine uterine prolapse and included the sections 'Management', 'Medicines and Procedures', and 'After-

care and Prognosis'. The survey was available online for approximately two months and veterinarians with any experience in treating a bovine uterine prolapse were asked to participate.

Results

In the allocated time, 692 respondents from 46 different countries participated in the survey. The estimated amount of uterine prolapse cases the respondents had encountered in their professional career ranged from 3 to 2000. Techniques between practitioners varied significantly and many different reasons existed for choosing to perform a particular aspect of treatment. For example, only 42% of respondents administered anti-inflammatory drugs and 15% would never use anti-inflammatory drugs in a uterine prolapse case. Seventy-six percent of respondents would administer an epidural anaesthetic, and 34% of respondents would use hygroscopic substances, such as sugar, on the uterus to facilitate replacement. Fifty-nine percent of respondents always placed vaginal sutures post replacement, while 19% never placed vaginal sutures. Sixteen percent of respondents mentioned to place these sutures due to client pressure. Only limited reports in the literature suggested vaginal sutures provide as measure to prevent a re-prolapse, other reports indicate the use of vaginal sutures is 'at the discretion of the veterinarian'.

Significance

Some veterinarians place vaginal sutures due to client pressure, even if the veterinarian does not believe in their use. If clients' dictate whether a veterinarian performs a particular task, then more evidence based medicine seems needed to help veterinarians make a case for their preferred methods. The survey generated many positive comments showing a demand for this type of field research by veterinarians. The need for evidence based medicine seems valid, concluded from the variety of treatment methods described by respondents.