

One-half to one cc of Rompun^R given IV will cut a 1200-1400 pound Holstein cow down to my size in 10-15 minutes. Another very common restraint used daily is the tail hold. My drug salesman told me the previously mentioned dose would knock the cow down. It does for some, but

if I want the cow recumbent, I usually resort to one of two methods: If you are going to remove a claw or do any teat surgery, you will want ropes to restrain the rear legs anyway. The cow is definitely not anesthetized and she can kick with the same force as if she were awake. She just does not kick as often!

“Laparotomy Anesthesia and Suture Technique”

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The annual convention of the AABP has been the highlight of my practice each year. I practice alone and feel some obligation to my clients to explain any absence that may occur. Since Bob Harris asked me to provide a practice tip for this year's program, I have been telling my clients of my involvement on the program. Now, if none of you will tell my clients how little I contributed, everything will be just fine.

I feel that a very basic concept of healing is ignored in some surgical techniques. To me, minimizing trauma to the surgical site is more important in first degree healing than any other consideration. All of the laparotomy surgery I do is performed on the farm. I normally do not make call backs on routine surgery cases as I expect them to heal without complications.

In anesthetizing the surgical area 2% lidocaine is infiltrated into the site. A 23 gauge, 3/4 inch disposable needle is used for the first line, just penetrating the top layer of the skin. The second line of infiltration is also placed using the same 23

gauge, 3/4 inch needle, inserting the needle as far as it will go. If the surgery is performed in the left flank, the remainder of the infiltration is done with a 20 gauge, one inch needle. When the surgical site is the right flank, a final line of infiltration is made using a 20 gauge, 1½ inch disposable needle.

My suture technique is very standard but the suture material used may be different than some. I never buy any material but gut and the largest size gut used is No. 2 chronic. The skin is closed with a cruciate stitch using nothing larger than No. 2 Vetafil. The suture needle used is a 3/8 circle cutting approximately 2½ inch long. The outside diameter is no larger than an 18 gauge hypodermic needle.

Having an assistant press inward on the opposite flank to force the air out of the body cavity, before closing the peritoneum, will prevent subcutaneous air following surgery.

I wear sterile disposable rubber gloves in performing laparotomies—this protects my fingers in putting tension on the suture material and it impresses the farmer.