

problems with my present pair which have been in regular use for 15 months.

For those looking for the support of spandex without the unmanly look, I have good news. J.C. Penney catalogs offer over-the-calf support socks containing 5% Lycra that look like regular athletic socks. They provide

plenty of lower leg support and even come in large sizes. They cost about \$4 per pair. If upper leg support is your main interest, I would suggest buying Bike compression shorts at a quality sporting goods store near you. These are the same ones worn by world-class athletes and cost around \$25.

Roll With It, Baby!

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It's late Friday night and you have just driven about one hour to a dairy which you hope will be your last call. As you're driving, you realize that you have dinner plans with friends from out of town. You calculate in your mind that taking into account the drive back, you have twenty minutes on the farm to exam and treat your last patient.

After arriving on the farm, you notice your patient in the hospital stall. She's a first calf heifer with metritis, body score 1.78, and her eyes look like two holes in the snow. As you walk the heifer to the chute to exam her, she hits you from the waist down with projectile diarrhea. Physical exam reveals a left displaced abomasum. What do you do? Your stomach growls in anticipation of prime rib for dinner.

Any dairy practitioner is faced with displaced abomasums on a regular basis even on well managed herds. I would like to discuss correction of LDA's with the roll and toggle suture technique. This method has been around for years and has received mixed reviews. The roll and tack technique is not the correction of choice in every case. It is a blind technique and carries a higher inherent risk of peritonitis than the surgical correction. However, we have had the same success rate or higher with the roll and tack technique over surgery. Advantages of the roll and tack technique include: faster than surgery, quicker recovery after correction, less expense for the client, and easier on the cow. Candidates for the roll and tack technique include virtually almost any cow or heifer. I generally recommend surgery for valuable registered animals, but I let the client make the decision. Some clients have had good success with the roll and tack method and will not pursue surgery. Prognosis with the roll and tack method decreases when the animal has been displaced for long periods or has chronic peritonitis. The abomasum will not float freely when encumbered with scar tissue.

A small amount of equipment is required to perform the roll and tack procedure. A DA tool (the tool I use is my own modification of the original), DA toggle suture, scalpel blade, casting rope, foot ropes, halter, and at least one able bodied individual besides yourself.

The beast is haltered and secured to a post allowing 10-12 feet clearance behind and to the right side of the cow. Generally speaking, I do not tranquilize the animal since their physical condition is usually compromised. Sedation seems to hinder a speedy recovery. A casting rope is secured around the animal and the animal is cast down on its right side allowing a clockwise rotation. Remember to undo the halter from the post. Bending the animal's neck to its left side will aid in casting the animal. Once the cow is in lateral recumbency, attach the foot ropes to all four feet. This keeps the operator's head intact. Gently rotate the cow to a dorsal recumbency. Make sure an assistance keeps a good hold on the casting rope. This keeps the animal restrained. Auscultate and locate the abomasum. The abomasum should be located to the right of the midline.

The site for the toggle suture placement should be a hand's width caudal to the xiphoid and a hand's width lateral and to the right of the midline. I generally do not clip the hair for the toggle suture placement. If manure is covering the hair, instead of using water and causing a liquid manure setting, I will pluck the manure coated hair from the site.

Two incisions are made thru the skin parallel to the midline, being careful not to harm any mammary veins. The DA tool is placed in the skin incision and then in a piercing motion plunged all the way to the flange on the tool. The trochar is removed leaving the canula in place. The toggle suture is threaded into the canula and pushed thru the canula with the trochar. The trochar is removed, then the canula is removed, leaving the toggle suture in place. An assistant should hold the toggle

suture placing tension on it, causing the abomasum to hold against the body wall. The procedure is then repeated on the second skin incision as was performed on the first. It is helpful to release as much gas as possible thru the canula on the second skin incision. Reduction of gas in the abomasum, decreases tension of the toggle sutures and consequently decreases toggle suture tear out. The resulting toggle suture ends are tied leaving one finger space between the knot and the body wall. Remove excess suture so that the toggles are not ripped out. Spray topical antiseptic (betadine or nolvasan) on the skin incision areas. Remove the foot ropes and the casting rope. Allow the animal to continue to roll in a clockwise manner and arise on its left side. Auscultate the animal again to ensure that the abomasum is in place.

We have found that after care is critical in the recovery of the cow or heifer. If the cow is not ruminating or dehydrated, we commonly pump the animal's stom-

ach with one to two pounds Bovine BlueLite with Vitacharge powder or other probiotics in five gallons of water. B-complex is administered daily or until the cow is back on feed. Antibiotics are administered routinely for three to five days. Antibiotic selection is based on the dairyman's preference, the prognosis of the cow, and meat and milk withdrawal considerations. If the cow has severe metritis, penicillin seems to be the antibiotic of choice. Naxcel is the antibiotic we use most because of its safety. We encourage the dairyman to locate the patient in the hay pen or on a high forage diet for one week. Many cows return to full feed over night. Others will show a gradual improvement over a few days time. We advise out clients to have the cow or heifer rechecked if no improvement is seen within 48 hours.

Our success rate is running over 80%. Success is defined as the cow returning back to the milking string without re-displacement.

Who is Number One?

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What I am about to give is not a practice tip per se. There will be nothing here that we don't already know, but perhaps we should all be reminded of it periodically. I would like to mainly direct my remarks at those of you who have graduated relatively recently (say in the last 5 years). Hopefully you will be able to learn from some of the mistakes us "old timers" have made from time to time.

For many of us, the transition from Veterinary College to the world of practice did not involve a significant change in how we prioritized our time. We merely went from having our studies being a top priority, to having our practice and clients as a top priority. This was perceived to be a necessity for academic survival and later, economic survival. It was easy to get caught up in the race to try to be everything to everyone. To that end, we provided services day and night, seven days a week; rushing here and there, making sure that all the "wrecks" were looked after and all the fires put out; pursued practice expansion and the upgrading of knowledge and equipment; all in the hopes that someday it would all come together and provide us with that perfect lifestyle that we all have in our minds.

For many of us that has happened. We have reached a stage in our careers where we are perfectly content to practice at the level we are at and that is fine;

but for many of us, the continuous pursuit of increasing our knowledge and increasing the level of service to our clients has only revealed how much more we have to learn and how much more there is that we could be doing. So we plunge on and invest even more time and resources in this pursuit which only reveals that we have even more to learn and more that can be done and all the time there is still the odd wreck to fix and fire to put out, until at times it all seems to become a bit of a blur.

The price for this pursuit can be high. Physical and/or mental breakdown, bitterness, career changes, substance abuse, and family breakdown are all too often the result of this race that nobody wins. But the highest price is paid by family and friends in lost time; time that can never be recovered no matter how hard we try. It is ironic that those that we try to do the most for, end up paying the biggest price.

Please don't think I am advocating an abandonment of professional growth. Far from it. The expanding of the boundaries is necessary for our profession to survive these changing times. If we quit pushing the limits, we will stagnate and then regress.

Just make sure that enough time is allocated for your family; your friends; and last but not least, yourself. Everyone, including our profession, will be much better off for it.