

Item Metadata

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BEGIN TRANSCRIPTION

*[Meowing]*

**Narrator:** The Feline OHE.

**Narrator:** The patient is clipped cranially along the rib margins to the caudal extent of the abdomen. An appropriate surgical scrub is performed.

*[Silence as the patient is scrubbed]*

**Narrator:** Surgical towels are then placed. The lateral towels are just inside the nipple line. The caudal towel is at the pubis. The cranial towel is well cranial at the umbilicus. Towel clamps are utilized, a surgical drape is placed, and the incision is planned. For cats, the incision should be made in the middle third of the abdomen.

**Narrator:** One clean cut is made through the skin, and the subcutaneous tissues are incised gently. In cats the linea alba is usually visible, it should be grasped with the thumb forceps and a stab incision made into the abdomen. A groove director is then inserted to extend the abdominal wall incision. Care must be taken to ensure the groove director stays on midline and does not entrap any abdominal organs. Cats will often have falciform fat attached to the inside of the abdominal wall; this must be broken to allow access to the abdominal contents. This bayhook is then inserted with the hook towards the abdominal wall. It is run dorsally and then medially turned and then brought straight up. Uterine horn is usually what is retrieved in the cat. Once again the ovary is located, here you can see that the ovary is not encased in a bursa. Also, the uterine bifurcation is located. Caudal traction is again placed on the uterine horn to stretch the suspensory ligament. The suspensory ligament is not torn in the cat, it is simply stretched; this may be done on the outside of the cat, palpate for the taut structure and press down.

**Narrator:** Once the ovary has cleared the incision there is adequate exposure. The suspensory will continue to stretch as clamps and ligatures are placed. Once adequate exposure has been generated, the ovary has cleared the incision, a mosquito hemostat is placed under the ovary.

The ovary is clearly visible. Tissues in the cat are very fragile, therefore no crushing clamp is utilized and encircling ligature is simply placed proximal to the mosquito hemostat. Six to eight throws are necessary for each ligature; it is important to ensure that there is adequate tissue between the ligature and the clamp so that the tissue will not slip back through the ligature when cut. As there is very little excess tissue in a cat, the second ligature is an encircling, it is placed just proximal to the first ligature.

**Narrator:** You can see here that both ligatures are well below the clamp. Cats have abundant subcutaneous fat as well as falciform fat and it is important to ensure that none of this gets caught in the ligature.

**Narrator:** Once the ligatures are complete, attach a mosquito hemostat to the stump and amputate just below the clamp. Observe the stump for bleeding, take tension off by replacing it in the abdomen, and then release.

**Narrator:** If possible, try to visualize the stump for a second or two once it has been released. Retrieve the second uterine horn digitally. Create a hole in the broad ligament to facilitate caudal traction on the uterine horn. Provide caudal traction to stretch the suspensory ligament, and use downward pressure to further stretch the ligament and allow visualization of the ovary.

**Narrator:** Once the ovary has cleared the incision, break down the broad ligament until you reach the vasculature and apply a mosquito hemostat just under the ovary. An encircling ligature is then applied well proximal of the mosquito hemostat. There is no crushing clamp used for the cats as their tissue is very fragile and likely to tear. All ligatures have six to eight throws, all throws are tight. A second encircling ligature is placed proximal to the first. A mosquito hemostat is then used to grasp the ovarian pedicle and it is amputated just below the clamp. Once inspected, the ovarian pedicle is released. There is very little broad ligament in the cat but it is important to break down the round ligament as this will facilitate exposure of the uterine bifurcation. Palpate for the cervix and place a clamp well above where you plan your ligatures to be. Remember we don't use a crushing clamp in cats as the tissue is fragile and likely to tear.

**Narrator:** A transfixing ligature is applied. Take a small bite of uterine body and encircle the vessel on the lateral side. Two throws are used to anchor the ligature and then the ends are passed to the other side of the uterine body and six to eight throws are placed.

**Narrator:** Once the knot is complete, a second transfixing ligature is placed from the opposite side. Again a small bite of tissue is taken in the uterine body, the ligature is anchored with two throws, the ends of suture are passed around the uterine stump and six to eight throws are performed. A mosquito hemostat is attached to the uterine body and the uterus is amputated below the clamp. The uterine stump is inspected for hemorrhage. Once the stump has been inspected, it is released into the abdomen. The abdomen is inspected for bleeding before the closure begins. This is accomplished visually and by compressing the sides of the abdomen. The holding layer of the abdomen wall is the rectus sheath, it lies on top of the muscle. The suture is passed between the muscle and the rectus sheath. The muscle is not a holding layer,

and will only necrose, it is important to incorporate as little muscle as possible into the abdominal closure.

**Narrator:** Once again you can see that cats have abundant subcutaneous fat and falciform fat. It is critical that the abdominal fat stay within the abdomen and the subcutaneous fat stay out of the abdomen. Any fat protruding between the edges of the incision can create a hernia. A simple continuous pattern is used to close the abdominal wall. Sutures should be placed no more than five millimeters apart. You will notice that a suture tag has been left cranially in the body wall. At least eight throws should be performed between the start and finish of the abdominal line. Remember when tying the knot with a loop it is important to open the needle holders to allow the loop to slide to the end.

**Narrator:** Once the body wall is closed, the incisional line block will be performed. Cats have a propensity to react to suture material left inside, therefore we do not generally close the subcutaneous tissue in cats, we close the body wall and the intradermal layer. Cut the loop off the suture and begin the intradermal line. The intradermal line is begun by directing the needle to exit the point of the incision in the dermis. A horizontal mattress pattern is then performed in the intradermal layer. The intradermal layer is the junction between the skin and the subcutaneous tissues. The subcutaneous tissues are not a holding a layer and will allow the incision to gape open. Remember with the horizontal mattress, the suture should backtrack as you pass across the incision from side to side.

**Narrator:** Avoiding the use of thumb forceps will decrease trauma to skin. Check the intradermal line as you progress cranially as it is easier to fix mistakes where they are rather than waiting til closure is complete. As you near the cranially end of the incision, be sure the suture tag stays cranial of where you are suturing. Tie the suture off to the tag that was left, four or five throws is sufficient. Be careful not to pull the first throw too tight, as cat skin is very elastic and it will tend to gather. Instead wait until the second or third throw to tighten the knot down. Cut the short end of suture, place caudal traction on the suture, and direct the needle into the subcutaneous tissue between the knot and the cranial end of the incision. The needle should exit the skin cranially. Pull the suture while stabilizing the skin in order to cause the knot to move into the subcutaneous tissue. Place at least one skin suture so the clients will return for us to palpate the abdominal wall. Cut the suture off as it exits the skin.

*[Cheering]*

END TRANSCRIPTION