

ACBA: Health

UTERINE PROLAPSE

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Uterine prolapse is the protrusion of the body and/or one or both horns of the uterus through the cervix and vulva. Although relatively uncommon, this complication can occur while the cervix is dilated during or after the delivery of pups or abortion of a litter.

When prolapsed, the tubular uterus actually telescopes inside out and protrudes through the genital opening. Its appearance varies depending on how much of the organ is protruding and the length of time that it has been exposed. It may look like a small, reddened piece of meaty flesh coming out of the vulva or it may look like a larger mass of tissue the size of an adult finger extending from the genital opening or any size in between. A recent prolapse may still be moist and red to pink in color. As it remains exposed, the uterus will start to dry, shrivel, and become a darker color, anywhere from reddish purple to black.

The causes of uterine prolapse are many, some obvious and some not. Excessive straining while trying to pass an abnormally large baby or retained placenta or fetus would be the most common.

Manual extraction, when needed to retrieve such a pup, placenta, or fetus, may be too aggressive, causing the uterus to be pulled out through the birth canal along with the obstructing problem. Sometimes a prolapse may occur after the routine delivery of a large numbered litter and occasionally after an uncomplicated delivery of a normal sized litter. No predilection for age, weight, or number of previous litters has been documented.

Prolapse of the uterus is a problem that requires immediate attention. The everted organ can easily be torn or chewed on by the sow or cagemates so she must quickly be isolated and her physical movement restricted.

The uterus should be rinsed or soaked in warm water or a warm, dilute antiseptic solution. Using a warm sugar solution can help decrease its size if the organ is extremely swollen. The uterine lining must be free of debris before reinsertion. The uterus must be examined for any damage such as tears and chewed

or 'dead' areas. **Only reinsert the uterus if it is clean and has no obvious damage.** Torn or dead areas in the uterine wall will not heal by themselves and must be repaired by a veterinarian before reinsertion.

If assistance is needed, the uterus should be wrapped in a warm solution-soaked paper towel or light cloth for protection and the sow wrapped closely in a towel to prevent movement during transportation or while waiting for help to arrive.

If the uterus is clean and undamaged, it can be reinserted by pushing it gently back into the genital opening and birth canal. Sometimes the uterus needs to be placed back through more deeply using a clean or gloved fingertip.

The presence of the uterus in the birth canal may stimulate abdominal contraction, causing the uterus to be expelled again immediately. When this occurs, pressure must be applied over the genital opening to prevent the organ's escape. This constant pressure may be required for up to 30 - 45 minutes before contractions cease. If the contractions continue and the uterus will not remain in place, veterinary attention is necessary for the placement of stay sutures. The risk of reoccurrence of the prolapse decreases within 24 hours as the cervix closes. The chance of successful replacement of a uterine horn that prolapsed before all the pups are delivered is slim. The active contractions required to deliver the pups will usually re prolapse the empty horn again. A C-section would be necessary to resolve this situation.

Uterine infection is a common consequence associated with uterine prolapse. Antibiotics may be advisable depending on the degree of tissue damage and contamination.

Other more severe complications can occur, causing sudden death in an apparently successful replacement. Ruptured blood vessels that may have been pinched closed during the eversion of the organ may hemorrhage once the uterus is replaced. Also, sometimes the blood supply to the uterus may get permanently damaged while prolapsed and causes portions of the organ to die. Such damage may take

several days to develop into a serious problem and often results in an apparently sudden death.

Sow survivability and return to normal reproductive performance depend strongly on sow stress and uterine damage. Obviously, sows with a small and/or short duration prolapse, with no uterine damage, no more pups to deliver, and that have successful replacement done without the added stress of a car

ride and environment change have the best chance for full recovery. The risk of reoccurrence or other problems with future litters remains unknown. Of the prolapsed sows in my experience, the majority of those rebred had no similar problems with delivery. In one case, the sow never became pregnant again. In all of these cases, the prolapsed uterus was replaced at home by the owner.

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