

POST-OPERATIVE CLINICAL EVALUATION OF PERCUTANEOUS CYSTOSTOMY IN SHEEP

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One of the best therapeutic approaches to obstructive urolithiasis in SMALL RUMINANTS is tube cystostomy, either through laparotomy or video-laparoscopy. Although effective, both techniques are time- and resource-consuming, and may expose the patient to unsafe anesthetic conditions, especially those already facing severe hydroelectrolytic imbalance. This experiment evaluates an alternative procedure: percutaneous cystostomy. Six healthy rams were examined and had their urethral process obstructed with surgical knots 12 hours before the surgical procedure. The animals were sedated (xylazin chloride, 0.15 mg/Kg IM) and anesthetized (ketamin chloride, 2.0 mg/Kg IV). The surgical site was clipped, cleansed, and the bladder was palpated and ultrasonographically scanned to confirm bladder distension. A trocar with cannula was vigorously thrust through a 0.5 cm skin incision into the bladder, and the trocar was swiftly replaced by the Foley catheter. The urethral process was clipped away immediately after the surgical procedure. The animals were clinically examined 12 hours, 1 day, 2 days, 4 days, 8 days, 15 days, and 30 days after surgery. Clinical examinations were added to behavioural aspects to form a comprehensive evaluation score (each alteration and/or complication was assigned a certain number of points). Animals had mild complications (e.g, pain in the surgical site) without significant signs of infection until the 2nd day post-surgery, when conditions improved substantially. By the 30th day post-surgery, the score revealed only minor alterations in one ram, the other five had no points. Percutaneous cystostomy was accomplished in a few minutes in all animals under IV dissociative anesthesia, and generated only one site of potential infection (entrance of the Foley catheter). In spite of these positive aspects, insertion of the trocar/cannula kit may be a potential key failure point, since it depends considerably in bladder distension. Moreover, patients undergoing tube cystostomy are, in most cases, under severe clinical imbalances that detain proper clinical evolution even with successful tube bladder draining. Therefore, the clinical evaluation of experimental animals must be weighed against other techniques under the same conditions (in process). In conclusion, practioners must ponder the possibility of fast execution with possibility of performing traditional laparotomy in case of bladder rupture.