після операційній терапії є незамінною. При правильній дієтичній годівлі вірогідність повторного уролітіазу різко зменшується. Власникам тварин потрібно регулювати масу тварини. В якості лікувально–профілактичної дієти, крім природних кормів ми рекомендуємо WHISKAS LOW pH control Diet, Royal Canin Urinary Program LP – 30 (Felister S–10).

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Stepanov Alexander

PhD in Veterinary sciences, Assoc. Professor State Agrarian and Engeneering University in Podilya Kamianets-Podilskyi, Ukraine

DETERMINATION OF THE SURGICAL ACCESS BY THE CATS' CASTRATION THROUGH THE LEFT FLANK CUT

Today, surgical castration in a cat can be done by the method of ovarioectomy or ovariogisterectomy [1]. The efficiency and safety of both methods are proven. In addition, each of these interventions can be done through the ventral [2] or lateral [3] abdominal wall. With the use, respectively, of median [4] or lateral [5] access.

Traditional castration of cats is considered median access, concerning of lateral research of the most optimal continues.

The aim of the research was to define the optimal surgical access by the cats' castration through the left side abdominal wall.

The work was done in the clinic of the SAEUP department of veterinary medicine. Ovaries were excised from healthy mature cats. The cut of their left side abdominal wall was done on the level of its upper third in three different areas. In general ten castrations through the cross cut in the middle ilium were realized, ten were done through the cross cut on the boundary of the groin and ilium area and ten of them were done through the slanting cut in the left groin area. In each case the length of the skin's cut was 1.5 - 2.8 cm.

In the left groin area the slanting-vertical cut of the skin from top to bottom in the direction of the internal slanting abdominal muscle's fibers was led. The abdominal wall was separated by the obtuse way with the help of the hemostatic tweezers.

In the wound, a little finger or spay hook was inserted. The left uterine horn was gripped and the ovariohysterectomy was accomplished.

The characteristic peculiarity of these operations was a quite easy accomplishment of

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the laparotomy by searching for the uterine horn and laying ligatures on the uterus. According to this way of castration it was difficult to take out the ovary from the wound and to lay the ligature on its ligament. Besides, after the operation, when animals were lying on the belly, their surgical wound was placed almost above the knee.

By the implementation of the surgical access on the groin and ilium boundary the cut of skin was led along the line from the edge of the hook bone in the direction of the fourth nipple of the mammary gland on the appropriate side. Laparotomy was done in the same way as in the groin area. Ovariohysterectomy was executed. But there were some difficulties with the searching of ovaries. Lifting of the animal's pelvic quarters and the back body part and also separation of the wound's edges by the wound hooks considerably facilitated the finding of the uterine horns and ovaries.

In case of the implementation of the laparotomy in the middle ilium area the vertical cut of skin in the direction from top to bottom was done. Laparotomy was done in the same way as on other areas of the side abdominal wall. The omentum was displaced by the hook and the right uterine horn with the ovary was seized. Closeness of the ovary disposition guaranteed comfortable condition for laying a ligature on its ligament. But even strong stretching of the uterine horn didn't give an opportunity to get to the uterus body. Because of this the ovariectomy was accomplished.

All operations were finished by laying two stitches on the internal and external slanting abdomen muscles and a few stitches on the skin.

In average the operations lasted 25.8 ± 2.4 minutes. A healing after the cut in the groin area lasted 6.8 ± 0.7 days and in other areas -6.1 ± 1.4 days.

The Conclusions. 1. By the access through the left side abdominal wall anatomically the most substantiated way if the cats' castration is the implementation of the ovariohysterectomy with its cut in the upper third on the boundary between the groin and the ilium in the direction from the hook bone to the fourth nipple of the mammary gland on the appropriate side.

- 2. The cat's ovariectomy implementation through the cut in the left groin area doesn't provide normal conditions for leading an operation and running-up of the postoperative period.
- 3. Usage, with the aim of cats' castration, of the surgical access in the middle left ilium area gives an opportunity to do only the ovariectomy. At the same time such way of the operation is connected with difficulties when searching for the right ovary.

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