# **T400-Series Surgical Protocol**

# Horse Uterine Artery: Acute Blood Flow Measurement

### **APPLICATION BASICS**

Site: Middle Uterine Artery

Species: Horse
Weight: 500 kg
Duration: Acute
Vessel Diameter: 5 - 7 mm

**PROBE** 

Size: 8 mm

Reflector: L with sliding cover

Cable Length: 60 cm

Catalog #: MA-8PSS-LS-WC60-CRA10-GA
FLOWMETER TS420 Perivascular Module

### Flow Ranges Observed

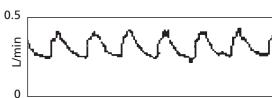


Fig. 1: Mean uterine flow in the anesthetized thoroughbred mare was 350 ml/min.

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Dr. Claire Card, Dr. Etta Wertz, NYS College of Veterinary Medicine, Cornell University, Ithaca, NY

### **Application**

This protocol was developed as part of a investigation on fetal and maternal relationships in parturition in the mare. Horses undergoing surgery often have circulatory complications such as perfusion mismatches, ischemic myopathy and low blood oxygen levels. In pregnant mares, emergency surgery is commonly associated with premature parturition and increased foal mortality.

In this study, uterine blood flow was measured in late pregnancy mares undergoing abdominal surgery for fetal instrumentation. This data was used intraoperatively to monitor the effects of the mare's positioning and the length of time under anesthesia. Comparisons were also made between different anesthetic agents such as isofluorane and halothane. This technique will also be used to characterize the interactions between uterine blood flow and common therapeutic agents such as altrenogest, clenbuteral, oxytocin and flunixin-meglumine.

### **Surgical Approach**

Tranquilize the horse with 0.02 mg/lb acepromazine and induce anaesthesia with thiamylal-guaifenesin solution administered intravenously to effect (approximately 0.5 ml/lb). This solution contains 2 grams of thiamylal mixed into 1000 ml of 5% guaifenesin solution. Position the mare in dorsal recumbency and maintain anesthesia by controlled ventilation with oxygen and halothane or isoflurane. Administer sodium penicillin (10,000 IU/kg) and Gentacin (IM) preoperatively.

Make a ventral midline incision from a point 6 cm cranial to the umbilicus to the udder with electrocautery. Continue the incision through the subcutaneous tissues with a #10 blade and enter the peritoneum. Identify the nonpregnant horn of the uterus by palpation and manipulate the uterus to expose the middle uterine artery. Dissect free the covering fascia to mobilize a short (1-2 cm) segment of the artery.

Pass the L bracket of the Probe around the middle uterine artery. Close the slide and secure the screw. Remove the plunger of a 30 cc syringe and load with sterile surgical lubricating gel, taking care to prevent the formation of air bubbles. Place a flexible catheter on the tip of

the syringe. The catheter may be inserted into the Probe's acoustic window adjacent to the vessel and the gel deposited as the syringe is withdrawn.

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THE MEASURE OF BETTER RESULTS.

(Continued on next side.)

## Horse Uterine Artery: Acute Blood Flow Measurement Cont.

### Surgical Approach cont.

To verify that signal amplitude is above 0.6 V, press the test mode button on the Meter. A low signal or an acoustic error can usually be traced to an insufficient amount of lubricating gel or an air bubble. If the artery fills most of the acoustic window, surface tension will keep the acoustic couplant between the vessel and the Flowprobe and the uterus may be returned to the abdomen while other procedures are performed. When fetal surgery is included in the protocol, it is suggested that ampicillin be administered directly to the fetus before closing.

When all procedures are completed, remove the Flowprobe and close the abdomen with #3 vicryl. Appose the subcutaneous tissues with #0 vicryl and staple the skin. Post operative care consists of appropriate antibiotics.

### **REFERENCES**

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### **AMERICAS**

Transonic Systems Inc. 34 Dutch Mill Rd Ithaca, NY 14850 U.S.A.

Tel: +1 607-257-5300 Fax: +1 607-257-7256 support@transonic.com

### **EUROPE**

Transonic Europe B.V.
Business Park Stein 205
6181 MB Elsloo
The Netherlands
Tel: +31 43-407-7200
Fax: +31 43-407-7201
europe@transonic.com

### ASIA/PACIFIC

Transonic Asia Inc. 6F-3 No 5 Hangsiang Rd Dayuan, Taoyuan County 33747 Taiwan, R.O.C. Tel: +886 3399-5806 Fax: +886 3399-5805 support@transonicasia.com

#### **JAPAN**

Transonic Japan Inc. KS Bldg 201, 735-4 Kita-Akitsu Tokorozawa Saitama 359-0038 Japan Tel: +81 04-2946-8541 Fax: +81 04-2946-8542 info@transonic.jp