

## **SUTURE OPTIONS IN FELINE OVH**

Proper surgical protocols for domestic feline ovariohysterectomy by midventral abdominal laparotomy is described in many veterinary surgical texts as the excision of ovaries, fallopian tubes, uterine horns and uterine body with subsequent ligation of the ovarian pedicles and uterine body. Closure of the surgical site is also described in similar publications and involves a three layer suture closure of the peritoneum and abdominal muscles in one layer, closure of the subcutaneous space in a second layer and apposition of the incised skin in a third and final layer. The type and size of suture may be recommended in such surgical texts but the choice of suture and method of suturing is left to the discretion of the surgeon.

Surgeons choose type and size of suture based on their personal preference and experience. When performing feral cat ovariohysterectomies, I have found that the use of non-absorbable (and usually monofilament nylon 2-0 or 0 size) suture is preferable when closing the abdominal wall (first layer), as such suture is unlikely to break down and therefore offers peace of mind and the patient additional safety from dehiscence. There are many surgeons who prefer not to “bury” non-absorbable suture for concern of leaving persistent suture as a potential foreign body) in the surgical wound. But feral cats present a particular challenge to surgeons as, once released, they are often difficult to closely observe for suture defects and other post-operative problems. For this reason, a breakdown of the surgical site (dehiscence) can and probably will result in the death of the feral feline post-surgical patient following intra-abdominal surgery. Experience has taught me to take this additional precaution and since closing the abdominal wall with non-absorbable suture, I have never suffered a post-operative dehiscence.

Suturing patterns are also left to the discretion of the surgeon. Common patterns of suture-closing the abdomen are simple continuous (two knots) or simple interrupted (many knots) suturing. Although simple interrupted suturing takes the surgeon a little more time, I prefer this method as it offers additional safety from suture line dehiscence for the patient. If a simple continuous suture line breaks down, there is a high risk of entire suture line dehiscence. If there is breakdown in a simple interrupted suture line, the breakdown will most likely result in a small suture line defect.

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