

Urinary bladder retroflexion due to vaginal prolapse in a dog

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Vaginal prolapse in dogs is a common occurrence following oestrus, but retroflexion of the urinary bladder within the vaginal prolapse is uncommon. A Two and a half year-old intact nulliparous Coonhound female dog was presented to the Veterinary Teaching Hospital with an unusually large circumferential prolapse of the vagina of three days duration (Fig. 1). The vaginal mucosa was oedematous but was not necrotic. The dog was in oestrus 2 weeks prior and was not bred. The dog was passing urine with difficulty in small quantities and at frequent intervals. A thorough digital examination revealed that the entire circumference of the vagina was involved in the prolapse. On manipulation of the prolapsed mass urine oozed out from the urethral orifice at the base of the prolapsed mass. When a urinary catheter was inserted through the urethral orifice it passed in a caudal direction. Positive contrast urethrocytography was done to confirm the presence of a retroflexed bladder using an 8F Foley catheter. This technique clearly delineated the retroflexed bladder within the prolapsed vagina (Fig. 2). The dog was premedicated with 0.7mg of Acepromazine and 10mg of Morphine administered intramuscularly. General anaesthesia was induced with intravenous Propofol and maintained with 2% Isoflurane in oxygen. A mid line laparotomy was performed. The urinary bladder within the vaginal mass was manually pushed into the caudal abdomen by a non-sterile assistant while the surgeon applied gentle traction to it when it appeared in the caudal abdomen. Following incisional cystopexy to the right abdominal wall, ovariectomy was performed and the abdomen was closed routinely. Since the prolapse was irreducible even after the reduction of retroflexed bladder and cystopexy, vaginal amputation was carried out. The dog was placed in sternal recumbency in a perineal position for excision of the prolapsed mass. A urinary catheter was passed and attached to a collecting bag before positioning the dog on sternal recumbency. The border between the oedematous mucosa and the normal vaginal vault was identified. A series of horizontal mattress sutures with 2/0 vicryl were applied around the entire circumference of the

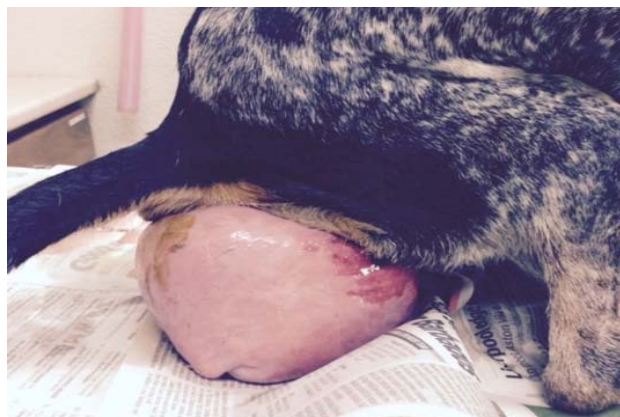


Fig. 1: Appearance of the huge vaginal prolapse

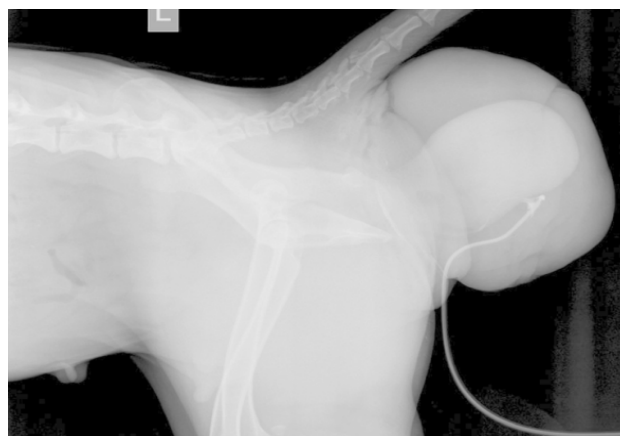


Fig. 2: Positive contrast urethrocytography showing the retroflexed bladder

prolapsed doughnut shaped mass incorporating both the outer and inner layers. Special attention was paid while suturing the ventral border of prolapsed tissue such that the bites were taken caudal to the urethral orifice in order to preserve it. The prolapsed mass was then amputated, and the edges were apposed using 2/0 vicryl. Postoperatively Amoxicillin: Clavulanic acid 20mg/Kg BW PO twice daily for five days, Meloxicam 0.2mg/Kg BW PO on day one followed by 0.1mg/kg BW for the next two days were prescribed. The urinary catheter was removed on the third post-operative day the recovery was uneventful.

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