

# HERPETOLOGIA

*A column for short herpetological contributions*

## **REPORT OF AN OPERATION ON *ELAPHE GUTTATA GUTTATA* SUFFERING FROM EGG RETENTION**

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### INTRODUCTION

This operation report is concerned with a snake three years of age which laid eggs for the first time this year. As snakes are usually anaesthetised using gas and most veterinary surgeons don't have the required equipment, it seemed meaningful for us to write this article: the subject was anaesthetised in a different manner to that normally used.

### PRESENT HEALTH

The subject was operated on during July 10. On July 13 and on August 3 she sloughed. The last date is also the day that she ate again for the first time since the operation. Her condition is now satisfactory and the operative wound has healed well. It only remains to be seen if her digestion returns to normal again and if no internal complications caused by the egg retention appear. As many people know, it can take a long period before certain negative processes become visible, when dealing with snakes.

In conclusion we want to thank Afrien Smalink for her expert help and enthusiasm during the treatment of a patient that was definitely not usual for her.

### OPERATION REPORT

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On a Thursday evening I received a phone-call about a snake, an *Elaphe guttata guttata*, that had already laid ten eggs, but could not lay the last four eggs. Egg retention is a problem that occurs often in this species; mostly the cause is a deficiency of calcium. Therefore we gave the snake an injection with calcium (Calcitad,  $\pm 0,2$  ml.) and two hours later an injection with Oxytocine, (2 I.E./kg) to start the contractions again. The contractions indeed started, however, the eggs still were not laid.

The injections were repeated a number of times, each time with about eight hours in between, but without results. Finally we decided on Monday to remove the eggs operatively. We tried to anaesthetise the snake with Ketamine (40 mg/kg) and Domitor (16  $\mu$ g/kg), but she reacted insufficiently to this. Therefore we administered another half dose after about twenty minutes. Then we opened up the *Elaphe guttata guttata* next to the central line at the place where the eggs were positioned and took out the ovary. Through this opening we were able to take out all four of the eggs. This was possible, because they all layed in the same ovary. One of the eggs broke during the operation. We removed it as much as possible and rinsed the abdominal cavity and the cavity of the chest with a sterile, physiological salt-solution. The eggs, however, were not viable. After this the ovary was stitched with Vicryl 5-0, atraumatic and the wound was closed. The snake was given an injection of Baytril and Antisedan (8  $\mu$ g/kg) to enable her to recover at a faster rate. Some days later the owner called with the message that the snake was making excellent progress.

I thank Mr. M. Maas from Waalwijk for his advice.