In South American camelids, dystocia is a rare occurrence (1% to 5%). Reported causes for dystocia in South American camelids are abnormal fetal position/presentation, failure of cervical dilatation, uterine torsion, uterine inertia and uterine rupture. Uterine torsion and dystocia requiring a cesarean section are the most common reproductive emergencies in South American camelids.

Uterine torsions occur in late gestation in camelids, usually after the 9th month of gestation. The cause of uterine torsions is still unknown; however, excessive rolling, prolonged gestation and right horn pregnancies are associated with an increased risk. Uterine torsions are most often diagnosed due to abnormal behavioral signs in the dam such as distress, abnormal labor or labor without progression. If such signs are seen, uterine torsions should be considered an emergency in order to save the fetus and the dam. Incidental findings of a uterine torsion during a routine pregnancy examination have also been reported. In these cases, if no abnormal clinical signs are present, a re-evaluation in 24 hours should be performed.

The presence of a uterine torsion can be diagnosed by vaginal examination, transvaginal palpation and careful rectal examination. Vaginal vault deviations or deviation of the broad ligaments will confirm the diagnosis. The direction of the uterine torsion is important when attempting nonsurgical correction of the torsion by rolling the female while stabilizing the uterus. In most cases correction of the uterine torsion can be accomplished with this technique. If nonsurgical correction is unsuccessful, surgical correction has to be performed. Surgical correction is done through a left proximal lateral abdominal approach using local infiltrative anesthesia. The incision is just big enough to introduce a hand to correct the uterine torsion. If the fetus is at term or it is known that the fetus is compromised, a cesarean section is recommended.

A cesarean section may also be needed in other reproductive emergencies, such as inadequate dilation of the cervix and abnormal fetal position. Prompt surgical intervention via cesarean section is indicated when the viability of the fetus and or dam are questionable and manual delivery is not immediately successful.

Cesarean sections are performed via a left proximal lateral abdominal approach or ventral midline laparotomy. For a ventral midline approach general anesthesia is the preferred anesthesia method. For the left lateral abdominal approach local infiltration of anesthetic is a safe and effective method for performing a cesarean section in camelids as well. The advantages of this approach are increase in fetal vitality, minimal fetal depression, maternal-neonatal bonding occurs more quickly, and the onset of milk let-down and lactation is more rapid as compared with general anesthesia.

Complications of a laparotomy in camelids are similar to other species and include peritonitis, hemorrhage and incisional complications. Retained placenta is the most common complication noted after a cesarean section. Clinical experience suggests that retention of the placenta is of short duration and that it is not commonly associated with complications detrimental to dam survival or fertility.

In conclusion reproductive emergencies in camelids are infrequent due to the fact that dystocias are a rare occurrence. Prompt interventions that resolve the dystocia will have a high survival rate and return to breeding soundness for the dam and good viability for the fetus.