* **Second degree laceration**

Submucosa and muscularis of the vulva, anal sphincter, and perineal body lacerated but there is no damage to the rectal mucosa.

**Clinical signs**

Second-degree lacerations may only be evident on physical inspection of the caudal reproductive tract manually and/or with a vaginal speculum.

**Treatment plan**

Second-degree lacerations may need an episioplasty and/or perineal body reconstruction.

If tissue damage has caused significant edema, inflammation, and infection, surgical correction may be postponed for 2 to 4 weeks.

1. Clean the wound with povidone-iodine solution solution (Betadine) and absorb excess fluid with moistened cotton.
2. Use a pair of malleable retractors to visualize and evaluate the affected site. Suture laceration if possible.
3. Initially, systemic antibiotic (Procaine Penicillin) and anti-inflammatory (Flunixin meglumine) treatment is administered for the acute trauma.
4. If pain prevents normal micturition, apply a catheter.
5. If there is severe haemorrhage, use finger and haemostats to find and ligate vessel if possible.
6. If ligation not possible, pack vestibule and vagina with sponges.
7. Surgical intervention if conditions do not improve.