Cloacal prolapses are one of the more common conditions that veterinarians seeing reptiles are going to be presented with. Most often it first involves a phone call where the owner says “I came home and found something sticking out the bum of my snake!”

It is beyond the scope of this lecture to go into much detail about cloacal prolapses but when treating them the veterinarian should be aware of the following:

- Ask owners to keep the prolapsed tissue moist, clean and protected from trauma. Food cling wrap works very well.
- Examine the animal as quickly as possible as the longer the prolapsed tissue is out the more swollen it gets and the greater the risk of it becoming non-viable. These are one of the few true reptile emergencies.
- Try and determine exactly what tissue is prolapsed. One should have an understanding of the anatomy of the cloaca of the various reptile species to aid in this.
- Where possible try and determine the cause of the prolapse.
- Prolapses obviously not only occur in snakes. The author has seen them in a number of reptile species including central bearded dragons, eastern long-neck turtles, Macquarie turtles, eastern blue-tongue lizards, shingleback lizards, frill neck lizards as well as several inland taipans.

This case study presentation will concentrate on a species that seems to be predisposed to developing cloacal prolapses – the green tree python.

A 7-month-old green tree python of unknown sex was presented to Karingal Veterinary Hospital after its owner noticed a large, fleshy, pink tissue protruding from the cloaca. The snake had been up to the point of presentation behaving normally, had eaten well 7 days previously and had defaecated the day before. The owner and his facilities were well known the author and all husbandry related matters were excellent.

On examination the snake was bright and alert. It investigated its surroundings when handled and was considered normal other than the obvious cloacal problem. Protruding from the cloaca was a 2 cm wide, bi-lobed, moist, fleshy structure. Given the snake was housed in a plastic container with high relative humidity the tissue had not dried out. In addition the owner had gently cleaned the tissue with saline prior to presentation.

A diagnosis of cloacal prolapse was made. Given the tissue’s appearance and the species involved it was determined that it was most likely a colonic prolapse. The cause was thought to be increased straining from the defaecation the day before.
The tissue was considered viable and after lubrication with a water-based lubricant (KY Jelly, Johnson and Johnson, NJ, USA) a moistened cotton bud was used to replace the prolapse. It was pushed in so far as to ensure that the prolapse had re-everted. A temporary cloacorrhaphy was performed using 3-0 polyamide (Daclon, SMI, Belgium). The sutures were left in place for 2 weeks and there was no recurrence of the prolapse. The sutures were placed with enough distance between them so that the snake could still urinate. This was seen to occur at least once while the sutures were in place.

Approximately 6 months later a 13-month-old male green tree python from the same owner as the previous case was presented for a cloacal prolapse (Fig. 1). This too was considered to be a colonic prolapse (Figs 2 and 3). The prolapse in this case was slightly traumatised but still in very good condition (Fig. 4). It was treated in exactly the same manner as previously described. Unfortunately 2 weeks after the cloacorrhaphy sutures were removed the snake reprolapsed.

A medium sized, lubricated crop feeding needle was inserted into the cloacal and the prolapse was reduced. A moistened long cotton tipped swab was then inserted into the cloaca and directed cranially for a distance of approximately 7cms. The head of the swab was then pressed against the lateral body wall so as it was seen visibly as a raised area of the body wall. A single 3-0 polyamide (Daclon, SMI, Belgium) was then placed through the body wall, through the head of the cotton swab and exited just adjacent to the initial entry point (Fig 5). The cotton swab was gently withdrawn so as to pull the attached suture material through the cloaca with it (Fig 6). The suture material was then teased free from the cotton swab and then with gentle traction was pulled up into the cloaca and colon. A simple surgical knot was then tied to complete the transcutaneous colocopexy. A second cloacorrhaphy was not performed. The suture was left in place for 3 weeks and the snake recovered uneventfully.

Neither snake was fed during the period when sutures were in place.
Figure 1: Green tree python

Figure 2: In moist container

Figure 3: Cloacal prolapse

Figure 4: Traumatised prolapse

Figure 5: Transcutaneous colopexy

Figure 6: Cotton swab with suture material