

Snake Egg Binding or Dystocia

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By Margaret A. Wissman, DVM, DABVP

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Good question! Unfortunately, it's one that doesn't have an easy answer. The answer will depend on what caused the dystocia (the medical name for egg binding) in the first place.

If you correct the conditions that resulted in dystocia initially and you caught it in time, before there was permanent damage to the shell gland, then there is a good chance that they snake will oviposit normally the next time. For example, if you failed to provide a moist, dark place for her to lay the first time, but now you offer her an appropriate-sized tub with moss or vermiculite in it for laying, then in all probability, she will successfully lay this time.

There are several types of procedures that are performed when dealing with an egg-bound snake. It will depend on the intended future use of the snake, how long the eggs have been retained, why she didn't lay in a timely manner in the first place and in some cases, what the owners can afford. Sometimes, an egg or eggs can be imploded, making the eggs smaller and easier to pass. The vet will use a needle and syringe, will isolate each egg and insert the needle into it to extract the contents, which will cause the egg to implode. Often, this alone is enough to allow the snake to pass her eggs.

If the problem was, for example, one large egg that was stuck, fluids, calcium and vitamins are administered by injection, and then a hormone is also given by injection, sometimes in increasing increments, to attempt to induce oviposition. This is only performed if it is known that there is no obstruction that would prevent the egg from passing out the cloaca normally. In some cases, surgery is performed to remove eggs through one or more incisions through the shell gland and the body wall and musculature, which is then sutured back together. However, if the shell gland is badly infected or ruptured, it may be in the snake's best interest to remove the shell gland and probably the ovary that distributes eggs to that portion of the oviduct and shell gland.

If the eggs were retained for a long time, resulting in adhesions or infection to the shell gland, then there may be problems in the future in regards to ovipositing.

If a c-section was performed and multiple incisions were made into the shell gland to remove retained eggs, and if the tissue has all healed up properly and the cause was corrected (such as an infection to the shell gland), then there is a decent chance that she could successfully lay on her own the next time. However, I have performed some c-sections that involved retained eggs that had been inside the snake for many months, and in those cases, the surgery usually ends up being a salvage procedure. If the shell gland is so necrotic and damaged that it is beyond saving, then it is safest for the snake to simply perform surgery to remove the reproductive organs. This means, of course, that this snake will no longer be able to breed and lay eggs.

While I can answer your question in generalities, for specific answers, you should ask your herp vet, who can most likely provide you with answers based on what procedure was performed.

In many cases, even after surgical intervention, a snake may go on to successfully oviposit. But a snake that has retained eggs in the past may be more likely to undergo another dystocia in the future, unless the conditions are changed that caused the dystocia in the first place.

If you have specific questions, you need to consult with your herp vet who can help you (preferably the vet who performed the procedures in the first place).

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Need a Herp Vet?

If you are looking for a herp-knowledgeable veterinarian in your area, a good place to start is by checking the list of



members on the Association of Reptilian and Amphibian Veterinarian (ARAV) web site at www.arav.com. Look for DVMs who appear to maintain actual veterinary offices that you could contact.