

# WARWICK EQUINE VETERINARIANS

## 185 BRACKER ROAD

### WARWICK.

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#### Newsletter

- **Science week update**
- **Building progress, new equipment**
- **Condylar fracture**

As many of you will know I was away for the first 8 days of July at the annual ANZCVS exam and conference performing my duties as Chief Examiner and board member. This year the College exam period and College Science Week conference was again successful with a record number of veterinarians examined for Membership and Fellowship and also it was the biggest attendance at the Conference ever. This makes this conference the largest veterinary conference in Australia and New Zealand with well over 500 delegates. It was also my busiest yet overseeing and managing the examinations of over 200 vets. This resulted in 12 new fellows (specialists) in various disciplines to work in our industries and the recognition of well over 100 new members. Although I was away from the practice for these 8 days, these are the most hectic days of the year for me. For me it is a chance to contribute to the advancement of my profession and the animal industries of our region.

Our practice is still going from strength to strength. The building is progressing nicely. With Frank leaving I have had less time to devote to the myriad issues with setting up a high standard surgery and hospital so progress has been a little slower than it might have been. Nevertheless the building is nearly finished and much of the equipment needed has already arrived or is on the way.

We have not managed to secure a veterinarian to join us just yet. There are a number of reasons making this difficult. A key issue in the minds of many vets is they don't wish to work in areas where Hendra virus is a risk and especially if the practice still sees unvaccinated horses. Good equine vets are in demand and if the decision is between a practice in a Hendra endemic area and a region where Hendra is not an issue they will choose the non Hendra region. Therefore we are going to have to target people who wish to live in this area; vets who have family or other close ties to the region.

Thanks once again to all our understanding clients for their patience during the Science Week period. We also would like to thank you all for choosing us to help you with your precious horses.

Tias

As always we have had a good number of interesting cases. One was a case of a thoroughbred gelding who suddenly became lame after fast work. The referring vets x-rayed his fetlock region and found what we call a condylar fracture. These fractures are due to a build up of fatigue in the bone and then with relatively normal loading, often during fast work, the cannon bone fractures.



*This is an x-ray of the horse taken just before anaesthesia for surgery. As you can see the piece broken off is mildly displaced resulting in a "step" in the joint surface which if not corrected would mean rapid progression of arthritis. This meant the horse was not a suitable case for repair standing as we needed to pull the fragment into as good reduction as possible to give him the best chance possible of a good recovery and a chance of racing again.*

This type of fracture is called a condylar fracture, because one of the condyles of the cannon bone fractures off the main bone. They occur in fore and hind limbs and can be on the inside or outside of the leg. Each type of fracture configuration has its own issues, however, generally those on the inside of the hind limbs are the most difficult to treat. These fracture types generally only occur in horses doing very high speed exercise, usually Thoroughbred or Standardbred horses used for racing.



This case was the outside condyle of a hind limb. These can usually be readily treated with placing screws across the fracture line in a way that when the screws are tightened the fracture is pulled together. This, if done well, allows the joint contour to be restored and many of these horses can race again.



*Debriding the fracture gap. This case we had to open up the fracture because we had identified a small fragment which needed to be removed to allow us to pull the fracture hard together with the lag screws.*

A newer treatment for these has been repair standing and this is a very nice way to do these if the horse has the right temperament and if the fractures are not displaced as this one was. The advantage of doing these standing is that the big risk of giving a general anaesthetic to a horse with a pre-existing fracture is avoided. I prefer doing these standing if the circumstances allow it. In this case I decided to do him under anaesthetic and recover him in a half limb cast to protect the repair.



*This is the final intra-operative x-ray which shows excellent reduction at the joint surface and the 3 screws in position and tightened. So far he has recovered extremely well and he has now left the hospital for his trainers stables.*

# Warwick Equine Veterinarians

## STAFF

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Our goal is to provide excellence in clinical service to all our equine patients.

A professional, compassionate and caring approach with good communication, and up to date services.

Excellence in Equine Veterinary Care

## OUR CONTACT DETAILS

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