

Newsletter

- **Hendra Virus Issues**
- **Umbilical Hernias**



It has been another busy month for us at WEV. With the thoroughbred mares now largely covered and that workload easing, we have had more time to focus on other aspects of our practice.

Artificial breeding is still going strong, as is working on helping get the thoroughbred yearlings ready for the upcoming sales. We have been especially busy with lameness

work and surgery has started to pick up after a bit of a lull. Chaylee and I also managed to fit in a trip to the Hunter Valley to examine and treat a few horses one weekend.

While we don't generally work on species other than equine, Frank also branched out to help a couple of clients with cows calving.

The changes being forced upon us

regarding the handling of potential Hendra virus cases are a big worry to us and may force a change in the way we do business. The concern is it may have a big negative impact on our workload due to us not being able to treat as many horses. If so it will effect several of our plans, for example constructing a surgical facility in the upcoming year.

Tias

Hendra and Workplace Health and safety

As many of you will have heard, there are currently three QLD veterinarians being prosecuted under the Work Health and Safety Act.

These veterinarians are being prosecuted due to handling of horses which were infected with Hendra virus. In these cases, no humans became infected. Some of the in contact persons were given monoclonal antibody treatment, which can have potentially severe side effects. The decision to use this treatment on people is taken by QLD health in conjunction with QLD biosecurity and occurs if the risk of contracting Hendra infection was deemed significant.

Veterinarians in Queensland when attending a sick horse, are now obligated to perform a Hendra virus exclusion testing before any invasive treatments or examinations are performed. This includes stomach tubing, rectal examination, scoping and even IV fluids and injections.

This testing is currently performed in Brisbane by Queensland Government laboratories and the turn around time for results is one full business day. Therefore, cases seen over the weekend may not get results until Tuesday evening. This potential delay in treatment is one of the main reasons to have horses vaccinated. Vaccination will allow treatment of sick horses while minimising the risk of potential Hendra infection.

We realise there are a number of negative social media campaigns on the Hendra virus vaccine. In our practice we have seen very few adverse side effects despite having administered thousands of vaccines. The best advice we can give is what the Australian Pesticide and Veterinary Medicines Authority (AVPMA) reports on their website <http://apvma.gov.au/node/15786>. In summary the 3 most reported reactions are; Injection site reaction (0.18% = 1.8 horses every 1000 vaccinations), Oedema/swelling (0.11% = 1.1 horses every 1000 vaccines), and Lethargy (0.1% = 1 horses in every 1000 vaccinations)

We strongly encourage you to have your horse's vaccinated for this virus. Vaccination remains the single most effect way to protect not only horses but also humans from Hendra virus infection.

Our practice currently treats all sick horses on a case by case basis. If Hendra virus is considered a possibility testing must be done before invasive procedures or ongoing treatments can be administered. In the light of current developments it is likely we will move to a policy of only treating Hendra vaccinated horses in the near future. We are currently monitoring the QLD Work Place Health and Safety regulations. We will of course advise you if our practice policy regarding Hendra vaccination changes. For more information on Hendra virus please see the DAF website at <https://www.daf.qld.gov.au/animal-industries/animal-health-and-diseases/a-z-list/hendra-virus/general-information>



This was a very large hernia in a yearling Tias operated which caused colic. This was done in an operating theatre in Melbourne. Something like this which requires major surgery is not something we can tackle in the field and this would now require Hendra virus vaccination or exclusion testing before we could undertake this type of surgery. This yearling went on to make a full recovery fortunately.

Umbilical Hernias

Hernias are common in horses. Hernias can occur in quite a few locations. In foals, most commonly we see umbilical hernias which occur where the umbilical cord attached. Also seen are hernias in the inguinal area in colts, and more rarely in other locations like diaphragmatic hernias.



An example of a colt foal with an inguinal hernia. These are much more difficult to treat than umbilical hernias. If you compare this with the foal on the first page of this newsletter it is easy to spot the different location.

In all locations hernias may cause no problems at all, however, if something like intestine pass through the defect and becomes trapped it can become a life threatening problem.

Coming back to umbilical hernias, often these are of cosmetic significance only. In small cases, intestine or other important internal structures are unlikely to be able to pass through and these cases can be left alone or corrected if they are a problem from an appearance perspective.

Large umbilical hernia's are more of a problem, as intestine can pass into the hernia sac and eventually become entrapped. This can lead to loss of intestinal blood supply or become blocked. The foal or horse then develops colic and if emergency surgery is not performed quickly the outcome is usually fatal.

Large hernias are further complicated when the weight of the abdominal contents increases and presses against the hernia, which leads to tissue stretching and thus, making the hernia even larger over time. Umbilical hernias can also be a problem in mares during pregnancy as the weight of the uterus can also cause progression and enlargement of the hernia.



A very large hernia which was progressive in this calf. This one was successfully treated by us with surgery in the field..



At this time of year we are often repairing umbilical hernias, we tend to do these just before or after weaning unless the hernias are giving problems.

Options for treatment are many. In cases with small umbilical hernias we can place a rubber ring around the hernia under a short general anaesthetic with the foal on its back. Although this is a very quick procedure it does involve some risk if some intestine or other structure is caught by the ring or if the tissue falls away too quickly and there becomes an open communication with the abdomen. Generally this can be an effective technique and the hernia falls off after a week or two.



A smaller umbilical hernia in a foal that might be suitable for the rubber ring technique. It would require careful palpation to check for herniated intestine before a final decision could be made on the best technique for

Larger cases require surgery. Although we sometimes do this in the field, ideally these are done under general anaesthetic in a proper surgical facility. In the field there is increased difficulty in maintaining sterility and anaesthesia maintenance is not as well controlled. Nevertheless because of the big difference in cost between doing them in the field and in an operating theatre, we still often do this procedure in the field usually with good success.

An example of field surgery for a larger inguinal hernia. This is the foal in the photo on page 1, with Chaylee doing the skin prep



Above it can be seen the intestine is prolapsing out through the hernial ring. To the right we have sutured the ring, the subcutaneous tissue and the skin.

Although field surgery is not quite as optimal as in a surgery with care good results can be achieved.



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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

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