

WARWICK EQUINE VETERINARIANS

185 BRACKER ROAD

WARWICK.

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Newsletter

- **Breeding and surgery**
- **Surgery facility plans**
- **Mare problems around foaling**



BREEDING, SURGERY AND THE PROBLEMS PRESENTED BY SICK HORSES

As we move into the New Year our workload changes. Thoroughbred breeding is now completed for the season and the TB operations we service are now fully focused on the upcoming sales. This means scoping and xraying the yearlings as well as dealing with all the problems which crop up during the preparation of these animals.

We have had a big month with surgery. Mostly these have been related to lameness and joints with a large number of arthroscopic procedures being undertaken. Also, we have performed quite a few throat operations with "tie backs" on "roarers" being the most common this month.

Tias and Chaylee have been doing these surgeries at hospitals away from Warwick which



Tias performing an exploratory laparotomy on a horse with recurring colic recently

always involves a lot of travel. This month we hope to start on our own surgical suite at Lona, Tias' property near Warwick, which once completed will allow us to perform a larger range of surgeries in Warwick than we are currently able to offer. On top of the planned surgeries we currently perform at various hospitals we hope to be able to offer surgery for colic and other emergency cases. Although Tias will continue to work with other practices and assist them with surgical cases, being able to offer surgery in Warwick will allow him to offer more intensive surgeon supervised aftercare.

The issue of whether to vaccinate horses for Hendra remains controversial amongst our horse owners. Key stake holders, for example Queensland Racing, are still considering their options. Also the 3 veterinary colleagues we mentioned in our last newsletter still have not had their cases heard. It remains our opinion that vaccination of horse for Hendra is by far the best way for all involved with horses in Qld and Northern NSW to manage the risk of infection of horses and humans. At present we have not changed our practice policy to one of only treating vaccinated horses but circumstances may force our hand in this regard.

As an example of the problems and dilemmas faced by us regularly I will describe a recent event. A client called late one evening just before Christmas to inform me their horse was uncomfortable and had saliva and green material coming from the nostrils. The horse was depressed and this had appeared to come on suddenly.

These signs are very typical of oesophageal choke. Fortunately these will often resolve over an hour or two if the obstruction is not excessively large and is able to soften with saliva and pass.

A concern is that depression, salivation, low grade colic and choke are all signs consistent with early Hendra virus infection. The treatment for oesophageal choke usually consists of a period of observation to determine if it will self clear, then sedation and the passing of a stomach tube or scope to assess, then lavage and lubrication using large volumes of warm water to soften and hopefully encourage the obstruction to pass into the stomach. I have done this procedure many, many times over in my career and can say that it is always a very messy procedure. Yes, we can use PPE but unfortunately with the horses moving around and the large amounts of water refluxing along with

saliva and feed material usually we get covered in mess. We would have had to try this with this horse if the obstruction had not cleared. Hendra exclusion testing done in a timely manner was not possible as the lab was closed for Christmas. There would have been a high chance we would have had breaks in our PPE barriers and the handler and vet would have been exposed to risk. Fortunately the choke in this horse resolved spontaneously over a few hours.

Each day we are faced with these sorts of dilemmas and have to decide whether to treat or not and weigh up the odds. Mostly we try to help the horses as much as we reasonably can but we have to be mindful of not unreasonably exposing the horse owners and handlers as well as not exposing our staff and ourselves to unreasonable risks.



This was a case of oesophageal obstruction Tias treated in Melbourne. Hendra was not an issue in this case but it illustrates how we pump large volumes of water in to try and soften and pass the obstruction. It also shows the potential to cause a lot of mess.

Mare problems around foaling

This month Frank and I deal with a difficult case of a mare with an abdominal rupture. These cases are not common and in my experience more commonly occur in older mares. These tears of the muscles or the pre-pubic tendon can make it more difficult for the mare to strain effectively and often require help to deliver the foal as in this case.

Only once have I seen a case where the mare ruptured all the muscles and all the other tissue and the foal fell out onto the floor. This mare was in hospital for strict confinement and monitoring and it is hard to imagine what more could have been done. Slings are sometimes used in these mares but in my experience often result in severe complications in their own right.



This poor mare ruptured completely as we were watching her. Unfortunately we could not save the mare, and the foal was too premature to survive more than a few hours. It was one of the most distressing sights I have seen.

Another mare problem commonly seen from foaling is when there is a presentation which excessively tears the tissue between the anus and vagina. These can range from mild to severe and require surgery if the mare is to be used for breeding again, and also even if the mare won't be bred to allow a better quality of life.

These can range from just a hole between the anus and rectum (rectovaginal fistula) to what we call a third degree perineal laceration which is when all the tissue between the anus and the rectum is damaged.



A typical third degree perineal laceration in a mare cleaned up for surgery .

These cases can usually be repaired standing under epidural anaesthesia. Often a challenge with these is the need to keep the manure soft after surgery and to avoid excessive straining in the healing stages.



Tias surgically repairing a third degree tear standing in a crush.

Another challenging foaling complication is when the cervix is damaged. The causes of this can be the cervix inadequately dilating or the foal coming in a way which is not as streamline resulting in excessive stretching and eventually tearing of the structure.

These too are often repaired standing using long instruments and epidural anaesthesia. This surgery can be quite challenging though success can be achieved in a good percentage of cases.

In some cases of mares failing to conceive, it can be due to the cervix not sealing effectively. The reconstructive surgery we usually use for these cases is not successful or not appropriate in some instances. With these individuals another option is to place a "purse string" suture of heavy non absorbable material around the cervix to seal it shut during pregnancy. These sutures, obviously must be removed before foaling to allow the cervix to open. Although this technique is not as commonly done, we have had a couple of cases this year where this has resulted in pregnancies in mares which have failed to conceive for many cycles.

These are just a few examples of the many reproductive maladies we regularly see and treat. It is always a great pleasure to help these mares and to see the resulting foals the following year.

Warwick Equine Veterinarians

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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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