

WARWICK EQUINE VETERINARIANS

185 BRACKER ROAD

WARWICK.

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Newsletter

- **Frank's last month with WEV**
- **Building progress**
- **Rectovaginal fistula and "barbed" sutures**
- **Pentosan polysulfate use for arthritis**



Our big news for the month is Frank is leaving us to join a practice in Brisbane. It has been great having Frank around. His cheery, positive attitude has been welcomed by many; unfortunately the attractions of Warwick were not strong enough to keep him here. Frank will have been with us just over a year when he leaves at the end of the May and he will definitely be missed. He is intending to join Westvets, a practice on the western edge of Brisbane. It will be good for Frank, Kelly and Lizzie to be closer to his parents and family. Our Facebook page undoubtedly will suffer, as Tias has never been on Facebook yet!

The good news is the surgical facility is progressing nicely and on track for completion around July this year. The ground works are done and the concrete floor will be poured on Tuesday. Don Browne and his team will be building this as well as more stables. Don made the other buildings of the current facility for us as well as the old WWVS clinic so we can be sure of getting a great new surgical facility.



Trucks arriving with fill for the surgery floor.

The next big undertaking will be to find a new vet. We intend to spend the next few months searching around and hopefully will have help by the time the new surgery is commissioned.

Another big undertaking which is well underway is sourcing all the myriad of equipment and supplies necessary to run a high standard operating facility. We managed to locate a slightly used equine operating table which we picked up recently. We have contracted an experienced specialist equine anaesthetist to advise on and set up

our anaesthetic equipment and to ensure we get state of the art anaesthesia.



The new equine operating table arriving at Lona

Although this may not be of as much interest to non surgeons I thought we had a nice case during the week. It was a mare with a hole or fistula between the rectum and vagina in a polocrosse mare. These defects are generally created when something goes awry during foaling. Sometimes these will heal themselves and therefore the referring vets had been monitoring the fistula until the mare was weaned.



You can just see the 2-3 finger sized fistula which goes from the rectum all the way through into the vagina with the epidural taken effect and the big retractors in place.

We generally perform this surgery standing using sedation and epidural anaesthetic as was done in this case. The surgery is awkward as access is through the anus and rectum or vagina.

Long instruments and a special retractor are needed. I have done lots of these over the years but this time we used a relatively new 'barbed' suture material. This suture material has barbs on it which only allows passage through the tissue one way. Therefore in confined and difficult locations the tissue holds together much better and it speeds up the surgery greatly and allows a better repair. The downside is the surgeon must be confident to get each 'bite' of the tissue just right as it is hard to pull the suture out.



A close up of the barbed suture. This allows the surgeon to work much more easily in confined spaces as it hold the tissue nicely together while suturing.

In this case the surgery progressed well and a very effective closure of the defect was achieved efficiently.

On the next page we discuss the use of injectable anti-arthritis drugs as promised by Frank in one of our last newsletters.

Thanks again to all our valued clients for giving us the opportunity to help with your horses. It has been a busy but really interesting and varied month and we look forward to seeing you all again.

Tias and all the team at WEV

Pentosan polysulfate– Pentosan, should I use it in my horse?

A very commonly used injectable joint therapy in horses is Pentosan Polysulfate. This drug was originally extracted from the bark of beechwood trees and is available commercially as Pentosan and Cartrophen.

In humans pentosan polysulfate was used for the treatment of some bladder conditions. In veterinary medicine it is used almost exclusively as a disease modifying osteoarthritis drug (DMOAD) in horses and dogs. This drug became available when Tias was still an undergraduate, so has been on the market for decades now which means we have lots of experience in using it in horses under our care.

As with many drugs we use, the mechanism of action within the joint is not completely clear. We do know it has a protective effect on articular cartilage (the all important cartilage between the bone ends in joints). Pentosan does this by reducing the effects of degradative enzymes which lead to the breakdown of this cartilage.

A number of studies have shown improvements in lameness when pentosan is used compared to placebo controls. Other studies have confirmed that pentosan polysulfate does reach therapeutic levels in joints after injection.

Probably the most common reason for using Pentosan is for multi joint soreness. We commonly use this drug in older horses which are already sore, however we sometimes also use it in younger horses in heavy training or competition to try and delay and reduce arthritis formation.

The usual dosing regimen for Pentosan is a loading dose of weekly injections over a period of one month followed by maintenance doses at fortnightly to monthly intervals thereafter.

In our experience it is very rare to have adverse reactions to this drug. We occasionally see mild reactions at the injection site when given intramuscular which usually resolve spontaneously over a few days. The other claimed adverse reactions are interference with blood clotting though neither Frank or I have seen a significant problem with this in a horse in our care. One other side effect sometimes seen, is slight coat colour changes at the injection site.

More recently there have been some other formulations of Pentosan which are worthy of mention.

Pentosan Gold is pentosan polysulfate with the addition of glucosamine. This combination has increased anti inflammatory and chondroprotective effect within joints. Often Pentosan Gold is combined with another drug Halo which is a formulation of hyaluronic acid. Until very recently if we wanted

to use what we considered the best systemic (whole horse) injectable joint drugs we have been using Pentosan Gold and Halo. The downside of this combination as well as with straight Pentosan is it needs to be injected intramuscularly. As said previously this can result in local muscle soreness at the injection site, not something we like to see in performance horses.

In the last few months there has been released a formulation which mixes pentosan polysulfate, glucosamine and hyaluronic acid (Pentosan Evolution) and it is designed to be administered intravenously. We have started changing over to this in our best horses and while we don't expect to have a better response than the separate IM and IV injections we think this will be the optimum for our high level sport horses.

In summary Pentosan Equine will be our recommendation for an economical intramuscular injection for arthritis in many horses, with Pentosan Evolution (Pentosan, Glucosamine and Hyaluronate) in an IV form usually will be our recommendation for elite horses or those with more significant arthritis problems. Obviously, it is essential to know what you are treating and therefore a lameness examination is very important before starting on therapy.

If you have questions regarding these or any other joint medications just contact us and we will be only too happy to help advise you on what we consider will be best in your individual case.

Tias and Frank.



One of the nurses at the Werribee clinic trotting up a horse for Tias as part of a lameness examination.

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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