

WARWICK EQUINE VETERINARIANS 185 BRACKER ROAD WARWICK.

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Newsletter

- ***New surgery operational***
- ***First laparoscopic surgeries at Lona***
- ***Transphyseal bridge in a TB foal***
- ***Dystocia and twins.***

September was the busiest month ever for WEV. Not only did we do our first surgeries and major cases at Lona, we also were very busy with reproduction, assisting our clients prepare yearlings for the upcoming sales, as well as all of our regular lameness, general practice and referral surgery work. Caitlin Doyle visited us again as an undergraduate student doing placements and we are pleased to announce she will be joining us when she graduates at the end of the year.

We have had lots of interesting cases this month. At this time of year foaling issues always crop up. One little miniature mare was brought to us from Toowoomba as the owner thought she must have foaled a dead foal, however she could not find it in her paddock. When she arrived at Lona it soon became apparent the foal was still inside. With a little careful manipulation we were able to deliver the foal and it became clear why the foal had been delivered prematurely.



As you can see from the photo this was a case of torsion of the umbilical cord. For some reason the cord and foal twisted on itself until the essential blood supply was cut off, resulting in the foal's death. This

is not very common but one of the well recognised causes of premature death of foals in the uterus.

We also were involved in a case of twin foals delivered to a stock horse mare. Both foals were born alive, however both had major medical issues. This case of twinning was picked up by scanning early in the pregnancy however at a stage where management is difficult. Therefore the owners elected to let the pregnancy progress. It does emphasise why it is so important to minimise the chances of having twins by early scanning.



Another couple of interesting cases were two mares with blocked oviducts. These were managed by laparoscopic application of prostaglandin gel to the oviducts. This is a procedure which can usually be done standing and using laparoscopic techniques so the mares can be bred again soon after surgery. Both these mares have now been covered and are awaiting pregnancy scans.



Here you can see the instrument applying the gel directly to the oviducts.

Another case was a foal with a severely turned in pastern. These foals with varus deformities can sometimes be managed with trimming or extensions on the feet. More severe cases require surgical periosteal transection and elevation (periosteal strip surgery) and in the most severe cases we place implants across the growth plates to slow down the growth of the bone on the side growing too rapidly.



This is the intra operative xray of the foal operated at Lona showing a screw across the growth plate. This will slow the growth of the bone on one side allowing the deformity to correct over time.

Thanks once again for the opportunity to allow our team to help care for your horses.

Tias and the WEV team.

First cases in the new operating theatre at LONA



Skye leading up one of the first cases to be operated at Lona



This colt is thinking "not too many horses have been here before."



Danielle and Caitlin preparing the colt for anaesthesia



The colt is safely being induced for general anaesthesia behind the padded swing door. There are many ways of inducing anaesthesia in horses with this method one of the safer options.

It is really exciting to be able to show some photos of our new operating facility in use.

Yesterday we operated our first 3 major general anaesthetic cases at Tias' farm Lona.

To make sure everything went smoothly we had a full team of Chaylee, Skye and Danielle doing the nursing, our vet student Caitlin assisting and one of Tias' colleagues from Melbourne who is a consultant specialist anaesthetist, Leah Bradbury, overseeing the first major general anaesthetics and commissioning the anaesthesia equipment and monitors.

A lot of planning and preparation went into setting everything up and it was very gratifying to be able to report everything worked flawlessly.

We think we now have the excellent facilities needed to do the highest standard surgical care for horses. It has been a passion and my vision to make a facility which is functional and pleasant to work in which will allow our team to give specialist level surgical care at least the equal of anywhere in Queensland and beyond.



The colt is lifted onto the operating table in the transfer area where final clipping and preparation is performed. The horses are then also connected to the anaesthetic machine which breathes for them, IV and intra arterial lines are placed and the monitors connected to ensure the safest possible anaesthesia.



Up on his feet safely at the first attempt after having a large piece of dead bone removed from his cannon. A credit to the anaesthesia team and modern anaesthetic techniques.



Back in the recovery room and just starting to wake up



Positioning the horse in the operating theatre.



Leah, Caitlin and Chaylee stabilising the horse under anaesthetic before moving to the sterile theatre

Warwick Equine Veterinarians

STAFF

Tias Muurlink BVSc (Hons) FANZCVS Registered Specialist in Equine Surgery
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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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