

## Newsletter

- **Repro**
- **Cervical lacerations**
- **Fractures**

This month again we surprised ourselves with the volume of work we got through. November is always busy with breeding still in full swing and the practice also was very busy with an interesting mix of lameness and surgery cases resulting in a new record number of horses seen for the month.

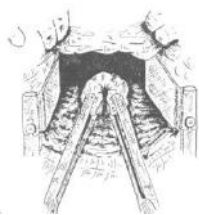
The practice managed to operate over 30 major surgery cases and we also saw more mares than in any month since WEV was started, not to mention the constant stream of general and medical cases seen.

Although WEV is not just focused on reproduction as many other equine practices are at this time of the year, we still enjoy the challenges of getting mares in foal. Friday, for example, was a particularly satisfying day with 11 of 12 early pregnancy scans coming up as positive for the day.

Cervical lacerations although not very common in mares can be a major cause of failure to maintain pregnancy.

These occur during foaling when the cervix is excessively stretched resulting in a tear. The cervix is one of the major barriers between the outside world and the uterus and it is essential that it functions for the developing foal to survive. We usually examine mares when they are not in season for this problem because when mares are in season their cervix is open and it can be difficult to assess if the cervix is able to close properly.

Several techniques can be used to manage these tears. It is important to realise too that not all tears go all the way through the cervix and require surgical management.



This a drawing from a textbook showing a cervix being held by forceps for suturing. One can appreciate the defect in this cervix at the "6 O'clock"

At WEV we had a number of cases. One more severe case we managed this month was by suturing under epidural anaesthesia standing as in the drawing above. This is effective but the mare cannot be bred by natural means until the repair is sufficiently healed which is a problem in Thoroughbreds where only natural cover is permitted by studbook rules.

Another technique is to cover the mares and then place a temporary suture to seal the cervix immediately after service. This technique allows the mare to continue breeding in the season the injury occurred, however, the suture will need removal before the mare can foal. We performed a couple of these procedures for mares from surrounding practices in the last month.

Lastly more complex and severe cervical lacerations we suture under general anaesthesia. A mare we have been trying to get in foal for a couple of years now we repaired during last winter under general anaesthesia on the operating table at Lona and this mare has been able to conceive and maintain her pregnancy beyond 60 days now.

Standing surgery is becoming more popular. A major advantage of surgery done this way is avoiding the risks of recovering from anaesthesia. This is especially important when dealing with fractures. Often the most dangerous part of a fracture repair is when the horse makes its first attempt to stand after surgery.

Many fractures cannot be repaired standing. One example which in selected cases can go well standing are condylar fractures of the cannon bone.

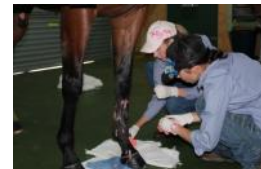
This month we had a gelding which pulled up severely lame during a race in Brisbane. A condylar fracture was diagnosed by his regular vets and he was sent up to us for surgery.

Careful scrutiny of the x-rays allowed us to feel confident there were no fragments in the back of the joint requiring arthroscopic removal so we felt he was a good candidate for repair standing.

After sedation and removal of the cast when safely in our stocks, nerve blocks were placed to allow complete desensitisation of his distal limb.



The following photos depict how the repair was done:



Chaylee and Skye performing the initial cleaning of the limb before the blocks are performed.



With the limb blocked and draped screws are placed using x-rays to ensure exact placement of the screws.



Here you can clearly see the fracture line in the cannon with 2 needles placed so we can work out where to drill the holes.



An x-ray is taken while drilling to ensure the location and direction are optimal.



With the screws in place and tightened it is nearly impossible to discern the fracture line. X-rays taken a few weeks after surgery confirmed excellent healing in this case.

Once again thanks to all our clients for giving us the opportunity to help with your valued horses.

Best wishes from all the team at WEV.

# Warwick Equine Veterinarians

## STAFF

Tias Muurlink BVSc (Hons) FANZCVS Registered Specialist in Equine Surgery  
Caitlin Doyle BVSc (Hons) Veterinarian  
Chaylee Joe Kong Vet Nurse Cert IV  
Skye Ripphausen Vet Nurse Cert III  
Danielle Assen Vet Nurse  
Odette Joe Kong Assistant  
Rita Gangemi Administration

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

### Business office and postal address:

185 Bracker Road, Warwick, Q 4370

### Equine facilities and surgery:

19811 New England Highway

Rosenthal Heights, Q 4370

Email address: [office@warwickequinevets.com.au](mailto:office@warwickequinevets.com.au)

Website: [warwickequinevets.com.au](http://warwickequinevets.com.au)

Facebook: Warwick Equine Vets

Tias Mobile: 0438 791 804

Caitlin Mobile: 0487 791 885

Office and Chaylee (BH): 0400 977 564

