

Newsletter

Practice news

Omental herniation at castration

Keratoma

Even in a small practice like ours there is constant change. We like to keep staff changes to a minimum but inevitably people move on with their lives and careers and with the continued growth of the practice we need to have new people join us. In November Dr Andrew Hopgood will start with us. Andrew is a local growing up on his family property near Dalveen. He did his veterinary training in Townsville, and has since gained experience working in mixed and latterly equine practices in places as varied as Shepparton and Scone, and also a long period in the UK. He has made the decision to come back to his roots and we are lucky to have him join us. Initially Andrew will only work part time while he establishes himself in Warwick after recently returning from the UK, and he will go full time from early in January.

Danielle, who has been assisting Tias in his Gold Coast work for many years now, achieved a great milestone this month finishing her Certificate IV in veterinary nursing. Our practice encourages all our staff to continually improve, and it is great to see another of our nurses achieve this qualification. In other news, Sara, who had been with us part time since graduation nearly a year ago, has decided she wishes to focus on small animals and therefore finished up with us this month. For now she will continue to work in our sister practice CVC and we wish her all the best for the future.

Castration is one of the most common surgical procedures performed in our practice. Even routine castration can throw up unexpected surprises from time to time.

Tias, who in his career to date has performed several thousand castrations, managed within a space of a month or so to see 2 cases of omental herniation at the time of surgery during routine castration. Neither case presented difficulty for us or the horse because it is out practice policy to "tie off" all castrations.

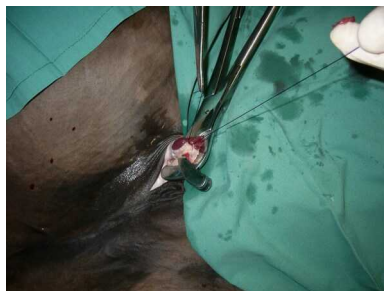
Although many believe the most common fatal complication from castration is excessive bleeding in actual fact the most common reason for fatalities after castration in horses is herniation of abdominal contents. When we remove the testes, the tunic is opened and therefore there is a direct

communication between the outside world and the abdominal cavity. If this canal is not closed at the time of surgery, there is a risk that intestine or other abdominal contents like omentum can herniate out. If significant herniation occurs, urgent surgical help is urgently needed, and many times these horses do not survive.



This is an old photo from Tias' archives of a horse presented to the hospital in Melbourne which had been castrated that morning and not been tied off. The colt has herniated a significant amount of small intestine. The only choice here would be to resect (cut out) the exposed intestine and re-join it in the abdomen, and then close the canal. This can be done successfully if done early, but usually by the time these cases get to a suitable surgical facility, too much damage has been done and euthanasia is the only option.

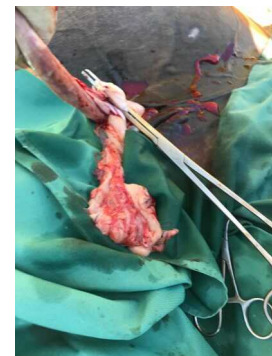
To avoid this problem, we tie off each horse with ties on both the vessels to control excessive bleeding, and the tunic to try and avoid the herniation like the above. The argument against tying as we do is if the suture becomes contaminated, there may be increased risk of infection problems. In our experience with thousands of cases, if the procedure is done well and cleanly, there is little or no increased risk of infection



and our opinion is this risk is much less than the risk of bleeding or herniation. In the photo above, Tias is placing the tie on the tunic which effectively closes the canal and this tie almost completely prevents herniation.



In the two recent cases, two colts were presented for castration about a month apart. Examination before did not give us any clues that there may be an abnormality present. We were progressing with our normal castration technique when after incision of the tunic and beginning to remove the testicle, other tissue came through as well. In both cases this was omentum. Omentum is present in all horse in the abdomen and helps maintain abdominal health. It is a clear membrane with blood vessels and often some fat within it as



you can see below. It is quite possible to cut off a small part of the omentum of a horse with no adverse consequences, however, the significance here is that often when the omentum comes through, it is not

unusual for the intestines to follow, which is a major disaster.

What we did in both these cases was simply to push the omentum into the abdomen, which was easily possible because it was not damaged and clean, and then place our routine tie on the tunic to stop it

coming back out. Both these horses recovered uneventfully. It was sobering to think if this had been missed both of these colts may have had very different outcomes.



Thanks again to all our clients for their support and we hope rain starts coming our way soon.

Regards from the WEV team.

Warwick Equine Veterinarians

STAFF

Tias Muurlink BVSc (Hons) FANZCVS Registered Specialist in Equine Surgery
Michael Duggan BVSc MRCVS Veterinarian
Andrew Hopgood BVSc MRCVS Veterinarian
Chaylee Joe Kong Vet Nurse Cert IV RVN
Danielle Assen Vet Nurse Cert IV
Monica Connolly Vet Nurse Cert IV
Odette Kolenich Vet Nurse
Tamasin Maher Admin
Tyler Aspinall Trainee Vet Nurse
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

Website: warwickequinevets.com.au

Facebook: Warwick Equine Vets

Office (BH): 0400 977 564

Tias Mobile: 0438 791 804

Mick Mobile: 0419 424 546

Keratomas are benign growths that occur between the hoof capsule and the pedal bone. They are often associated with recurring infections and lameness and the exact cause of the growths is uncertain.



This was a case of a race-horse in Brisbane where the referring vets diagnosed the condition on x-ray when the characteristic loss of pedal bone was noticed (red arrow). On the photo on the upper right you can see Tias levering up the keratoma after the overlying hoof wall was removed. A special shoe was then fabricated and applied to support the hoof wall as it grows down. Keratomas are one of the potential conditions to keep in mind when



horses present with recurring lameness and abscesses in the feet. This particular case was a little less common in presentation due to being closer to the heel (most occur in the toe region). This case had also been present for some time which is evident by the large defect in the pedal bone. This defect will remain and may be enough to cause some reduction in the strength of the bone in this region and we will continue with a special bar shoe for this horse as he goes back into racing.

