

# WARWICK EQUINE VETERINARIANS

## 185 BRACKER ROAD

### WARWICK.

ISSUE 57

JUNE 2021



#### Newsletter

### *Distal limb stake wounds* *Regional perfusion* *Fractures of spinous processes*

Its 6 am on Sunday morning at Lona and its finally got really cold here; its minus three degrees outside. We have just done our morning treatments and Chaylee is mucking out the stables. Although we have had some rain recently, its nothing like what we have experienced during our weekly trips to the coast. Recently we even had to winch the Landcruiser and trailer out after x-raying a horse at Mudgeeraba; luckily there was big tree on hand just at the right spot! In Equine practice there is never a dull moment.



Over the last month we have had a number of penetrating wounds of the distal limb. Sometimes these are not too serious, however, when a vital structure like the tendon sheath, navicular bursa or coffin joint are penetrated, even quite a small and innocuous wound can be life threatening. The first of three cases I will describe was referred in from near Chinchilla. A small stake wound was noted along with severe lameness and the Chinchilla vets had removed a piece of wood from just above the coronary band. It went ok for a while but then the lameness returned.

Further investigation revealed the wood appeared completely removed, however, the coffin joint must have been penetrated as infection in the joint was confirmed after arrival at Lona. The most definitive way of diagnosing joint infection is to get a sample of joint fluid and look at the cell types and numbers within it. When dealing with a joint within the foot and



especially when you need to avoid an open wound to get a sterile sample it can be quite tricky getting a joint fluid sample. In this case we needed to use ultrasound guidance to direct



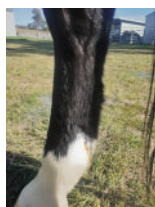
a long needle into the back of the coffin joint to get our sample. This confirmed infection and in this case

we went to surgery to check for and remove any further wood fragments and flush the joint. The picture below shows us lavaging the joint with the arthroscope in the front of the joint and a spinal needle in the back compartment of the joint.

An important technique we often use in these distal limb infections is regional perfusion. The principle of regional perfusion is to cut off the blood supply to the region for a time with a tourniquet and during this time deliver high doses of antibiotics to the limb. Most antibiotics we use are toxic to some extent and this technique means we can use much higher doses in the isolated limb while avoiding toxic complications in the horse as a whole. All of these 3 cases were treated with regional perfusion of antibiotics.



The case above we injected antibiotics into the joint on several occasions and also during surgery we applied a tourniquet and injected antibiotic into a vein in the limb to help kill off any infection as in this photo of another case being prepared for surgery on a wound.



The next case was of a gelding from Tenterfield who has sustained a very small puncture wound just above the fetlock joint. There was a tell tale dribble of yellow joint fluid so it was not too hard to establish

infection of the tendon sheath in this case. This case was also with us for some time as not only had the wood stake infected the joint it had also damaged the flexor tendon and this made it hard to control infection within the



sheath. In this still from the scope during the lavage there is damage to the tendon just above the instrument at the site of the penetration. This



case was also treated repeatedly with regional antibiotic infusions. For this horse we needed to apply the antibiotic through a hole drilled in his cannon as you can see in this photo taken during surgery. We needed to

administer it this way as the veins in his leg were poor and became too difficult to catheterise.

The third case was a mare from central Queensland which had stood on a roofing nail a week or so before we saw her. The owners had removed the nail from the foot and initially she went well



but again severe lameness developed after some days. In this case the nail had gone from beside

the frog, through the deep digital flexor tendon into the navicular bursa. These cases are particularly hard to treat with all the structures deep within the hoof capsule. In the photo above you can see our blunt probe in the nail tract we managed to find as we prepped the hoof for surgery.

This case we managed with regional antibiotics, multiple lavages and also elevated shoes. Because the navicular bursa is most under load when the heel in on the ground, elevating the heel can sometimes help make these animals



more comfortable. The photo shows a similar shoe on the tendon sheath horse with a bar bolted to the bottom of the shoe again to relieve pressure on the deep digital flexor tendon. We can then remove or add elevation to

the heel as needed easily to try and find what makes the horse most comfortable.

Best wishes to you and your horses from the WEV team.

# Warwick Equine Veterinarians

## STAFF

Tias Muurlink BVSc (Hons) FANZCVS Registered Specialist in Equine Surgery  
Andrew Hopgood BVSc Veterinarian  
Edward Maxwell BVSc (Hons) Veterinarian  
Chaylee Joe Kong Vet Nurse Cert IV RVN  
Danielle Assen Vet Nurse Cert IV  
Odette Kolenich Vet Nurse  
Tamasin Maher Admin  
Cathy Duncan Trainee Vet Nurse  
Dusty Turner 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](mailto:office@warwickequinevets.com.au)

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

Facebook: Warwick Equine Vets

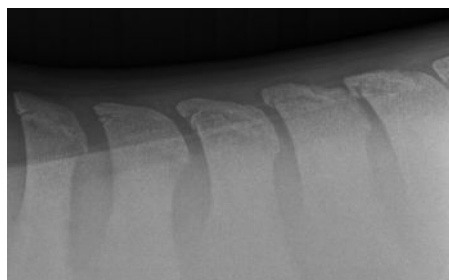
Office (BH): 0400 977 564

Tias Mobile: 0438 791 804

*Another devastating case this month was that of an eventer who unfortunately managed to roll under a steel rail and then tried to stand up. Although the owner was able to get there fairly promptly it was hard to get him out and he sustained significant trauma to his mid back.*

*When we examined him he was exquisitely painful to palpate over the lumbar area, most notably just behind where the saddle would fit. The skin was not broken, nevertheless we felt there was significant soft tissue trauma and possibly trauma to the dorsal spinous processes of the mid lumbar region.*

*We took some standing x-rays. In the x-ray you can see there is nice spacing between the bones on the left but to the right, which is more to the tail end of the horse, the processes are close. Of course we don't know what these looked like before and there is quite a lot*



*of variation in normal individuals. However, on close examination of this and other x-rays we became convinced he had broken off the tips of a couple of the spinous processes and they are displaced to one side. It is also making the space between the processes less. Our plan for this horse is to let the soft tissue injury and bone settle and heal as much as possible first and re-x-ray and decide if surgery will be necessary to get him back to his eventing career.*

