

AUTUMN/WINTER EDITION 2016

XLVets Equine - Better Together

Equine

MATTERS

www.xlequine.co.uk

Inside this issue:

Emergency rescue

The vet's role as part of the rescue team

Euthanasia

Preparing for a difficult decision





Equine

XLVets Equine and your veterinary practice - what does it mean?

Within the veterinary profession there are traditional privately owned practices and others that are part of a larger corporate group. XLVets Equine practices fall into the first category and as we are owned and run by vets, any decisions that are made come with a sound ethical and clinical backing from the vets on the ground that are treating your horses.

XLVets Equine is the equine specialist division of XLVets, which founded in 2005, is a unique group of veterinary practices which span the length and breadth of the country, from Penzance to Orkney. Our member practices range from large equine referral hospitals to mixed veterinary practices with an equine component, incorporating over 100 equine vets. Our aim is to work collaboratively and cooperatively to share resources, learning and clinical skills to deliver a high level of customer care and equine welfare.

Whilst, like any business there is a need to generate profit, the drive for this is to

reinvest in the facilities, equipment and staff who are there to give your equine friends the very best. A quality veterinary practice will always be progressive in exploring new ways to deliver excellent care to you as horse owners.

As a horse owner this gives reassurance that if your horse, pony or donkey is treated by a practice carrying the XLVets Equine brand, you will have the personal approach that you have come to expect from your local independent veterinary practice, and the backing of one of the most respected groups of vets in the country - the only collaborative group of its kind.



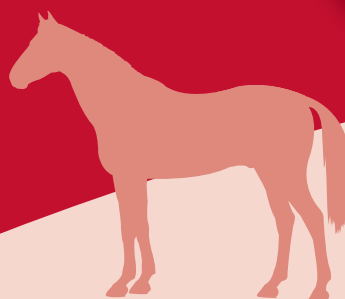
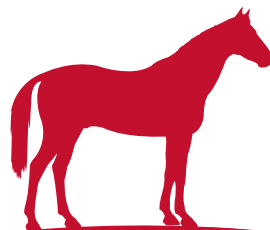
XLVets Equine practices work together to share knowledge and skills, to ensure together we are equipped to keep your horses well and healthy. XLVets Equine vets very much focus on helping you keep your horses fit, not just treating them when they are ill.

There are many ways you can get involved with XLVets Equine including our healthcare campaigns such as 'Keep one step ahead' and our practical vet-led EquineSkills training workshops - visit www.xlequine.co.uk for more information.

XLVets Equine provides a quality assurance mark for excellent equine care. We are proud to be associated with XLVets Equine and hope that you will feel proud of your practice too.

“ I am very grateful for the collaborative yet skilled approach you take, and the sensitive way in which you deal with the difficult dilemmas we all face as horse owners. ”

C Hopkins Kingston



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AUTUMN/WINTER EDITION

XLVets Equine is a novel and exciting initiative conceived from within the veterinary profession. We are all independently owned, progressive veterinary practices located throughout the United Kingdom committed to working together for the benefit of our clients.

XLVets Equine member practices

608 Farm & Equine Veterinary Surgeons
Ardene House Vet Practice Limited
Ashbrook Equine Hospital
Belmont Farm and Equine Vets Ltd
Bishopton Veterinary Group
Buckingham Equine Vets
Calweton Veterinary Group
Capontree Veterinary Centre
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Rosevean Veterinary Practice
Scarsdale Veterinary Group
Scott Mitchell Associates
Severn Edge Veterinary Group
St Boniface Veterinary Clinic
Torch Farm and Equine Vets
Wright & Morten Veterinary Surgeons

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FROM THE EDITORS

Welcome to the 'Autumn/Winter 2016' issue of Equine Matters...

...produced by XLVets Equine practices.

Now is the time of year for many people to experience the start of a new academic year, and we move into Winter and Spring. Changes have been happening here at XLVets Equine as well, with Kirstie Pickles, my former co-editor, moving on to pastures new and sadly stepping down from her editorial role at the same time. I'd like to thank her for all her hard work in the past year, and wish her all the best in future ventures.



Imogen Burrows
BVetMed Cert(AVP[EM]) MRCVS
Cliffe Veterinary Group



Susan Donaldson
BVMS Cert(AVP[EM]) MRCVS
Clyde Veterinary Group

At the same time, it gives me great pleasure to welcome Susan Donaldson, from Clyde Veterinary Group as the new co-editor of Equine Matters. Susan has contributed many times to Equine Matters and we look forward to having her on board as part of the team.

We hope you enjoy this issue and it provides some valuable insights into problems or conditions you may come across in the less inclement seasons. Happy reading!

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Clare Smith BVSc MRCVS, St Boniface Veterinary Clinic

A Vet's Role in an Emergency Rescue

St Boniface Veterinary Clinic



Veterinary Surgeon Clare Smith

XLVets Equine practice St Boniface Veterinary Clinic



Emergency rescues can be difficult and stressful situations, with emotional owners, potentially injured horses and often high risk conditions. The involvement of multiple agencies can add to the confusion, and to achieve a safe, effective rescue cooperation and understanding are vital.

As a vet, we may be called to a rescue by the horse owner, members of the public, or by the emergency services already in attendance, at any time of day or night! If initial assessment of the situation suggests anything other than the most basic manual rescue technique, a call to the Fire and Rescue Service will be necessary. Specialist Rescue teams are fully trained and equipped to assist in large animal rescues in a variety of situations.

Whilst waiting for assistance to arrive, an initial assessment should be made of both the situation and horse to determine that rescue is in the animal's best interest. This decision will be based on clinical examination, which may be limited by location, history and input from the horse's owner with regard to ongoing medication or health conditions and quality of life, as well as advice from the emergency crews on the possibility of effecting a rescue that is safe and achievable, without putting human life at risk. Initial sedation and/or emergency analgesia may be required at this stage, but only if it can be administered safely.

The vet's responsibility is to ensure the welfare of the horse and to facilitate a safe rescue through use of sedation and anaesthesia. If the joint consensus is that safe rescue is not possible, without endangering the life of either the animal or humans, euthanasia

may be required. In this situation, a joint discussion between the owner, vet and Fire and Rescue officer may be required. Animals in a situation making it unsafe for them to be rescued present a particular challenge to euthanasia, and support from the rescue teams, by way of ropes and harnesses, to ensure a safe exit route for the vet performing euthanasia, may be required.

With a rescue plan in place, effective physical and chemical restraint of the horse is required. A strong, well fitting head collar is essential, ideally attached to a lunge line. Ear plugs are often used to reduce auditory stimulation of the horse. It is vital that everyone stays clear of kick zones at all times as even sedated horses can make sudden, violent movements, especially when panicked. Personal protective equipment (PPE) is vital at all stages of a rescue; all crews will carry spare hard hats and hi viz tabards for use by others involved in the rescue (figure one).

Horses are monitored throughout the rescue to ensure sedation is adequate for safe rescue. Sometimes continuous sedation is administered via a drip or field anaesthesia is used if necessary to facilitate rescue. Following a successful rescue, the attending vet will provide ongoing assessment and treatment of the horse, considering hospitalisation or referral if appropriate.



Figure one. PPE is mandatory during rescue scenarios and the vet should be clearly identifiable

Rory's Rescue

Rory is an elderly pony who has lived in his field for over 30 years! On the night of 27th December, his owner found Rory the wrong side of the fence at the bottom of his field. While attempting to get back, Rory caught his back legs and slipped over, becoming stuck at the bottom of a very steep, muddy, slippery hill against a chain link fence and stuck in brambles!

Seeing Rory's predicament, his owners quickly called St Boniface emergency line, and vet Clare attended. After an initial assessment, Clare identified no serious injuries, but Rory was very cold and tired, and did not have the strength to get himself up.

Rory was given some pain relief and, as it was clear that some more specialist help was

required to get Rory back to safety, the Fire and Rescue Service were called to assist (figure two).

With the help and expertise of the local crew and a Specialist Rescue Team, Rory was pulled out of the hedge and up the slope with special straps and winches. The ground was wet and muddy, and the whole team worked hard to get Rory to a safe and level patch of ground (figure three). With a little rest and some food, Rory was able to stand on his own and was slowly walked back to his stable with support from Clare and the Firefighters.

We are pleased to report that despite his age, Rory has recovered well and is now happily back in his field!



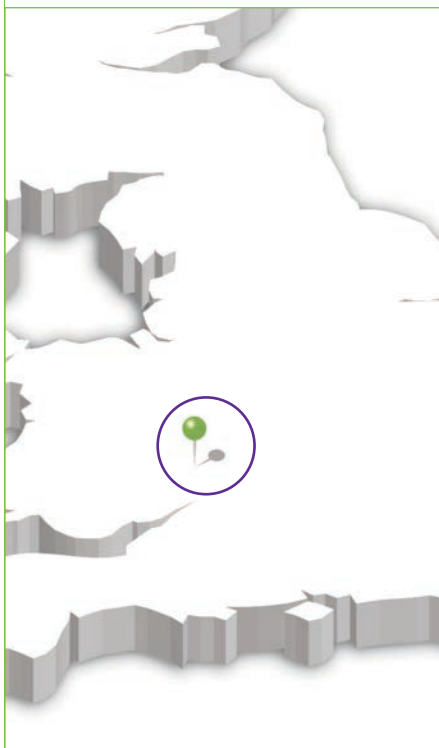
Figure two. Clare keeps a close eye on Rory as the Fire and Rescue crew arrive



Figure three. Lots of manpower from the Fire and Rescue team was needed to get Rory to a safe area of ground due to the muddy conditions

Dominic Alexander BVMS MRCVS, Belmont Farm and Equine Vets

Happy Endings: A Successful Rescue



Every year horses and ponies are involved in accidents from falling into ditches and being trapped in overturned horse boxes and trailers to getting stuck in gates, cattle grids, ponds and bogs. The fire service has traditionally been called to rescue these animals but, until recently, there has been little in the way of formal training to enable the fire service to extract a horse safely from these situations despite the fact the work is potentially extremely dangerous.

Here we recount a successful rescue that occurred a couple of years ago following a mare becoming trapped in a muddy bog. The owner called the vet and the local fire service which fortunately had members that were trained in safe horse rescue. The situation was assessed prior to any attempt being made to rescue the horse, a Shire cross mare in her late teens. It is important that everyone works together, and therefore, the rescue plan was discussed with the owners, fire service and vet. It is also important that everyone, except the immediate rescue team, keeps out of the cordoned zone unless requested to enter by the person in charge.

The mare required heavy sedation because, even though exhausted, she would make attempts to try to extricate herself without warning. As she did so, a vacuum was created in the mud making it highly likely that either one of the firefighters or the vet could have been sucked underneath her. Sedation, in calming the patient, prevents injury to the horse and makes it safer for all concerned. The white board beneath her head (figure one) was put in place to keep her nostrils free of dirty water

to prevent it getting into her lungs. Once the board was in place, two straps were placed around her body which enabled us to pull the mare steadily backwards out of the muddy pond. The mare was assessed immediately post extraction from the pond (figure two) for broken limbs and wounds.

The pond was at the bottom of a steep-sided field, and the mare was gently lifted and carried to a relatively flat field in which it was easier for her to stand (figure three).

Once in a safe level field, the mare was lowered gently to the ground and the straps removed. Prior to this she was mildly sedated again because she began to struggle. Horses will often struggle as soon as their hooves touch the ground making it difficult to release them. The mare was released from the strapping and able to stand on her own (figure four). She was re-examined and given anti-inflammatory medication to reduce any pain or stiffness that may have occurred from being pulled out of the pond or hoisted in the air by the straps. The mare made a full and uneventful recovery.

Veterinary Surgeon Dominic Alexander

XLVets Equine Practice Belmont Farm and Equine Vets



Figure one. Exhausted mare stuck in the thick mud of a pond



Figure three. Mare being gently lifted and transported to a place of safety



Figure two. Lying relaxed under sedation, immediately post extraction from pond



Figure four. Mare recovering in a place of safety, a level field, after the ordeal



How Horses Learn

Tina Chappell

Having previously attended several courses provided by XLVets Equine and Hook Norton Veterinary Group, my vet, Sally Hodgson, suggested an upcoming course called 'How Horses Learn' may help me with 'Archie', my ten year old Appaloosa cross gelding (figure one).

Despite being very sweet natured, 'Archie' could be very strong and stubborn on the ground when he didn't want to do something or when receiving injections and having blood taken. Under Sally's instructions, we had already started clicker training and whilst this was proving to be successful, loading was still very problematic and took the enjoyment out of going anywhere.



Figure one. Tina and Archie

The day began with a classroom session at Hook Norton where we were asked to briefly sum up what we wanted to get out of the course. We were also then asked to describe our horse in a few words - my word was 'ratbag'! Over the course of the morning, we learnt the theory behind how a horse learns both good and bad behaviours, as well as methods to overcome this bad behaviour and reinforce good behaviour.

This included:

- positive reinforcement
- negative reinforcement
- aversive stimulus
- habituation.



Figure two. The practical sessions begin with demonstrations

Following a light lunch, we commenced the practical side of the day (figure two). I had dropped 'Archie' off at the venue earlier in the day and one of the great things about the course was that several of us had brought our horses. This allowed us to use the theory we had learnt in the morning and put it into practice on a variety of horses with different behavioural issues such as:

- mounting problems
- ridden issues and the use of aids
- negative behaviour in-hand
- fear of injections
- fear of whips

In mine and 'Archie's' case, we were focussed on overcoming his fear of needles, as well as learning how to encourage him to load. Previously, he would plant himself at the bottom of the trailer ramp or worse still, pull backwards and put me off balance to the point where I would lose hold of the lead-rope, putting both of us in a dangerous situation. To help resolve these problems we were taught the techniques of overshadowing, back-up and park. I have since used back-up and park when loading to distract him from planting himself at the bottom of the ramp with great success.

What did the group take from the day? All behaviour can be changed with patience, understanding and repetition of an action until it becomes a learned response (figure three).



Figure three. We all learnt plenty of practical techniques to overcome our individual difficulties

Would I recommend this and other courses run by XLVets Equine and Hook Norton Veterinary Group? Definitely, they are good value for money and you get access to professionals you might not normally meet.

The XLVets Equine bandaging angels:

Stacey Duncan, Clyde Veterinary Group, Lanarkshire

Kassie Hill, FdSc RVN REVN E-SQP Cliffe Equine Vets, East Sussex

Louise Pailor, RVN REVN R-SQP Wright and Morten, Cheshire

Marie Rippingale, BSc (Hons) REVN G-SQP DipHE CVN DipAVN (Equine)
Scarsdale Veterinary Group, Derbyshire

Bandaging top tips and the dos and don'ts of wound care

Introduction

Equine wound care can be challenging, time-consuming and expensive! Equine wounds are an all too common occurrence in veterinary practice due to injury resulting from the horse's natural fight or flight instinct. Therefore, we see many patients with wounds caused by fencing, wire or trauma such as a kick from a companion. There are many things to consider when treating equine patients to encourage optimal healing and a swift return to athletic function.

A properly applied bandage is a powerful tool when assisting with optimal wound healing in equine patients (figure one). Unfortunately a poorly applied bandage can actually cause further complications, such as;

- Poor blood supply and poor oxygenation to the wound and surrounding tissue can be caused by a bandage that has been applied too tightly. Bandage rubs and sloughing of skin can occur in severe cases, e.g. when elasticated bandages are applied too tightly.
- Movement, the nemesis of wound healing, can be worsened by a bandage that has been applied too loosely.
- Continued trauma to the wound and infection can be caused by a bandage that has slipped down, allowing the patient/bacteria access to the wound.

This is why it is so important to apply a bandage correctly and to monitor it to reduce the risks of any complications occurring. Below are ten top tips for applying the perfect bandage:

1. Size:

Applying the widest width of bandage possible ensures even pressure which helps to reduce bandage complications.

2. Overlap:

Ensure you overlap half the previous layer so that your whole bandage is of an even thickness (figure two).

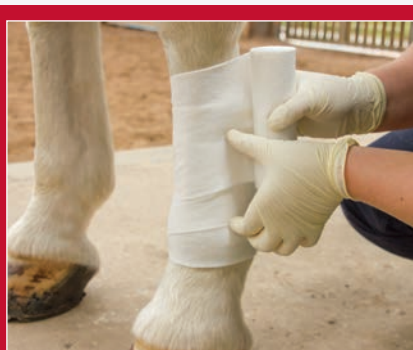


Figure two. Overlapping bandage

3. Comfort:

There should be a padding layer next to the skin that can absorb some of the pressure applied by the bandage. This reduces the risk of rubbing and subsequent skin soreness.



Figure one. A nurse safely applying a lower limb bandage

4. Padding:

There should be sufficient layers of padding (i.e. layers of cotton wool or gamgee) before you apply any kind of elasticated bandage to the limb to even out the pressure (figure three).



Figure three. Padding: layers of cotton wool or gamgee

5. Reinforcement:

Apply a layer of duct tape to the toe of a foot dressing. This will help keep the bandage clean and dry, and should prevent the bandage from wearing away in the toe area.

6. Prepare:

Ensure all bandage materials are ready before you start. This means swift application and maintaining cleanliness.

7. Bandage up:

It is important to start at the bottom of the leg and work your way upwards, as this will reduce the risk of the bandage slipping (figure four).

8. Clockwise or anti-clockwise?

Apply the bandage starting at the front of the limb and work towards the back. Be aware this changes depending on the way you hold the bandage and on the limb!

9. Check:

Make sure your bandage isn't too tight. You should be able to easily fit a finger down the side.

10. Practice makes perfect:

Don't forget to practice before you need to bandage in an emergency as it feels a bit cumbersome to start with!



Figure four. Work your way upwards to reduce the risk of the bandage slipping

Wound Care: Things to do

Wounds on the lower limbs of horses can be especially difficult to manage because of poor circulation, joint movement and minimal soft tissue between skin and bone. There is also a risk of contamination from the environment and, once a decision has been made on who will manage the wound, treatment can begin.

1. Wound Cleaning.

The initial goal when preparing a wound for primary treatment is to decrease the threat of infection by cleaning the wound. If possible, hair near the wound edges should be removed prior to cleaning. A water soluble sterile gel should be applied to the wound to keep hair and debris from contaminating the site.

2. Debridement.

Often wounds are not discovered for a few hours and portions of traumatised tissue may start to die. Devitalised and necrotic tissue may have to be surgically removed in order to facilitate healing. Honey dressings are often used to aid debridement.

3. Bandaging types and techniques.

These play a critical role in managing wounds. Creating a moist wound healing environment is paramount to promote wound healing. Many wound issues can be resolved through a good bandaging technique.

4. The aim.

The bandage protects the wound from contamination, provides a moist wound healing environment, reduces swelling

and bleeding, and also stabilises or immobilises the area.

Wound care: Things not to do

When dealing with wounds lots of people have their own ideas, thoughts, lotions, potions and powders to help get wounds to heal. Many recipes have been handed down over the years and lots of commercial products are now available from tack and feed suppliers. Some claim to have amazing healing properties. The fact is, most wounds will heal anyway, regardless of what we put on them, as long as they are not being delayed by certain factors (figures five, six and seven).

1. When cleaning a wound, using dilute chlorhexidine (HiBiScrub, Molnlycke Health Care) within the first six hours prevents bacteria from multiplying and can buy you and the vet some time if the wound needs stitching. However, bathing a granulating (healing) wound with chlorhexidine can delay the healing process as it will inhibit the collagen matrix as the wound tries to close itself from the edges. Plain water or a salt solution is better.

2. Don't be tempted to apply blue spray, wound powder or any other wound preparations, as the vet will just have to wash them all off again to examine it. Vaseline should also be avoided. Anything that is oil based will delay healing as it inhibits fibroblast (immature cell) migration across the wound. Oil based preparations should only be used on intact skin for scars. If in doubt, just wash with clean water or use a hosepipe with gentle pressure, apply a sterile (if possible) dressing and call your vet.



Figure five. Wounds can occur anywhere on the body. This nostril wound would not heal neatly without stitches due to its exposed location.



Figure six. Mid repair. The nostril has had an internal layer of absorbable sutures placed to make the repair more robust and resilient during healing.

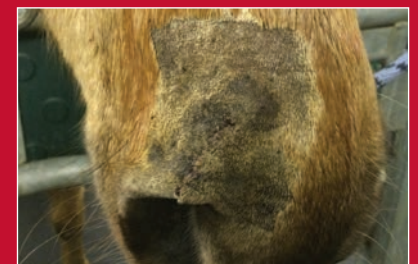


Figure seven. After repair. The ends of the stitches are buried to create less irritation during healing



Rebecca Goodwin BVetMed CertAVP(EM) MRCVS
Cliffe Equine Clinic

Preparing to say goodbye

Horses are living healthier, longer lives than ever before due to advances in veterinary care, knowledge and nutrition; and recent studies have shown the aged horse population is ever increasing (**figure one**). Despite this increased longevity, the unfortunate decision to say goodbye to our beloved animals is still an inevitability. It may be a sudden decision due to an untreatable or painful disease, or due to a chronic or terminal disease that has become unmanageable.



Veterinary Surgeon Rebecca Goodwin

XLVets Equine practice Cliffe Equine
Clinic



Figure one. Older horses often continue to exercise. With careful management and regular checkups, working in the twilight years can be beneficial



The decision for euthanasia may become necessary due to compromised quality of life from disease or illness, or normal age related changes. Often we have to make these decisions, they are not made for us, and as loving animal owners we have to take the responsibility which can be a very difficult and upsetting process, giving us a huge amount of moral stress (**figure two**). As vets we want to try to support you at this time and offer helpful, empathetic, informative advice.

Planning ahead allows you to have more time to focus on your animal and saying goodbye,

and not just the facts and logistics of the matter, such as dealing with the remains. Perhaps a discussion at an annual vaccination may be a good idea to prepare yourself for the decisions to be made, and when is the right time for you and your horse. Obviously these are very personal decisions and discussing it with your vet may not be appropriate or necessary for you. However, if you do wish to discuss this topic, there are a few difficult, but common, areas for discussion.

When is the right time?

Knowing the right time to put your horse to sleep can be a very tricky question to answer. It depends on both the individual circumstances and personal opinion. Ultimately it should come down to quality of life, and that should be a reflection of clinical disease and pain levels.



Figure two. As loving animal owners, we have to take responsibility

As vets we try to impartially assess the horse's ability to conduct normal behaviours, e.g. getting up, lying down, eating and the ability to move around freely without pain. Furthermore, if the line is becoming blurry, ask yourself if they are having more bad days than good days? There is a saying amongst vets that is very true: 'better a week too early, than an hour too late'.

The biggest regret we see in owners is wishing they had made the decision sooner, not the other way around (figure three).

What are the options for euthanasia and what is the process?

You can choose to say goodbye in two ways, either by shooting or euthanasia by injection. This decision comes down to personal preference and animal suitability. Shooting is very quick and straightforward, the limbs contract and consciousness is lost immediately. There is a bang and there will be a small entry hole in the forehead area just below the forelock, from which there may be some bleeding. Involuntary reflexes may occur. Some owners choose to have their horses sedated by the vet first, many just feed them a nice bucket of treats.

The injection is a drug that has two components: an anaesthetic agent that leads to loss of consciousness, so the horse falls asleep, and a drug that stops the heart once consciousness is lost. Many vets will sedate the horse first and place a catheter into the vein in the neck to ensure giving the injection is straightforward. It takes a minute or two, then the horse usually starts to breathe a little heavier and gently goes to the ground. Rest assured the moment they start to become

unsteady, they are losing consciousness and are not aware of anything around them.

Once they are on the floor, there may be some involuntary reflexes. The vet will check the heart to ensure the horse has passed away, it may take a few minutes for the heart to completely stop.



Figure three. Reassuringly, owners almost always know exactly when the time is right for them and their horse

What happens afterwards?

With permission, you may be able to bury your horse on your own land. If this is not suitable, your vet can organise a transporter to remove the body to be taken to a pet crematorium. Cremation is the most common option for owners. Most crematoria will perform individual cremations and offer a casket of ashes for scattering or burial. Finally, some owners prefer to use their local hunt if they have an established relationship and they will also take care of the remains for you.

The grief of losing a horse can be as pronounced as losing a friend or family member, as often the attachment and bond is very deep (figure four). It is important to never put a timescale on mourning, as everyone is different and the grieving process different for individuals. In recognition of how difficult this time can be, there are an ever increasing number of resources for

owners. XLVet Equine practices offer a very valuable Equine Skills workshop dedicated to this topic - 'Old Friends and Saying Goodbye'; specialist animal bereavement counsellors are available if you need someone to talk with, and both The Blue Cross website or The Ralph Site have more information.

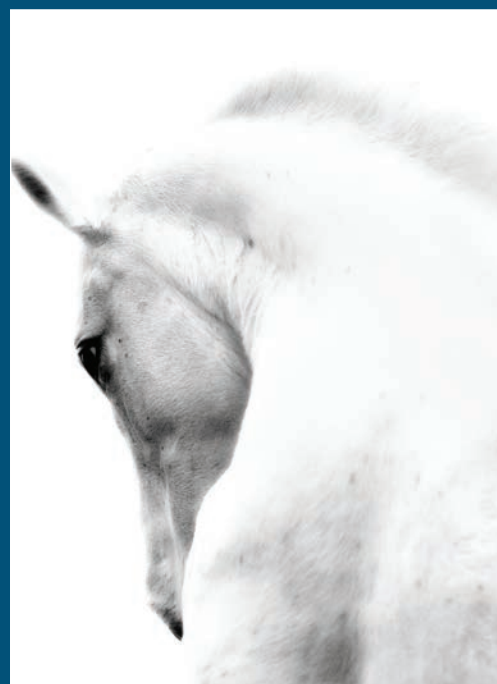


Figure four. Grieving takes time and should not be rushed

Pull Out and Keep



Beth Lawrence BVSc MRCVS
Belmont Farm and Equine Vets



Equine emergencies

Horses have an instinctive fight or flight response which makes them prone to injury. They are also herd animals that operate a social hierarchy that can lead to dominance fights and if that is not enough, their often curious nature can get them into trouble. The most common equine emergencies we deal with are wounds, but there are many types of emergencies requiring immediate attention. Owners should be able to recognise emergency situations and take the correct action whilst waiting for your vet.

What is normal?

It is important to know what is normal for your horse in terms of the vital signs. These should be taken when your horse is at rest:

- Pulse rate: 25-42 beats per minute (ponies tend to be higher).
- Respiratory rate: 12-20 breaths per minute.
- Temperature: 37.2-38.3°C.
- Capillary refill time: less than 2 seconds. This is the time it takes for the colour to return to the gums after touching them lightly with your finger.

Always keep tetanus vaccinations up to date

In an emergency:

- Be prepared
- **Safety first:**
prioritise your own safety.
- Get help
- **Be calm:**
assess the situation and form a plan
- **Call your vet:**
you can get good advice over the phone prior to the vet's arrival
- **Stay alert:**
consider the whole picture

Preparation:

- First aid kit
- Phone numbers
- Knowing what is normal
- Identifying emergency situations
- Have a plan - e.g. if transport required
- Insurance/method of payment

Useful items:

- Latex Gloves
- Sharp Scissors
- Rectal Thermometer
- Flashlight
- Surgical scrub solution e.g. chlorhexidine
- Bandage materials - cotton wool, vet wrap, gauze wrap and poultice material. These items should be sterile.

Please pull out and keep for future reference

Pull Out and Keep

Common Equine emergencies

Wounds: Probably the most common equine emergency, wounds come in all shapes and sizes, anywhere on the body! Severity depends on the location of the wound and the structures involved, rather than size. Puncture wounds over joints are potentially more life threatening than a 12" gash on the rump.

Colic: Literally meaning 'tummy ache', this is a relatively common emergency which most horse owners may encounter. Clinical signs range from a lack of appetite to sweating and rolling. Call your vet as soon as you notice any symptoms. Be careful not to get injured by a horse suffering colic.

Trapped horse: If you find your horse trapped either in a ditch or an overturned trailer for example, firstly call the emergency services, asking for the animal rescue service and/or fire brigade, followed by your vet. Always approach a horse from the spinal (back) side in these situations to avoid being kicked.

Lameness and Punctures: Very lame and non-weight bearing horses should be treated as an emergency, including laminitis, and any trauma to joints or tendons. Where possible prevent any unnecessary movement until the vet arrives. Try to keep the horse calm by providing a small haynet and avoid giving medication unless advised to do so by the vet. Cold hosing or icing any swollen areas can help reduce further inflammation. In the case of foot punctures, please consult your vet before removing any object. If the object must be removed to avoid further damage, try to take note of the depth and direction of penetration.

Eye Injuries: Equine eyes are prone to injury. Corneal ulcerations (figure one), eyelid lacerations and uveitis are the most frequent eye conditions seen. Any closed, swollen or painful eyes should be treated as an emergency.

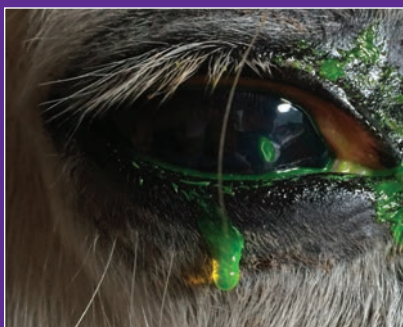


Figure one. This ulcer (stained green) is small but unless treated promptly could potentially lead to loss of the eye

Choke: This is when food (and occasionally bedding) material becomes stuck in the throat, blocking the gullet. This means any saliva, food or water will not pass into the stomach and may result in slimy green, frothy

discharge from the mouth and nostrils. A horse with choke may appear quite distressed, often coughing and groaning repeatedly. Although it can be very alarming to observe, the horse can breathe normally and the condition is not life-threatening, often spontaneously clearing prior to the vet's arrival. Take away all food and water, and ring your vet for advice.

Foaling Emergencies: These are some of the most time-critical cases, do not delay in calling your vet if you suspect a problem foaling.

Wound care tips

Although noticing a bleeding wound may make you panic, several steps can help improve the outcome:

1. Catch and calm the horse ONLY if safe to do so and move to a safe area. Sometimes food can be a good distraction to keep the horse calm.
2. Get someone to assist and hold the horse before attempting to look at the wound.
3. Evaluate the wound for location, size and depth - call your vet for advice. You will require veterinary attention if:
 - there is excessive bleeding
 - the entire skin thickness is penetrated
 - the wound is next to, or over a joint (figure two)
 - any underlying structures are visible, e.g. muscle, bone, tendon or ligaments
 - it is a puncture wound
 - the wound is dirty.

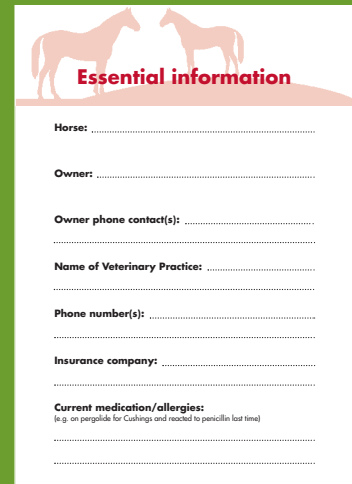


Figure two. This multiple laceration wound required veterinary attention due to the proximity of the wounds to the hock joint

4. The following first aid steps are advisable, if it is safe for you to do so:
 - Cold hose the area gently
 - Apply a bandage to cover the area
 - Never apply cotton wool directly to a wound; use a sterile dressing pad
 - Bandage firmly to help stop bleeding. If bleeding continues through the bandage, then apply another layer on top.

Useful Tips

- Be prepared! Make sure you are aware of what constitutes an emergency and get familiar with what is normal for your horse, so you know when to ring for help. It is helpful to have an essential information chart, by the horse's stable.



Essential information

Horse:

Owner:

Owner phone contact(s):

Name of Veterinary Practices:

Phone number(s):

Insurance company:

Current medication/allergies:
(e.g. on pergolide for Cushings and reacted to penicillin last time)

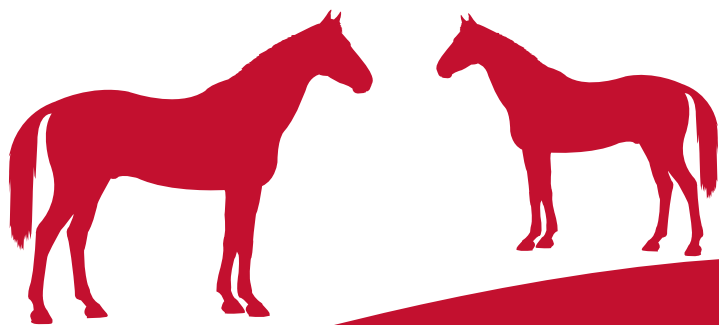
- Have a transport plan ready for action. If you don't have your own transport, ask around and see if someone on your yard can help, or have a few local transport company numbers stored if needed. Having transport pre-arranged greatly reduces stress for owners at the time.
- Finally, have a small first aid kit to hand (figure three). Having everything you might need in a small, clean sealed box means you are better prepared to deal with emergencies as they arise. Contents vary, our suggestions are in table one.

First aid kit items

- Hibiscrub
- Thermometer
- Animalintex/poultice
- Cotton wool
- Self adhesive bandages e.g. Vetrap
- Sterile dressing pads e.g. Melolin
- New tail bandage
- Latex gloves
- Large dosing syringe
- Sterile hydrogel, e.g. Intrasite
- Sharp scissors
- Torch
- Towel
- Epsom salts
- Kitchen towel
- Wire cutters
- Twitch



Figure 3. The contents of a basic first aid kit



What do all those letters mean?

The veterinary professional now comes littered with qualifications, but what do all those letters after our names mean and of what relevance are they to you, our clients?

In preparation for this piece I spent some time asking our clients whether they knew anything about our qualifications, or even cared what further qualifications we have. Opinions were somewhat varied, ranging from those who don't care, to those who specifically search

online for vets with further specific qualifications in the area in which they felt they needed help. However, fundamentally, everyone felt that a professional and caring attitude was the biggest draw in finding and keeping a chosen veterinary surgeon and practice.

XLVets Equine veterinary practices are joined in a similar belief - to strive for excellence in practice - but how do we do that as

individuals? Many of us are constantly striving to better our knowledge in the belief that this will certainly help us deliver a higher standard of care. While every qualified, practising vet and nurse must prove they continue their professional development, XLVets Equine practices especially prioritise supporting both personal and professional development to achieve that excellence in practice.

What is an SQP? – Kassie Hill FdSc RVN REVN E-SQP

Although already having qualified as both a small animal and equine veterinary nurse, I was unable to dispense medications directly to clients. I found this limited me when discussing worming programmes with clients as I could not dispense the appropriate treatment without the consent of a vet.

While continuing in full time work, I enrolled in a distance learning course. Once I had completed this, I sat both written and oral exams to ensure my knowledge was up to scratch.

Equine veterinary nurses are invaluable in practice, and may run weight clinics, worming workshops, first aid and bandaging training, and are a good source of advice for clients. The addition of having SQP status means we can deliver an even more cost effective service to our clients, as not every situation requires a veterinary surgeon. Popping in to pick up worming or lice treatment is possible at clinics with SQPs on-site, otherwise a vet is needed.



Veterinary nurse training – Holly Buchan BSc REVN

My dream of working in the equine veterinary field was ignited as I worked alongside a vet collecting data for a paper he was writing. Once graduated, I applied to work in practice as a Veterinary Nurse. Although you do not have to be qualified to have a very rewarding job in a vet clinic, you have to be supervised to carry out many daily tasks. So I was very excited when approached by my boss and asked to apply for the veterinary nursing course.

There are many ways to achieve a qualification in veterinary nursing; my chosen method was attending college one day a week for three years whilst working in practice. This required lots of work outside of college and work hours - a huge shock to

start with! Outside college I had to complete many assignments, exams and a practical log of work and skills. At work, a clinical coach mentored me and signed off the many skills I had to master. These varied massively from handling and daily care of patients, through to providing surgical assistance.

Along the way I started to get more confident and the course really helped to further my understanding and experience.

Now I am qualified there are many tasks I can carry out alone and I am accountable for my actions and decisions. I have a great knowledge base to draw on to provide the best possible care. I feel comfortable advising clients and confident answering their questions.



You're a vet - what's next? - Imogen Burrows

BVetMed CertAVP(EM) MRCVS, RCVS Advanced Veterinary Practitioner in Equine Medicine

After just over a decade in first opinion equine practice, I realised I was beginning to be asked, and ask myself questions I didn't know answers to. I felt I had a pretty good field of knowledge in general equine practice, but began to feel as if I needed to know just that bit more - a bit like a toddler at the 'why?' phase of development. This led me to the next stage of my professional development - studying towards a certificate.

Getting back into the routine of studying as well as working full time isn't easy, but the Advanced Practitioner Certification route is now far more accessible for people in practice - albeit an extra 100+ hours of studying to do over each block of four months. There are six modules to complete and having once successfully done so, we are entitled to sit another examination - this

gives us the Royal College of Veterinary Surgeons approval in our chosen field.

The modular system allows vets to study their particular interests, developing more advanced practical skills and obtaining a greater depth of clinical knowledge. Once a vet has been awarded their RCVS certificate they may then apply to become a listed RCVS Advanced Veterinary Practitioner, a status that must be renewed every five years. At present disciplines include Equine Practice, Equine Medicine, Equine Surgery - Soft Tissue, Equine Surgery - Orthopaedics, Equine Stud Medicine and Equine Dentistry.

It all sounds very fancy, but what does it mean to you? In practice, this translates into your vet not only striving to answer the questions 'what is wrong with my animal and what can be done?'; but you being



confident that the clinician has been assessed rigorously and proven they have advanced skill set to offer you and your horse.

Diplomas and Specialists – Kirstie Pickles

BVMS MSc PhD CertEM(IntMed) DipECEIM MRCVS, European and RCVS Specialist in Equine Internal Medicine

If an equine vet in the UK wishes to become a specialist in a given area of veterinary work, the equivalent of a consultant within the NHS, they need to undertake a demanding three year postgraduate approved residency programme in their chosen field, e.g. equine medicine. Just getting a residency is the first challenge as these are highly competitive posts! The residency programme is supervised by a current diplomate of the College and is approved by the European College of that discipline to ensure it provides the appropriate level of training. Most residency posts are at University veterinary schools but a few are available at private practices. During the programme, the resident will see complex referral cases, increasing their knowledge of disease mechanisms and medical procedures and treatments. Additionally the candidate must fulfil the following criteria:

1. Submit a case log of 600 cases in the chosen area
2. Undertake additional training in related disciplines e.g. anaesthesia, imaging and pathology

3. Attend at least three major conferences
4. Present at least six professional seminars/presentations
5. Publish two papers in peer reviewed journals

Diploma candidates are then eligible to sit two exams involving three written papers and an oral/practical component. If they manage to get through all that, they are awarded a European College Diploma of their chosen specialty. To maintain diplomate status, reaccreditation takes place every five years in order to ensure that the highest clinical standards are maintained.

In the UK, only diplomates are allowed to call themselves specialists in a given area to aid identification of expertise by the animal owning public. Should your horse require referral to see a specialist, you can identify their European College (or American) Diploma status in an equine discipline by the abbreviation ECE- (or ACV-) after their name.



Mark Tabachnik, BSc (Hons) BVM&S CertEP MRCVS BAEDT, Wright & Morten

Medical management of a painful condition



Veterinary Surgeon **Mark Tabachnik**

XLVets Equine practice **Wright & Morten
Veterinary Surgeons**

The teeth at the front of our mouths are called incisors. Horses have twelve in all – six on the top and six on the bottom jaw. Their role is to tear and cut food, mostly grass, and pull long fibre such as hay into the mouth for grinding by the molar teeth. Horses' teeth erupt continuously throughout their lives. This eruption is balanced by horses chewing fibre and grass high in abrasive silicates, which wears their teeth down at an equal rate (2-3mm per year).

I was mindful of this when I met 'Tom'. 'Tom' is a 26 year old warmblood gelding who previously worked as a Grand Prix dressage horse (**figure one**), but had now retired for an easier existence of hacking and eating copious quantities of hay.

A dental examination starts with feeling the head, then lifting the lips and looking at the incisors. Immediately it was clear that 'Tom' had a problem. Instead of meeting nicely with an even smile, 'Tom's' lower jaw was offset and his incisors were displaced (**figure two**). He has a disease with the catchy title EOTRH which stands for Equine Odontoclastic Tooth Resorption and Hypercementosis.

This disease affects the incisors of older horses and causes two things to happen. Firstly, the gums around the front teeth recede, then the outer covering of the teeth grows excessively (**figure three**). It can be painful and as the disease progresses the teeth can move and become loose. Currently, the

cause is unknown, but research has focussed on underlying medical problems such as Cushing's disease and gum disease.

EOTRH can be painful. In 'Tom's' case I tapped and wobbled the teeth and he didn't seem to mind. There are no specific treatments but we might need to extract any teeth that become painful or loose. Horses without incisors are quite happy and live a normal pain-free life. Luckily, horses have big strong lips that can grasp and pull out grass – a handy replacement for teeth that fall out with old age!

'Tom' will be reassessed in six months time. However, for now I was happy that although the disease appears to be quite advanced, it isn't causing 'Tom' trouble pulling his hay out of a net or biting a carrot.

If you own an older horse or pony, it's definitely worth occasionally lifting their lips to check their incisors and discussing any problems you might discover with your vet.



Figure one. 'Tom' at the start of his dental examination



Figure two. The upper incisors are angled towards the left and the lower jaw is displaced to the right

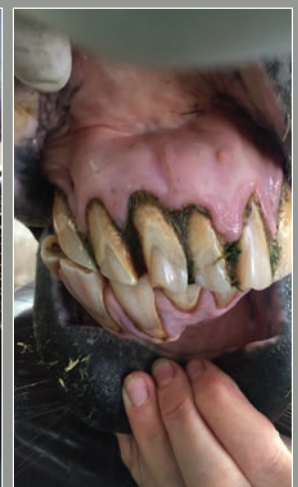


Figure three. Bulging appearance from increased accumulation of cementum around the roots of the upper incisors (hypercementosis)

Dr Karl Holliman, BVM&S CertEP MRCVS, Cliffe Veterinary Group

Surgical treatment of a common aged horse disease

CLIFFE
EQUINE



I was asked to examine 'Bob', a 21 year old Friesian gelding, because he wasn't eating very well. His owner was worried that he was losing weight and wasn't eating hay as quickly as usual. By observing 'Bob' eating, I noticed he was reluctant to pull hay from the hay net, preferring to pull his hay downwards to the floor before eating it slowly.

The mouth was examined first by palpating the head, then by parting the lips to examine the incisors (front teeth) and canine teeth. The incisors were in a poor state, with upper teeth displaced at angles and disruption of the surface with loss of the normal smooth appearance (figure one). The gums had some reddening around the gingival margin with a build up of cement. The jaw bone supporting these teeth was also swollen.

cementum around the tooth roots, confirming the severity of the disease.



Figure one. View of Bob's incisors from the left side, showing the tooth angulation and altered structure



Figure two. This x-ray shows the broken incisors and changes to the tooth root structure

Under heavy sedation and local anaesthesia (nerve blocks), all the upper incisors and several of the more diseased lower teeth were extracted. Radiographs were taken to confirm removal of all dental tissue. The tooth sockets were flushed and packed with antiseptic material and 'Bob' went home later that day.

When I visited 'Bob' again three days later it was wonderful to see him eating happily and with enthusiasm from his hay net! With daily flushing, the gums healed over a four week period without complication.

Heavy sedation was required to allow examination of his cheek teeth; even then the placement of the gag, which has plates that sit on the front incisor teeth allowing the mouth to be held open, was very painful for 'Bob'. Fortunately, there were no significant dental abnormalities of the molars and premolars, so I concluded the pain originated from the pressure on the front teeth.

This was a classic case of Equine Odontoclastic Tooth Resorption and Hypercementosis, more simply known as EOTRH. EOTRH is not an uncommon disease of older horses that affects the incisors. This disease is poorly understood, but is very destructive, leading to the breakdown of the tooth enamel with severe inflammation and reaction around the roots of these teeth. Any pressure, such as chewing or gag placement, can lead to marked pain.

The incisors were radiographed (figure two) which revealed the destruction of the dental tissues below the gum line and the increase in



Figure three. Bob's gummy, but pain free smile!

Over the next six months, 'Bob' quickly returned to a healthy weight and the owner reports that he grazes and eats well, despite the lack of front teeth (figure three)!

Veterinary Surgeon Karl Holliman

XLVets Equine practice Cliffe Veterinary Group



Working together to build a **Picture of Health**



XLVets Equine veterinary practices believe that prevention is better than cure. Talk to your local XLVets Equine veterinary surgeon about preventative healthcare so together we can ensure your horse is a complete **Picture of Health**.



T: 01228 711788 www.xlequine.co.uk



Equine

Penny Brownings RVN BAEDT, Cliffe Equine Clinic, East Sussex

CLIFFE
EQUINE

A day in the life of... an Equine Dental Technician: the progression from nursing into dentistry



Although I loved my role as an equine veterinary nurse, working my way up through the ranks over the years to head nurse, I wanted to go on and specialise further. Inspired by a veterinary surgeon within the clinic, I saw an opportunity in equine dentistry.

Nursing has provided a great foundation for moving forward into equine dentistry. I find I am constantly applying my nursing knowledge on a daily basis and feel this helps me stay aware of both my clients' and their horses' needs.

Unlike other non-veterinary Equine Dental Technicians (EDTs), being a registered veterinary nurse allows me to provide sedation to my patients under veterinary direction. Sedation allows for greater visibility in the mouth with fractious or fidgety patients, ensuring I provide the best care in every case (**figure one**).

EDTs learn about various oral problems, and at times we are faced with substantial pathology, e.g. fractured teeth (**figure two**), overgrowths affecting soft tissue and in some circumstances underlying bone involvement. My experience and knowledge gained working in a veterinary environment has given me greater insight into how to explain these problems to owners without causing panic. Additionally, my nursing skills give me the ability to undertake full physical

examinations where necessary, further reassuring owners. Many dental issues come with huge financial implications and there may not be a rainy day fund to put things right. These situations must be approached with compassion and kindness, seeking the veterinary input promptly to get a clear diagnosis and treatment plan in place.

I work with a great team of vets and have an incredible support structure around me. If I find something on oral assessment that gives cause for concern, I can make arrangements at the time for the horse to come into our clinic for further work. When I pack up and leave there will be a plan in place, appointments made and the horse's notes and dental chart on the clinic's system (**figure three**). Being part of the team allows me to see things through and be involved with the whole process.

The continuity of follow up appointments and routine checkups gives me a great deal of job satisfaction! What's not to like on a sunny day, driving around the countryside (**figure four**), meeting up with vets and

seeing all my clients? I love catching up with people and hearing their news, especially when punctuated with a good coffee! Having said that, I try not to dwell on our wet and muddy days, in unsheltered fields, with less than enthusiastic patients and persistent driving rain...definitely an occupational low point!

I enjoy teaching, encouraging good working techniques and stimulating discussion of pathologies seen with reference to veterinary referral. Having already had an apprentice who has gone on to pass the BEVA/BVDA exams and set up her own business, I take a proactive role in preparing other students in the run up to their exams and am proud to be part of the BAEDT examining team.

I am a strong believer in fostering and promoting good working relations between qualified EDTs and their local veterinary practices - this is the only way to ensure excellent welfare standards for the horses we all see on a daily basis.



Figure one. Not all patients need sedating - some are naturally relaxed!

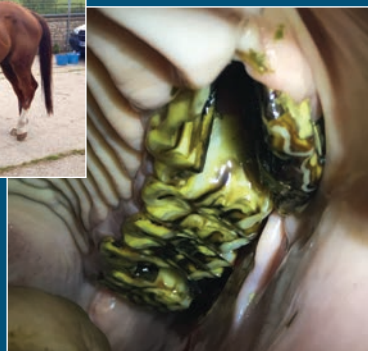


Figure two. An obvious fracture in the first cheek tooth



Figure three. Having a little help with my dental charting



Figure four. Taking advantage of a sunny day on the Sussex Downs!

Hot Potato Topic: Vet or Dentist - who should do my horse's teeth?



Penny Brownings RVN BAEDT Veterinary Nurse and Equine Dental Technician

This is a very controversial topic indeed! Personally, I think the most important factor to consider is the patient involved.

For example, if a patient presents with a clinical problem likely to be associated with significant disease or injury in the mouth; or the patient is resentful of dental examination and/or work being undertaken, then a vet with further experience and ideally a qualification in equine dentistry would be best placed to tackle this particular case. Only vets are able to offer a complete clinical package for the client and patient - sedation, appropriate pain relief, make veterinary diagnoses and perform advanced treatments, such as tooth extractions.

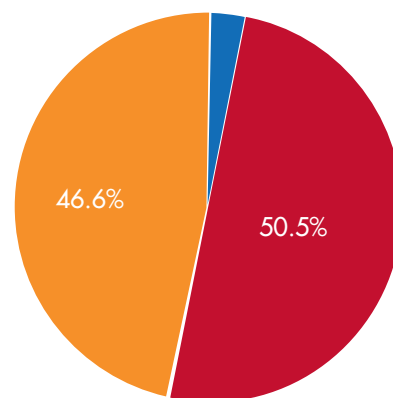
However, when considering routine care of the equine mouth, experienced and qualified Dental Technicians are appropriately

placed to perform work on these patients. Many of my clients' horses are well behaved and relaxed for dental work; and as I spend all day every day examining equine mouths, I believe I can confidently offer a thorough service. Experienced and qualified dentists are ideally placed for spotting pathology and provide an excellent standard of dental work.

In short, I believe there is a place for both Equine Dental Technicians and veterinary surgeons in equine dentistry and it would be unfair to undervalue the work of either person, provided they are suitably qualified and experienced within their field. Of course, dentists must be mindful of the limitations in clinical work and so the role of the vet will always be integral in this area.

XLVets Equine facebook survey (93 replies) - Have your horse's teeth been treated in the last 12 months?

We asked equine owners about routine dental care and these are the results from our survey. We recommend that horses under the age of six and older than 16 years are checked by your vet or qualified Equine Dental Technician every six months. Horses between six and 16 years old should be examined at least yearly. Horses that have any difficulties or abnormalities detected may require examinations and/or treatment more regularly. Those horses that experience sudden difficulties eating, dropping feed, or weight loss should be examined by their vet promptly.



- A - no treatment
- B - yes, by my Vet
- C - yes, by an Equine Dental Technician



Dr. Nic Harries BVMS MRCVS BAEDT Veterinary Surgeon and Equine Dental Technician

A wide variety of people perform dental procedures on horses in the UK, including veterinary surgeons, British Association of Equine Dental Technicians/Worldwide Association of Equine Dentistry (BAEDT/WWAED) qualified Equine Dental Technicians and others with no formal qualifications or training.

Certain dental procedures are legally considered acts of veterinary surgery, i.e. must only be performed by a veterinary surgeon. However, it has been agreed that Equine Dental Technicians who have passed the BEVA/WWAED exam can perform some specified procedures. Currently, there is a high level of equine dental expertise within the veterinary profession, and veterinary surgeons have no restrictions on performing more advanced procedures, such as extractions, diastema widening and endodontics (dental fillings).

Only vets are allowed to sedate horses, although qualified veterinary nurses may do so under veterinary instruction. Sedation allows thorough oral examination with a mirror and probes, facilitating early detection and treatment of problems (many of which have no outward symptoms) and

of course, thorough rasping of the teeth.

As one of several vets in the UK who are also qualified Equine Dental Technicians, I feel we are well placed to be performing routine dentistry; however, whomever you choose to do your horse's teeth, the most important factor is that they are properly qualified.



Karl Holliman BVM&S CertEP MRCVS Veterinary Surgeon and Equine Dental Technician

Clearly the answer is 'me'! But to be serious, the question doesn't explain what does 'do my horse's teeth' mean? The title of 'Dentist' is a protected term and can only be used by persons qualified in human dentistry and registered with the General Dental Council.

There is far more to equine dental care than rasping sharp teeth. Dental care can only be truly effective after careful, thorough assessment and examination of the oral cavity and teeth. Only when all problems are diagnosed and assessed can the most appropriate treatment be planned and

then carried out. For many horses such assessment and examination can only be carried out with sedation and the use of appropriate equipment, such as lights, mirrors and oral cameras.

Routine treatment of floating and reduction of overgrowths should be carried out by a vet who has an interest in equine dentistry and ideally has carried out some form of post graduate training in equine dentistry (over 500 vets have done so), or by a suitably qualified Equine Dental Technician, such as a member of BAEDT, who has undergone suitable training and examination.

ASK THE EXPERTS...

Here, our experts will answer any veterinary or health related questions you may have. Just send them in to equinematters@xlvets.co.uk and your question could feature here.

**Graham Hunter BVM&S GPCert(EqP)
Cert EP CertAVP(ESO) MRCVS**
Arden House Veterinary Practice Ltd



Question one: I'm planning on wintering out my cob mare for the first time this year. What would be the best way of preventing mud fever when the fields get wetter?

When thinking about preventing a problem, we need to know what causes that problem. Mud fever is a bacterial skin infection and infections occur when certain horse and environmental conditions are present allowing the legs to become repeatedly wetted, followed by bacteria invading the soggy skin causing inflammation.

So to help prevent mud fever, ensure legs stay clean and dry by regular grooming and employ good paddock management. Heavy limb feathering, as seen in cobs, is often blamed for holding dampness against the skin, but this is not always the case. Feathers can provide the skin with protection so clipping them out is not always the answer. It is often best not to wash the legs but to brush the mud off when the leg is dry. Consider the use of oily barrier creams, but only on healthy skin. The most important thing to remember is to pay very close attention to your horse's legs for signs of early infection so it can be treated promptly.

**Dr Imogen Burrows BVetMed
CertAVP(EM) MRCVS**
Cliffe Equine Clinic



Question three: My mare is due to foal for the first time in early March, are there any additional things I should be doing for her over the coming months?

The foal does around 60% of its growth in the last three months of the pregnancy. This is the time when you may find the mare requires a little more nutritional support, particularly as for your mare this will fall in the first three months of the year when grazing is likely to be poor.

The foal will start to compress the intestines as it grows, meaning the mare needs access to high quality forage and may even need supplementary higher protein feed (proprietary stud mixes are appropriate) little and often.

The best way to manage her requirements is to monitor her body condition score. Ideally mares should have a body condition score of three to three and a half out of five prior to foaling, i.e. be carrying a little more weight than normal. This is to ensure she has enough energy reserves to produce quality colostrum and milk in the first few weeks, as this is a very high energy process and she will drop weight rapidly (**figure one**). Try to avoid her being too overweight as this can increase the risk of foaling difficulties.



Figure one. A healthy mare and foal immediately post foaling

Finally, ensure that she is introduced to the location in which she will foal a minimum of two weeks prior to her due date, and don't worry if she is overdue, maiden mares often foal later than expected!

**Rebecca Goodwin BVetMed
CertAVP(EM) MRCVS**
Cliffe Equine Clinic



Question two: Every year, my 16 year old gelding gets loose droppings when he is stabled more over the winter. Should I be worried and is there anything I can do?

Slightly soft faeces over the winter is usually nothing to worry about, as long as your horse is up to date with worming, dentistry and other routine care. Usually, it's the change of diet and management that precipitates soft droppings (**figure two**). Ensure there is sufficient roughage and fibre in the form of hay when stabled, you may also want to consider a haylage balancer, if haylage is the main source of fibre.



Figure two. Faecal matter stuck into the tail requires washing to reduce the risk of skin scalding

There are many types of pre-, pro- and post-biotics commercially available, which can help to stabilise the normal microflora in the hindgut. If you are going to include this type of supplement into your horse's feed, then you should look for one containing *Saccharomyces cerevisiae* in particular. Should symptoms deteriorate, further investigation may be useful, including faecal samples and blood tests.



pony pages

Welcome...

TO THE AUTUMN/WINTER 2016
XIVETS EQUINE PONY PAGE



Top Tips

Winter Woollies! How to prepare your horse or pony for the winter.

Prior preparation prevents poor performance! With this in mind, preparing for the winter helps leave little to chance and when the winter weather arrives everyone - horse, pony and people - will be ready.

- As the grass length decreases and the pasture becomes slightly soggy, check your horses' and ponies' feet are well shod or well trimmed. Good foot and frog hygiene with regular checks can save troublesome problems like foot abscesses, thrush and white line disease.
 - In the winter, where possible, horses should be fed and maintained on a high fibre, high roughage diet. Depending on their breed, age, workload and fat score they may not need any extra feeding!
 - Get teeth checked and any dental work done before their daily diet changes too much.
 - Maintaining an exercise programme is good for both horse and rider as this will help to maintain good muscle fitness and general wellbeing.
 - Good stable hygiene with free access to water is paramount. Pay special attention that any water drinkers or water buckets do not freeze in extremely low temperatures or become contaminated with hay or other debris.
- All in all, some forward planning and good preparation should make cold starts and dark nights a little easier for both equine and owners!

Fiona Main REVN RVN,
Clyde Veterinary Group



1st Competition page

Send us a selfie



Charis Gray



Kirsty Buckle

Emily Leighton



Terrie Stewart



Prince

Helen Worth



Sammie Heyworth is the worthy winner of the Summer issue's competition.

WIN!



This time so many people sent us selfies to enjoy and we really had to work hard to whittle it down to our final six! We wanted to see selfies with your horse smiling - and you did not let us down...

All of our entries are fantastic, although we can't advocate horses eating ice cream - Terrie Stewart's horse looks like he might be enjoying the thought of a cone as much as his owner! Eventually, we decided, based on the number of happy smiles in one selfie, that Sammie Heyworth, her horse and her cousin Gail deserved the prize of an XLVets Equine First Aid Kit.

Thank you to everyone who took time to send selfies in - and we look forward to seeing the next issue's photos. If you would like to see yourself here, send your photos to equinematters@xlvets.co.uk with your name and a caption for your photo and you could win an XLVets Equine First Aid Kit rucksack!

EXCELLENCE IN PRACTICE

XLVets Equine - Better Together



The members of XLVets have worked hard to create what they see as a model of how practices can work together, sharing the latest ideas and passing on savings and joint expertise to clients.

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