

# Equine Emergencies: How to be prepared

Alicia Sorum DVM

Sorum Equine Veterinarians PLLC

# First, a little introduction...

- Sorum Equine Veterinarians is based out of Churchville MD
- Serve clients in Harford, Baltimore, and Cecil counties
- Full service emergency vets with digital radiography, ultrasound, endoscopy, and 24-7 on call



# Equine Emergencies

- Horses like to hurt themselves!
- Being able to differentiate between time-sensitive and non time-sensitive emergencies is crucial
- Early action often can be the difference between life and death
- Be prepared with knowledge, medications, and basic medical supplies



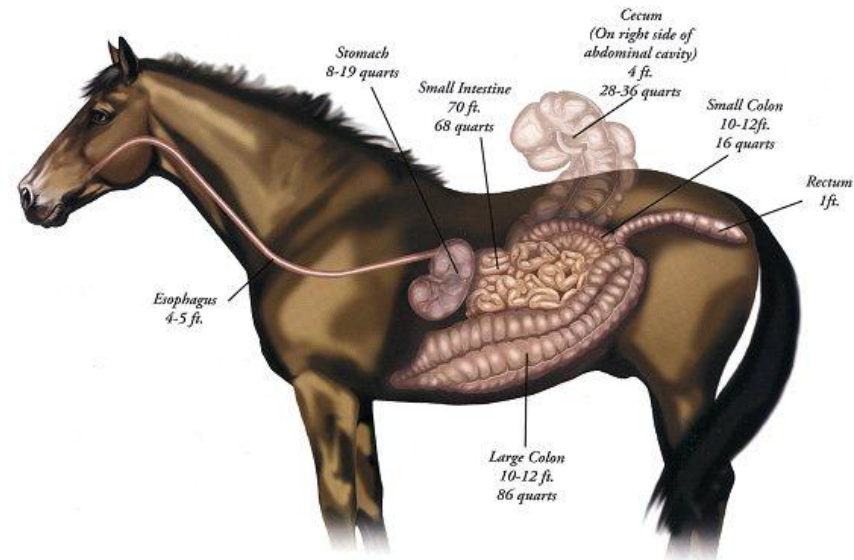
# What we will cover...

- Gastrointestinal issues
  - Esophageal obstruction (choke)
  - Colic
- Lacerations
- Ophthalmic issues (eyes!)
  - Corneal ulceration
  - General eye goop
  - Recurrent uveitis (moon blindness)
- Lameness
  - How to evaluate
  - When to call your veterinarian/farrier



# Gastrointestinal issues

- The equine gastrointestinal tract is both a beautiful and delicate design
- They are built for consuming and digesting large amounts of very rough coarse feed material
- This feed material can become dehydrated quickly and can cause obstruction



# Esophageal Obstruction

- Commonly called “choke”
- The horse is not technically choking, as they can still breathe
  - The trachea is not immediately involved
- The esophagus becomes obstructed by hard packed feed material
  - Hay pellets/cubes that are not soaked
  - Improperly chewed hay/grain
  - Grass clippings
- The horse can aspirate feed material; which leads to upper respiratory infection

# What does choke look like?

- Most common sign is feed-colored discharge from the nose
- Horse appears distressed
  - Stretching out the neck
  - Coughing repeatedly
  - Eyes appear “bugged out”
- This IS a time sensitive emergency!
- Your veterinarian will sedate and remove the obstruction
- Esophageal scarring is possible
- More prone to repeat episodes



# Choke is preventable!

- Regular teeth float and oral exam to ensure proper chewing
- Soak ALL hay cubes or pellets...every time!
  - These feed materials expand dramatically when they hit moisture
- Please don't allow horses to graze on freshly mowed grass where the clippings are mulched on top
  - These are the most difficult chokes to clear and often result in permanent damage, or are fatal





# The big “C”

- First, a little clarification...
  - Colic is not a disease! It is a clinical sign of an internal issue!
  - Broad term for abdominal pain
- There are many causes for abdominal pain in the horse
  - Gastric or colonic ulcers
  - Obstruction/Impaction
  - Spasmodic gas pain
  - Intestinal volvulus (torsion)
  - Nephrosplenic entrapment
- Every horse is different
  - Pain is displayed in various ways
  - Rolling, stretching out, nipping



# What to do?

- Colic is a time sensitive emergency...sort of.
- What to do?
  - Remove feed and hay, but leave the water
  - Check the horse's heart rate (# of beats in a minute) with a stethoscope
    - Normal 28-44 bpm
    - Elevated 48-80 bpm
  - Listen to gut sounds in 4 places
    - Practice listening on your normal horses to determine what regular gut sounds are
    - Gut sounds can be increased or decreased in colic
  - Administer pain relief and sedation if needed
    - Banamine (injectable or paste)
    - Rompun or Dormosedan

# When to call?

- Heart rate of 50+ bpm indicates severe pain
- The horse is violently thrashing or trying to throw itself down
- The gums appear very pale, very dark, or purple
- The pain does not get better with banamine
- You just need back up!



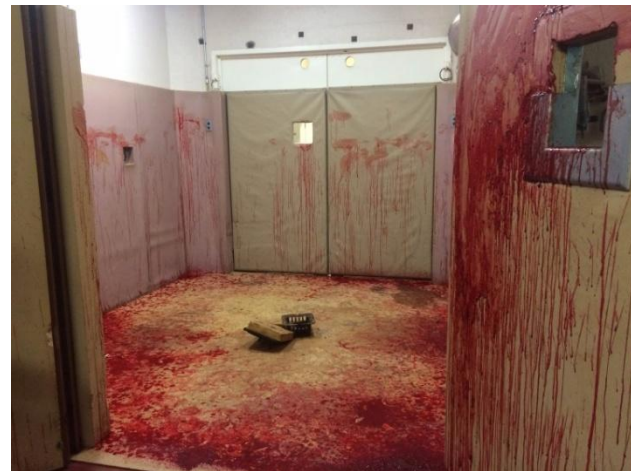
# Surgical colic

- At some point in their lives, most horses will experience a bout of colic
  - 16.3% of these horses require surgery
  - 76% of horses survive a surgical colic if the surgery is performed within 10 hours from the onset
  - 11% of colics require euthanasia
- Surgery is not benign
  - Anesthesia is difficult on horses, especially when they are sick
  - Horses form adhesions (internal scar tissue) from surgery and can colic again
- Being mentally and financially prepared for surgery from the beginning of horse ownership is vital



# Lacerations (cuts, scrapes, etc.)

- Horses have a VERY large blood volume
  - Average sized horse has approximately 12 gallons of blood
  - A horse can lose up to 10% of this before shock signs are seen
  - So, fill up a bucket with 2 gallons of water, tint it red, then dump it out over your barn floor.
- Lacerations, especially on the face, can bleed profusely
  - If you are concerned about blood loss, monitor gum color and capillary refill time (press on the gums and watch the color return).
  - Provide lots of water and feed



# Does it need stitches?

- The “window” for stitching a laceration is 24 hours, but ideally within 12 hours
- Does the laceration gap open?
- Is it in an area prone to proud flesh?
- Are there important underlying structures?
- How close is it to a joint?
- Was the injury traumatic?



# What to do?

- Administer a pain reliever/anti-inflammatory
  - Phenylbutazone 2-3 grams
  - Banamine
- Clean the wound well with cold water from a hose
  - Reduces swelling
  - Flushes out dirt and debris
  - Gives you a better idea of severity
- Then, clean with soap or antibacterial
  - Chlorhexidine (Hibiclens or Novalsan) is very gentle on tissue and does not inhibit healing
- Don't go crazy with topical goo!
  - Furacin does not belong on open cuts
  - A dry, clean cut heals faster than a damp gooey one
- Antibiotics are not always necessary

# The eyes have it...

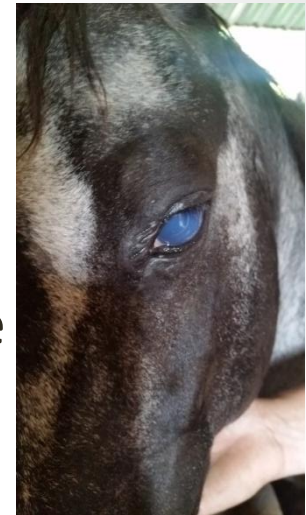
- We all love the soulful eye of the horse!
  - “He has a kind eye.”
- Ophthalmic issues can be devastating to our horses
  - Scarring
  - Permanent blindness
  - Loss of an eye
- Quick action can prevent devastating effects to eyes





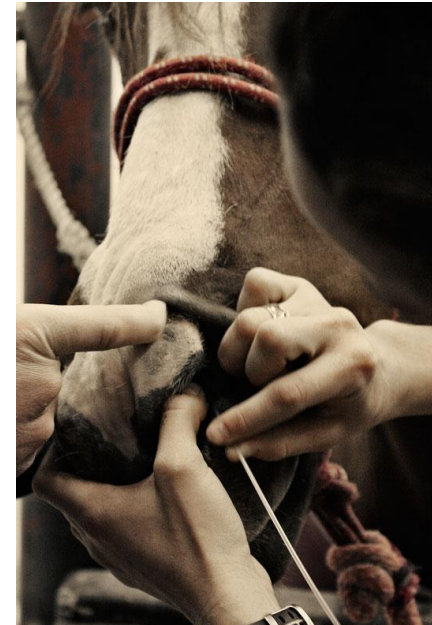
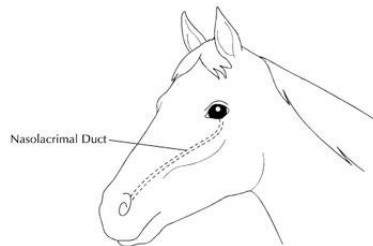
# How to tell the difference?

- Ophthalmic issues are not always time-sensitive
  - Environmental allergies
  - Conjunctivitis
  - Equine Recurrent Uveitis (Moon blindness)
  - Corneal scratch
  - Corneal ulceration
- Is there discharge?
  - Color, thickness, nasal discharge
- Is there obvious pain?
  - Blepharospasm
- What does the eye look like?
- What does the conjunctiva look like?



# What to do?

- If the horse is obviously painful, give a dose of pain reliever/anti-inflammatory
- Flush out the eye with saline
- Warm compress to soften hardened discharge
- Evaluate the nostrils for nasolacrimal duct drainage
  - Easily clogged with discharge
- Apply ointment
  - If there is risk of an ulcer, do NOT use dex!
- Eye stain by your vet?



# Corneal ulcers

- The outermost layer of the eye is a mere 1.0 mm thick and contains 4 layers
  - Outer epithelium, stroma, Descemet's membrane, inner endothelium
- Perforation of the epithelium causes pain due to the large amount of nerve endings present
  - Horses often rub their eye in response to this; which worsens the issue
- Ulcers can worsen rapidly and become infected
  - Diagnosis and treatment are vital
  - Fluorescein stain
  - Neomycin polymixin bacitracin ointment
  - No dexamethasone!



# ERU

- Equine Recurrent Uveitis or Moon Blindness
  - Typically seen in Appaloosas and paint horses, but can occur in any breed
- Caused by an autoimmune attack of the uvea of the eye
  - Many hypotheses...infectious, traumatic, etc.
- Horse shows edema of the eye, pain, and swelling (glaucoma)
- Can cause permanent scarring
- Important to differentiate from a corneal ulcer
- Steroids (dexamethasone) are useful in controlling ERU

# Lameness

- Very wide variation in severity!
  - Non-weight bearing to subclinical
- Put your hands on the horse
  - Heat?
  - Pulse?
  - Swelling?
  - Behavior?
- Watch them jog
  - Head bob (“Down on sound”)
  - Hip hike
- Demo



# A basic emergency kit...

- The basic medications that you should have
  - Banamine (paste or injectable...Please not IM!!)
  - Bute (paste, pills, powder)
  - Saline eye flush
  - Ophthalmic triple antibiotic ointment (must be made for eyes!)
  - Basic bandaging materials
    - Non-adherent dressing
    - Roll cotton
    - Vet wrap
- Additional items that are very helpful
  - Sedation (Rompun or Dormosedan)
  - Antibiotics (trimethoprim sulfa, penicillin)
  - Chlorhexidine (Novalsan) and wound care

# Questions??

- Thank you so much for your attention!
- If you would like to know more about me, please visit [www.sorumequine.com](http://www.sorumequine.com)
- Or call (320) 291-7162

