



Winter Newsletter 2019

Practice News

Welcome to the winter 2019 edition of our quarterly newsletter. The last few months have been a busy time for us here at Ardene House and we are all looking forward to the festive season. As most of you are already aware, back in August our clinical director Graham Hunter moved into a different role within IVC, becoming its equine General Veterinary Adviser. He is now based down near London and makes regular visits to Independent Vet Care (IVC) equine practices throughout the country to offer both clinical and management advice. It has been great to catch up with Graham during his scheduled visits to Ardene on the first Monday, Tuesday and Wednesday of each month.

We have had two additional vets start work with us over the last few months. Anna Pilzak graduated earlier this year from the University of Warmia & Mazury in Poland and is settling in well. Anna is fully dedicated to equine work, bringing our team of equine vets up to seven. More recently Alberto Luque Castro from Spain has also joined us. Alberto will be doing 50% equine and 50% farm work.

Back in September we acquired a surgical laser and we have been getting some great results using it to treat certain types of skin tumours. Following standing surgical removal of melanomas and some types of sarcoids, the laser is used along with a special dye to provide photodynamic therapy to the surgical site reducing the incidence of re-growth. If you would like to know more about this please give us a call.

With a new year coming round fast it is a good time to think about your annual worming programme. If you would like to discuss your horses worming or join our 2019/2020 worming plan which uses faecal worm egg counts and targeted worming, then please contact the large animal office.

Just so you are aware, the practice has updated some of the terms and conditions, which can be viewed in full on the practice website. One change is that all products ordered/collected from the office will need to be paid for at the time of collection. If there are any queries with this please speak to a member of the office team or the practice manager Nicki Duncan.

And finally, we want to take this opportunity to wish you all a very merry Christmas!



In this issue:

- Practice news
- Mud fever
- Festive opening times
- Impaction colic
- Flu vaccine rule updates



Check out our website and let us know what you think.

www.ardenehouse.co.uk

If you would like to receive our quarterly newsletters by email please send us a message via the contacts page on our website.

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Mud Fever



Mud fever is a common skin condition that can happen all year round but is most often seen during the winter months. The condition is primarily a result of the skin being chronically wet which reduces the natural defences and allows bacteria, usually *Staphylococcus*, to invade. It is usually the skin around the back of the pasterns that is worst affected due to its close proximity with the mud. Other factors such as the presence of leg mites, ringworm and even sunburn can contribute to the condition. The clinical signs depend on the severity of the disease but the skin will usually appear inflamed and be sensitive or itchy. There will often be crusty scabs, yellow discharge from the skin and swelling of the surrounding area.

To treat mud fever it is essential to get the horse's legs clean and dry. Clipping the hair off the affected area is really important, if this is not done, the hair will continue to trap moisture and bacteria against the skin. The next step is to clean the leg with warm water containing an antibacterial such as chlorhexidine (Hibiscrub). It is essential to try and remove any crusty scabs in order to eliminate the bacterial infection. This can be painful and the horse may require sedation for this to be done. The leg should then be dried and topical treatment can be applied. The ideal topical treatment would be a thick cream not easily penetrated by mud that contains an antibiotic and a steroid to reduce the inflammation in the skin. Unfortunately there is no licensed product on the market which ticks all these boxes so we have produced our own 'off licence' cream specifically for the treatment of mud fever. In some more severe cases, horses may require oral or injectable antibiotics and anti-inflammatories. If the horse is also concurrently affected with leg mites separate treatment for this would be required.

Unfortunately recurrence of mud fever is common, especially in winter when it can be difficult to avoid muddy and wet conditions. In horses that are predisposed to the condition it would be worth considering management changes to prevent further skin damage such as avoiding turnout in really poached fields or stabling at night and brushing the mud off the horses legs once it has dried. Petroleum based barrier creams should be used with caution as they are just as capable of retaining moisture and infection as they are of protecting against it. If you are concerned that your horse may be suffering from mud fever give us a call and have a chat with one of our vets.



Festive Opening Times:



24th December = Emergency from 1pm

25th December = Emergency

26th December = Emergency

27th December = Open as normal

28th December = Emergency

29th December = Emergency

30th December = Open as normal

31st December = Emergency from 1pm

1st January = Emergency

2nd January = Emergency

3rd January = Open as normal

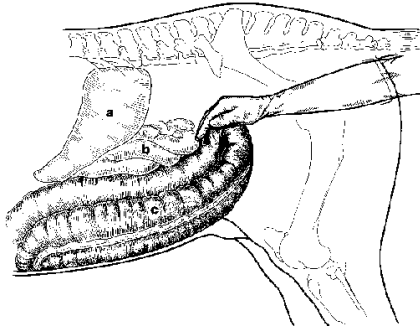


Impaction Colic

Impaction colics are fairly common, especially during the winter months. An impaction forms when a large amount of dry food material gets stuck at a certain point in the intestine. The most common site for an impaction to occur is at the pelvic flexure which is a narrowing of the large intestine at the back of the abdomen. The horse will begin to become painful and show colic symptoms such as pawing at the ground, rolling and flank watching. It is really important to give us a call as soon as you notice any colic signs.



To diagnose an impaction colic we would normally perform a rectal examination on the horse and in most cases, if an impaction is present at the pelvic flexure, it can be felt. To treat an impaction we give intravenous pain relief and then administer large volumes of isotonic fluid via a stomach tube (passed up the horse's nose). This may well have to be repeated a number of times during the following 24-48 hours. It is really important that the horse is not allowed to eat until the impaction has cleared as this would just add to the blockage. Sometimes, if the impaction is large we will admit the horse into the hospital so we can administer fluids continuously at a slow rate, down an indwelling stomach tube. This is a more effective way of clearing an impaction as fast as possible.



With the colder weather many horses and ponies will be getting stabled for longer periods of time. This means that their management will change from wandering around (grazing) and eating food full of water (grass) to eating very dry food (hay/haylage) and being stationary (stabled). These management changes slow down the gut motility predisposing the horse to an impaction. Here are a few ideas to help reduce the risk of impaction colic:

- **Feed moistened foods: soaking hay and giving sloppy feeds helps to maintain good water intake.**
- **Try to provide at least 10 minutes of movement e.g. hand walking twice a day, as movement stimulates gut motility.**
- **Encourage water intake: make sure troughs, water buckets and drinkers are not frozen. You could also provide flavoured (with apple juice) or slightly warm water alongside plain clean water.**
- **Monitor faeces: they should be numerous and moist, if there is a reduction in number or they appear smaller and drier than usual then give us a call for advice.**
- **Implement management changes gradually.**
- **Ensure worming and dental checks are up to date.**



Equine Influenza Vaccination Rules – Updates

We want to remind everyone that it is the responsibility of the horse/pony owner to know under what vaccination rules they will be competing. It is also important to know what the vaccination requirements are for the competition venue that you will be attending. Although we strive to send out vaccination reminders for the first booster and all subsequent annual vaccinations, we want to remind clients that it is ultimately their responsibility to ensure that all vaccinations are done within the correct time frame.

The below information is intended to act as a guide, it has been taken directly from each organisation's web page and was correct at the time of printing. For further details please visit the websites of each respective organisation.

FEI (since 1 January 2005): <https://inside.fei.org/fei/regulations>

Primary vaccination course of two injections. The second injection must be 21 – 92 days after the first injection.

The first booster (ie: 3rd vaccination) must be given within 7 calendar months of the second vaccination.

Subsequent boosters must be given at regular intervals of not more than 365 days after the first booster. But the last booster must have been given within 6 months and 21 days of the day of entry to the FEI stables/competition. **No vaccination should have been given within 7 days of the day of competition or entry into FEI stables.**

British Riding Clubs: www.bhs.org.uk BRC Flu Vaccination Rule Change 121119.

Primary vaccination course of two injections. The second injection must be 21 – 92 days after the first injection.

The first booster (ie: 3rd vaccination) must be 150 – 215 days after the second vaccination.

Subsequent boosters must be given at regular intervals of not more than 12 months (365 days) after the first booster.

From 1 March 2020 (but strongly advised from 1 January 2020): The most recent booster must have been given within 6 calendar months of arriving at the competition venue (but not in the preceding 7 days).

(This rule applies to Qualifiers and Championships only. Whilst it is recommended that Clubs also follow this advice for Club activities, they remain autonomous and can therefore decide what they will require for their own training and events.)

British Dressage: <https://www.britishdressage.co.uk> As above for all events from 1 December 2019.

British Eventing: <https://www.british-eventing.com> As above for all events since 1 March 2019.



Update On Flu Outbreaks In The UK

The following information has been taken from Equiflunet which is run by the Animal Health Trust, further information can be found on their website www.aht.org.uk

In July 2019, 52 premises in the UK were confirmed to be positive for equine flu. Two of these yards were in the Scottish borders and one yard was in Moray. In August 2019, eight premises (England and Wales) were confirmed to be positive for equine flu. In October 2019, one premises (England) was confirmed positive for flu and a further premises in November 2019 (England) (note, data taken up until 10/11/19).



Merry Christmas from everyone at Ardene House.



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