

Choke

What is choke?

Choke is a relatively common problem affecting horses where the oesophagus becomes blocked. It is not a blockage of the trachea (windpipe) unlike “choke” in humans. Blockages are typically caused by food such as un-soaked sugar beet pulp or pieces of carrot and apple but can be caused many different things. Although choke looks very dramatic most will clear spontaneously within an hour or so and it’s important to remember the horse can still breath.



What are the signs of choke?

- Frothing at the mouth
- Food material coming from one or both nostrils
- Retching when swallowing
- Out stretching of the neck
- Spasm of the neck muscles
- Repeated coughing
- In some cases, horses may show mild colic signs



What should I do?

1. Try and work out what your horse has choked on – has it just had feed? Has it escaped into the feed room? Has it been out at pasture?
2. Try to massage the neck in a downwards motion
3. We will always advise to leave them roughly 30-60mins (depending on history) as most chokes do clear themselves
 - a. Do not wait to see if choke clears if...
 - i. Horse is displaying colic signs
 - ii. Has difficulty breathing
 - iii. Horse is very distressed
4. Always call for advice if you’re unsure!



What will we do?

Initially we will examine and help your horse relax by giving sedation, pain relief and buscopan – the latter relaxes the smooth muscles of the oesophagus and prevent neck spasms. If choking continues we may pass a nasogastric tube (NGT) to find out at what part the oesophagus is blocked. If a blockage is found, we may attempt to lavage the foreign material out until we can safely pass the tube to the stomach. If the blockage is found but is doesn’t resolve, we would recommend placing an endoscope into the oesophagus to visualise the foreign body. We can never force a tube for risk of causing damage to the oesophagus. Any horse that repeatedly chokes, even if they clear

themselves, needs to be investigated. In some cases we recommend giving the choke time to clear itself before passing an endoscope to investigate the cause of the blockage.

Anti-inflammatory drugs are often given at the initial visit and in some cases antibiotic cover is recommended.