

# Wright & Morten Equine Newsletter



www.wmvets.co.uk

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## Meet the team:

Over the next few weeks we would like you to get to know us more as a team, be able to put faces to names when you call the clinic, and understand what we like/dislike etc. etc...

### Nicola (Thompson)

Nicola has worked at the practice since 2014. She enjoys equine medicine cases particularly dermatology. In her spare time she walks her cocker spaniel Echo and rides her young horse Ted.



### Georgie

Has been with the practice for 4 years and works within our equine clinic. Georgie specialises in debt working within credit control and insurance. You will often speak to Georgie with any account queries, insurance deductions or general bookings for your horses' appointments.



In her spare time Georgie enjoys riding her Irish draft Laila and walking her 2 rescue dogs Rosie and Molly. We have just received the exciting news that Georgie is expecting a new addition in the summer but this one does not have four legs. Congratulations to Georgie and Fred!



### Louise Pailor REVN RVN RAMA (Registered Animal Health Advisor).

Lou Pailor joined the practice 26 years ago qualifying in 1997 as a small animal Veterinary Nurse then followed her passion for horses qualifying as an Equine Veterinary nurse in 2000. Lou is now our Equine Operations Manager managing the Equine Nurse Team and overseeing the running of the clinic. Lou has since also qualified as a RAMA which sees her managing our worming plans, reporting faecal worm egg counts, prescribing wormers and advising clients on worm related issues.

Lou's other passion is wounds and has passed the BVNA wound healing certificate in 2016. Lou also trains other practices around the country on wound management and bandaging.

In her spare time Lou enjoys having fun with her Irish Cob Bertie Bassett, spending time outdoors with her family and 2 dogs Dennis and Alfie.



## EHV 1 – Herpes Virus

You may be aware of the current situation with the Equine Herpes Virus (neurological strain) affecting horses on an FEI show jumping tour in Valencia. British horses competing over there will be returning only with appropriate health certification.

Our advice is based on that of the British Equestrian Federation who advise the risk to our horses is no higher than normal and have issued guidance to riders returning from affected areas of Europe.

The link below gives information on the disease itself, the current situation in Europe, and also sensible bio security measures that can be implemented over here, especially for those yards who have horses travelling to and from Europe or may be importing horses.

We remain vigilantly following the situation, but at the present time we would like to best use our existing stock of vaccinations to prioritise the most at-risk group of horses - pregnant mares. EHV can cause abortion and still death in these individuals. Ideally, pregnant mares should be vaccinated in months 5, 7 and 9 of their pregnancy. If you have pregnant mares, please could you make contact with us even if your mare is not presently due her herpes vaccinations. This will allow us to ring fence the correct amount of vaccine for our priority group.

At the present time we are not recommending vaccinating any other horses, as the risk of EHV is approximately similar to its usual level. The vaccination prevents the respiratory and abortion forms not the neurological form, although it can reduce viral shedding. With this in mind, we would be recommending good yard biosecurity as a primary measure to prevent any infectious disease entering your yard.

Please do not hesitate to contact us if you have concerns over the health status of any of your horses.

<https://www.britishequestrian.org.uk/.../ehv-1-outbreak...>

BRITISHEQUESTRIAN.ORG.UK

EHV-1 outbreak in Valencia and several other EU countries\*UPDATE\* BS protocols added - News - British Equestrian

# First Aid for Wounds



How many times have you brought your horse in from the field and he/she has sustained a wound in a field where there is no barbed wire or practically anything they could hurt themselves on? Frustrating isn't it?

The appearance of a wound is known as the aetiology. It generally relates to the severity or complications that may occur and can be categorized into different groups which include: Incisional, laceration, abrasion, avulsion, degloving, shearing, puncture, burns and pressure sores.

In terms of healing incisional wounds are the least likely to be contaminated, any wound that is truly clean can be closed immediately, contaminated or infected wounds may need to be treated until a healthy granulating wound bed has been achieved or left to heal by second intention. (naturally). By observing the aetiology of the wound we can possibly determine the outcome of how well the wound will heal. This is all well and good in a healthy horse or pony, but Equines whose health is compromised eg those with Cushings, EMS, other diseases and older patients their wounds may experience some healing delay.

On discovering a wound it is important to take in several factors.

- Is the wound bleeding profusely?
- Where is the location of the wound? Are there any important structures beneath the wound ie joints, tendons etc or does the wound involve the eye? (see image A).
- How old does the wound look? Has the injury happened today?
- Does the horse/pony appear to be in a lot of pain? Can they walk if the injury is on a limb?

Some wounds especially on the upper body can appear horrific if there is a lot of skin damage and what may seem to you as a lot of blood loss but these wounds usually can be stitched back together quite easily and heal well in most cases.

In the case of severe arterial haemorrhage, when the blood is spurting out under pressure, this requires immediate action in the form of direct pressure using anything that is clean for example you could use a towel, stable bandage anything really that is clean. This should be held or bandaged in place until the vet arrives. If the blood soaks through this item, **do not** remove it as you will disturb any clotting processes that will have started simply put another dressing, pad, gamgee, towel etc over the original one.

For wounds that are not excessively bleeding, these can be gently lavaged whilst waiting for the vet to arrive.

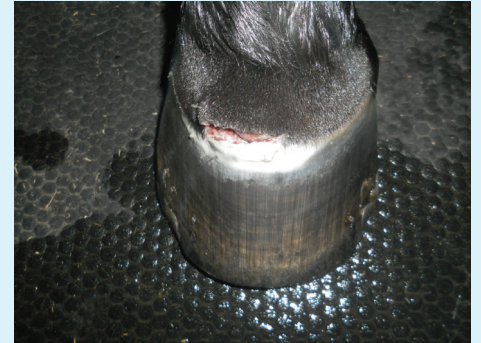
By lavaging the wound prior to the vet arriving you will be giving your horse the best possible chance of the wound healing quickly and successfully. Hibiscrub has a 6 hour residual effect, so in a fresh wound this will prevent any bacteria building up within the wound while you wait for the vet, the wound may also be an hour or 2 old so by cleansing the wound it can buy you some time. A weak 0.05% solution would be recommended this is the equivalent to 12mls of Hibiscrub in 1 litre water. Alternatively you could use a saline solution of 1tsp common table salt in 1pt water. Of all these solutions volume is the most important thing so the hose pipe will suffice if nothing else. There is an old veterinary saying "dilution is the solution to the pollution", so if in any doubt hose the wound for 10 minutes with cold water and apply a clean sterile dressing if possible. **Do not** be tempted to apply blue spray, wound powder or any other topical "wound product". For every hour earlier a wound is washed the potential volume of bacteria will be halved.

If the wound is sutured or stapled by the vet they will apply a dressing over the wound for a few days, this will protect the wound whilst it heals and keep it clean.

Most of what we have learnt over the years about wound management comes from the human field and we have come a very long way over the years. Old records dating back to the 1600's record that farriers who were considered the best people in the community to treat any illnesses had a vast collection of homemade recipes handed down from father to son which included hogs grease, turpentine oil, warm wine to mention a few! There is also the mention of poultices back then using sugar, ryemeal, ground ivy, beer and bread which I know are still used by

horse owners today for drawing abscesses so although we have moved on over the years with creams and expensive dressings it's nice to know that some of the old treatments are still being used successfully today and they work.

The ideal environment for wounds to heal by 2nd intention is in a moist environment. This is managed with topical hydrogels and foam dressings. Some severe wounds may be cast to decrease mobility and improve healing rates. This wound was cast successfully and reduced excessive bandaging costs.




It's fair to say all wounds will heal eventually. Our aim as veterinary professionals is to use our knowledge and training to encourage wound healing to enable your horse to return to his/her job as quickly and painlessly as possible with hopefully limited scarring, whether that be as a retired field companion or Top class competition horse.



Image A

## EQUINE CLINIC

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