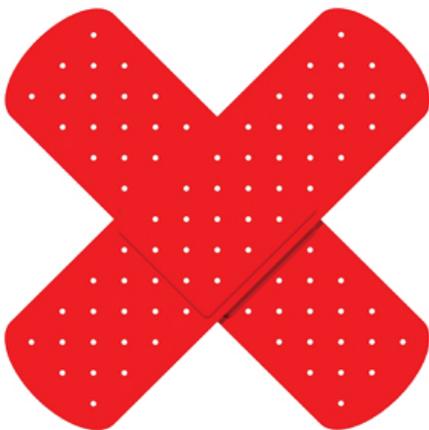


Knowing the difference is an important part of horse ownership.

by Kim F. Miller

When Nancy Loving, DVM, began giving regular presentations on emergency first aid care, emergency calls to her Loving Equine Clinic in Boulder, CO practice decreased by 90 percent. That inspired the author of All Horse Systems Go to share the information broadly, which included coming to California as a speaker at Horse Expo Pomona Feb. 5-7.



Here are a few highlights from her interesting lecture, part of Horse Expo's "Horse University" educational series held throughout the weekend.

Dr. Loving does not discourage horse owners from calling their vet. That's always the first step whenever it's possible. Instead, she wants to share the knowledge needed to determine what is really an emergency requiring an immediate veterinary visit, what can wait and what care the owner can provide before the vet arrives.

March 2016 - Emergency Or Not?

Written by Kim F. Miller

Tuesday, 01 March 2016 01:39

A good diagnosis is the first step in effective treatment, said the Colorado State University College of Veterinary Medicine graduate, active endurance rider and prolific writer on various horse health topics.

“Start with determining the nature of the emergency,” she said before showing a series of admittedly “gory” wound pictures. She relayed that worried owners often called with descriptions of issues that were nowhere close to the actual problem.

An understanding of equine anatomy is key to a useful assessment. Wounds located near a tendon, ligament or an artery are cause for more concern than a wound located over a long bone, for example. A cut on many parts of the neck may not need immediate veterinary attention unless it’s located near the carotid artery or jugular vein near the underside of the neck.

Knowing where the other arteries and major veins are throughout the body, and especially the legs, is an important basic. A wound near any of these constitutes a genuine emergency, Dr. Loving said.

Wounds located over or near a joint are typically more serious than those in a relatively immobile part of the body. Even what looks like a superficial cut or puncture wound over a joint should be examined by a vet to determine how deep it is and whether it has or could penetrate into the joint or tendon sheath. Wounds in these areas are also harder to heal because of the constant movement.

The closer to the ground a wound is, the higher the likelihood of it getting contaminated with dirt and the pathogens in that dirt. Dr. Loving recommends the standard yearly tetanus shot and, if the injury occurs nine or 10 months after the last shot, a new shot.

Eye injuries are always emergencies, she stressed.

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Evaluating the environment is another part of determining whether you need a vet's immediate help. An owner's ability to administer care themselves can hinge on the suitability of the setting. "It may seem like common sense, but I see a lot of mistakes, with people working on their horses in unsafe areas," Dr. Loving relayed.

Is there an area free of equipment and other objects on which your horse might get more injured if he moved suddenly? Do you have people and equipment to help keep the horse still? As for distracting devices, she prefers lip chains to twitches because they can be relaxed to reward the horse for standing still. Sedation is often appropriate, but should be used by your veterinarian because horses can react abruptly even if sedated. "A horse might lash out suddenly much like when you catch yourself at times as you drift off to sleep," she noted of the potential danger.

Bleeding

Although the loss of a pint of blood can look scarily dramatic when spilling out of our beloved horses, the reality is that horses can lose a couple of gallons of blood before going into shock. Also, a horse's head is loaded with blood vessels, so wounds there can bleed profusely without necessarily being very serious. The plentiful blood flow, by the way, delivers excellent healing.

As for stopping hemorrhage, the application of pressure, one way or another, is the priority. If the wound is on a wrap-able body part, a pressure bandage made of non-stick material is good. She warned against using Vetrap-type products because this material is known to tighten with the potential to constrict ligaments and tendons. Stretch material like Elastikon is a better option. Using Vetrap over thick cotton padding typically provides enough cushion to prevent against constriction if there isn't a better bandage choice available.

The blood clotting process usually takes at least 12 minutes after starting continuous pressure. The temptation to remove the pressure and peek at the progress is strong, but don't give in to it, Dr. Loving urged. "The clock starts over again when you remove the pressure and disturb the clot."

Cleaning & Treating

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“The more dirt, debris and hair you can remove from the wound, the less contaminants,” she noted. Ten to 15 minutes is a typical time frame to sufficiently clean out a wound and starting the process within 90 minutes of the incident will lower the quantity of contaminants.

She prefers water with a little table-salt in it (1 tablespoon salt per quart of water). Regular water tends to make the tissues swell, but tap water and, if absolutely necessary, river water are fine if that's all that's available.

Heavily diluted iodine, chlorhexidine and betadine are good antiseptics, but don't use hydrogen peroxide or alcohol on open wounds as both tend to be detrimental to tissue healing. Petroleum-based ointments often make it harder for the vet to treat and/or suture the wound and they can attract more dirt and hair. Ideally, if you apply any topical salve or cream, use a water-soluble product that can be washed off prior to suturing.

Noting growing microbial resistance to antibiotics, in humans and horses, Dr. Loving said they should be used sparingly. If they are prescribed by your veterinarian, use the full course of the prescription even if the wound seems healed or the illness seems over. Be aware that antibiotics do nothing for viruses. It is always best to confer with your veterinarian as to appropriate use of antibiotics and to obtain a bacterial culture and antibiotic sensitivity to ensure that the correct medication is used.

Inflammation has components that are the horse's enemy, even though it is the body's natural response to injuries. Icing, compression bandaging and non-steroidal anti-inflammatories are the best methods for reducing swelling.

In The Trailer or On The Trail For an Acute Emergency

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- Dermosedan gel (a mild sedative given orally) – must be prescribed by your veterinarian
- Bandage material
- Triple antibiotic ointment or something similar
- Wound scrub such as tamed iodine or chlorhexidine
- Oral antibiotics to complete a full course of treatment
- Eye ointment that does not contain corticosteroids
- Stethoscope
- Rectal thermometer