



## John's Case Study...

**Connie: A broken leg! Is that the end for my horse? Just one example where that was not the case.**

"Connie" a bay filly foal was born on May 25th 2007. This was after a successful first-time round insemination with frozen semen from a deceased German stallion.

This foal was examined immediately after birth and was found to be perfectly normal. The attending vet even took a photo! (figure 1). However, the following morning, this foal was re-examined and found to have a lateral deviation of the pastern/fetlock area. This unfortunate foal was assumingly trodden on by her mother "Mouse" during the early hours of May 26th, when she was just hours old.



Her pastern was bandaged heavily using a cast-like bandaging method and was then transported for x-rays to our clinic in Warnham.

On the x-rays it was clear that Connie had a complete displaced fracture of the pastern bone (see figure 2).

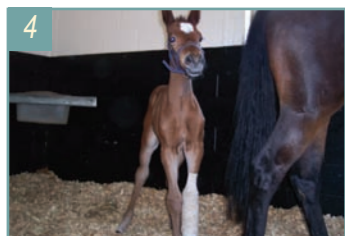
This is an injury that would usually result in the euthanasia of a horse. However in the case of Connie being so young and lightweight she was given the chance of life. Her owner was passionate, caring and open minded enough to listen to the various options available for

treatment. Connie's x-rays were emailed to a specialist surgeon in Newmarket to get further opinions and discuss the surgical options. Despite a poor prognosis being given her owner made an informed prompt decision to go for the surgical option. This decisiveness allowed Connie the best possible chance if surgery was to succeed.

Connie was immediately rushed off to Newmarket for a referral surgery. This surgery involved screwing plates to the outside of the crushed pastern bone (see figure 3). The idea of this is to stabilize the bone and allow enough stability of the bone so remodelling and healing can take place. This surgery was done within 48 hours of the injury, when the foal was less than 3 days old.



Displaced fractures in the bones of a horse are often difficult to stabilise



due to the shear weight that is placed on these structures and the large size of the plates and screws required to bring the fragments together. Although Connie had the advantage of being small she also had the added disadvantage of having very soft and young

immature bone.

This soft crumbly bone complicated matters as some movement of the plates was seen in the initial stages. A hard cast was also placed on this leg to minimize this effect (figure 4). This hard cast was then replaced with a softer cast after a period of time which allowed greater movement of the leg. This also allowed further weight bearing to encourage further bone remodelling.

The main reason that horses with complete fractures of a leg are euthanased is because it is impossible to keep them immobilised and non weight-bearing for a long enough period for healing to take place. Horses are not calm animals and it is against their nature to calmly accept strange situations. Although Connie appears to have broken that rule! She appears to have been so young as to accept this leg as normal.

Often there are secondary complications with all the extra weight placed on the opposite (contra-lateral) limb, such as laminitis, tendon problems, bone growth plate deformity and clubbed feet. These secondary problems are especially evident in the young and very fast-growing foal such as Connie. Connie has only had mild complications like this. These were corrected with specialist shoeing. She has been left with a thickened pastern.

Connie went on to have the soft cast removed and then had the four screws and the plate surgically removed from the pastern eight weeks after her initial surgery. She was then allowed out in a small paddock.

Connie is now officially a yearling since January first and is living out in a field with other yearlings and two year olds and is enjoying life to the full (figure 5). It yet remains to be seen if this leg hold up to a ridden working career, only time will tell.

Connie's case is an example of how it takes close communication and interaction between vet and horse owner to get the best result for the animal. It requires the support of veterinary surgeons and an amenable and supportive client to get to the point where Connie has got to. This required perseverance and hard work. Vets must assess how much a client wants to do for their horse and explain all the options. In modern culture the final decision is often up to the fee-paying client.

Connie has her own blog if you want to read more about her progress, see her at [www.sustainabletactics.co.uk/conniesclub/index.htm](http://www.sustainabletactics.co.uk/conniesclub/index.htm). Her owner, Liz Morrison, hopes to write a book about the experience too!



**Apology...** Newspaper style, I write a short apology in the bottom right-hand corner. I am sorry for my "rant" on the back page of the last Newsletter (November 2007, the second "Issue 8" as August 2007 was an "Issue 8" also!). The article "I Want a Vet to see my Horse" was considered by some to be a whingeing diatribe from a middle-aged vet. I agree that it was a wee bit long-winded, but I stand by the points made and I think it has cut down on calls to my mobile just a tad. However, you are all valued clients and, despite my whingeing, please call us if you have the slightest query or concern.

**Congratulations...** to our wonderful nurse Claire Jeffs and her partner Paul for the successful arrival of Isobel Grace Castle on 27th January 2008. Isobel weighed in at 8lb and both she and Claire are very well. Paul's a bit stressed though and God knows about Zed and Bugsy, the dogs.

# Mayes & Scrine

## EQUINE VETERINARY PRACTICE

Newsletter: March 2008 Issue 10

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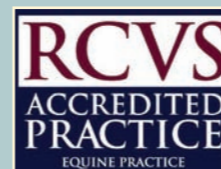
... and much more!

### Office Hours:

Monday to Friday 8am til 5pm  
24 hours emergency care and access to urgent advice.  
Please ring the office number in the first instance.

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### New Girl on the (Stable) Block

As the practice grows and the in-patient workload expands we welcome Kate Tyrell to our veterinary support team. Kate joined us in November and has settled in very quickly. Previously Kate managed a large livery yard near Guildford and she has brought excellent horse-handling (and client handling) skills to the clinic. Kate keeps her own horse, Piglet, near Billingshurst and intends to squeeze a few events this season, thus maintaining the 100% horse ownership record of the lay staff (Judy and I cannot afford them).

## Editorial



Get fit at 40!

On behalf of all of us, I wish you a belated Happy New Year! Firstly thank you to all of you who kindly sent us Christmas cards, and a special thank you to all those that gave us goodies. Attendance at yard Christmas dinners was up, thank you to all of you that invited us, we are sorry that we can't come to them all. 2007 was a successful year for the practice, with continued growth, the successful integration of John Little into our veterinary team and the arrival of Catherine Mayes, Sam France and Kate Tyrell to help in the office and in the clinic.

Unfortunately, the Foot and Mouth Disease outbreak caused much distress to local farmers and caused cancellation of many equine activities, including our Summer Event. 2008 has already brought some exciting developments as the practice has taken on many of the equine clients from Farthings vets in Horsham and we have committed to one vet per meeting at Fontwell races. We hope to see some of you at the Spring Talk and many of you at the 2008 Summer Event, which we hope will coincide with the Grand Opening of our new offices and facilities. All four vets at the clinic have contributed to this issue (with photos so you know who they all are) and I've squeezed in a fair bit of practice news... something for everyone?! Please do not hesitate to contact us for any horsey health advice, prevention is better than cure!

**Ben Mayes**

## Spring Talk

The Hurtwood Park Polo Club has again kindly agreed to host this grand occasion, on Tuesday 11th March 2008 at 7:30pm. The bar will be open and complimentary sandwiches will be available. My esteemed partner, **Judy Scrine**, will present on the effectiveness of x-rays in assisting farriery. This is a speciality of Judy's and an exciting development in keeping horses sound. **David Nicolls**, RSS, AWCF of Total Foot Protection will then present from the farrier's perspective. Although a local farrier, David is a world renowned specialist in remedial farriery and his views on shoeing are always interesting. **Frank Low**, our vet from down-under, will also do a short presentation on the Moody Mare, discussing treatments, supplements and other handy tips for the difficult female (horse). Hurtwood Polo Club is half a mile south of Ewhurst Green on Horsham Lane, which runs for six miles from the middle of Ewhurst to Rowhook where it meets the A29 just north of the A281/A29 Clemsfold roundabout. The postcode is GU6 7SW. Make sure you know where you are going before you set out. If you do get lost, the clubhouse phone number is 01483 267321. **Everyone's welcome, but if you intend to come please let us know, preferably by email, so that we have some idea of numbers.**



## Welcome to New Clients

The practice has taken on many new clients recently. We welcome you all. In particular, we are delighted to welcome horseowners who have recently transferred from Farthings vets in Horsham. Farthings is a long-established, busy veterinary practice in Horsham town. The partners have recently decided to relinquish their large animal work as they expand on the small animal side, and they have kindly recommended us to all their equine clients. We appreciate that changing vets from "old friends" can be stressful and we trust that our dedicated team of vets and support staff live up to expectations. **If you have not yet registered, or received a new client pack and terms of business, then please contact our office on 01306 628222.**



## Judy's bit... Supplements, an overview of a big subject. *Part one of two.*

Quite a few of you have asked us to provide some information on supplements available for horses. A vast number of supplements are available, aimed at treating all sorts of things, so here is a brief overview that is by no means exhaustive. Please contact us direct with any more specific questions.

### Nutraceuticals

The cartilage supplements of this world. Cosequin, Cortaflex, Maxiflex, Cartiflex, Newmarket Joint Supplement, Synoquin..... The list is all but endless. You pay your money and take your choice! These supplements are geared at treating (or preventing) osteoarthritis. Cosequin is the only one which has clinical trial results published proving bioavailability (i.e. that the chemicals you are feeding end up in the horse), and is only marketed through veterinary practices. There is a large amount of anecdotal evidence that these products can be (very) effective, however clinical evidence of efficacy is lacking in horses. Being herbivores, horses do not absorb large molecules from the gut. The main constituents of the cartilage supplements are chondroitin sulphate and glucosamine – both very large molecules. Do they get through the gut wall and anywhere close to the joints in a viable form? The jury is still out. Different products contain different extra ingredients, such as hyaluronic acid (again a very large molecule), MSM (methylsulphonylmethane to you chemists), ascorbic acid, manganese, zinc etc. etc.

### Other supplements geared towards orthopaedic conditions:-

**Azoturia** – essentially specific feeds such as Saracen Relieve and/or electrolyte supplements such as Azodyne. Products to control the oestrus cycle may be appropriate in mares.

**Arthritis** - Cider vinegar is currently very fashionable in America, but less so here.

Cod liver oil – in our opinion, this is worth using. Omega 3 – probably! Herbal products such as Buteless or No-Bute, main active ingredient Devil's Claw, are essentially herbal versions of bute itself.

**Laminitis** – Foot quality supplements – definitely worth using, but beware the source. There are myriad foot quality supplements out there, all promising the earth, but only a limited number actually have effective levels of the main ingredient, biotin, in them. Laminitis prevention supplements – these are either buffers to control the pH through the gut (controversial) or clays, particularly montmorillonite, to reduce calorie absorption. Why not feed less instead and save your money twice? **MSM** – used for arthritis treatment particularly, also there are other indications such as allergic disease in horses (and snoring in humans!).

**Calcium supplements** – most horses in this country are considered relatively calcium deficient. Feeding excess calcium to horses is not of concern as it is readily excreted through urine or passes unabsorbed through the gut if not required. We advise calcium supplements particularly in horses recovering from fractures. Perhaps we should also advise their use for our Cushings cases where there is a risk of osteopenia (forerunner of osteoporosis)?

**Arnica** – can be given orally or used topically in various formulations and combinations with other products as an anti-inflammatory, particularly for bruising and inflammation.



### Vitamin and mineral supplements

There are lots of these on the market, if in doubt as to which one to use, consult the nutrition line of your main feed manufacturer (check your feed sacks for details) to establish which product best balances with your feeding regime. If you are already giving mixed feeds that already contain vitamins and minerals and no "straights", additional vitamins and minerals will probably not be required. Now our sources of feeds and particularly forages are swinging more to Europe than North America, there is a risk that our horses may be receiving too little Selenium – and specific supplements are available to counteract this.

### Hormone manipulation

Mainly for your moody mares and great if they work. There are lots out there: Oestress, Equilibrium, Moody Mare, Slut Mix... Unfortunately we often have to resort to the full strength medical version, Regumate, effectively putting your mare on "the pill". Some Cushings cases may benefit from products such as "Hormonise" (liquid chaste berry).

...continues next issue



### Fontwell Races

2008 is going to be a busy year. Inter-vet relationships are important to us and always benefits equine health and welfare. We hope that we have always had excellent relationships with our neighbouring practices. Recently this has resulted in further cooperation, with us

helping other practices with their emergency and weekend rotas, but not vice versa and not to the detriment of our own services. Also, we have committed to providing one vet per meeting at Fontwell Park races, sharing the veterinary cover with Arundel Equine Hospital. Contrary to popular belief, this doesn't involve swanning around in tweed suits, but a lot of work in the stables (wounds, bleeding, scoping) and on the track. We are indebted to our own vet, John Little, who is currently our only qualified "Senior Racecourse Vet", at least until the rest of us can attend the right training course.

### Website

[www.equinevetpractice.com](http://www.equinevetpractice.com) has now been operational for a year. We have had many compliments on its presentation, professionalism and contents; thank you. Thank you also to Arnaud Westphal and his team at Centora for cajoling us into writing the content to compliment their design. We have been a little lapse in updating the website news section, but new features and updates are currently being added and we promise to keep the news up-to-date (now we know how to do it). Arnaud and Centora are our IT consultants and support our ad-hoc network, including the use of our veterinary software on laptops in the field and producing these newsletters; working with vets (never there, shoestring budget) cannot be easy.



## Development at Mayes & Scrine



Some of you may be aware that we are developing the barn at the practice with a new equine ward and offices. The ward consists of four stables, including a foaling box, an examination room, and stocks. The stables are already finished and the stocks have been installed.

The central area of the barn is being developed by Ruckmans Ltd into our new offices. The pharmacy and loos are already in use. In addition, downstairs there will be a large waiting room/reception area, open plan offices and a nursing station/lab. Upstairs there will be a kitchen, shower-room, staff common room, offices, overnight "emergency" accommodation and a library/meeting room. The operating theatre will be upgraded with a new ceiling, hoist and anaesthetic machine giving us more "in-house" surgical options and the potential to welcome a consultant surgeon to our veterinary team. The development schedule is quite laid back, but the new ward is already operational and we hope to move the offices across at some point this year... a Grand Opening Party will be essential!



## Franks's bit... Equine Veterinary Nursing Part 3: Eye Treatment

Many owners have trouble with placing drops or ointments in the horse's eye. This is usually due to the fact

that the eye is painful due to inflammation and the horse is particularly uncomfortable. It is important when medicating a horse's eye to have appropriate restraint of your horse. This is vitally important as horse can rapidly learn avoidance behaviour which leads to increasing difficulty when applying the eye drops.

Always have a friend hold your horse with a halter on and never try to medicate on your own (figure 1). Some horses may need a twitch applied, but generally it is unnecessary. I will describe my technique which is for right-handed people; reverse the order if you are left handed.

For right-handed people, place the heel of your left hand against your horses head so it

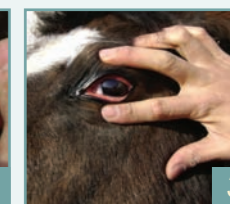
is stable and so that you can feel when your horse moves. Place your middle finger near the upper eyelid and your index finger down near the lower eyelid. Spread the lids open and gently press against your horse's head (figure 2).

For left-handed people, use your right hand in a similar way (figure 3).

Then with your right hand place the drops or ointment inside the conjunctiva (red bit) of the lower lid (figure 2 & 4). After treatment gently close the lids to ensure the medication covers the entire surface of the eye (figure 5).

Sometimes drops have to be applied to diseased eyes as frequently as every two hours. In such cases, using these "manual" techniques often becomes impossible and may even cause further damage to the eye. Instead, irrigation systems of tubing stitched through the eyelid and onto the head have to

be used. We prefer to install such systems at the clinic and make sure the horse is happy and comfortable before treatments can continue at home. If you have further queries please do not hesitate to contact one of our vets.



## FAQ: Can I turn my horse/pony out on frosty grass

This is a very common problem this time of year and a tough one to answer. Some owners and yard managers are very concerned that eating frosted grass can do harm to their horse or pony. Over the years I have seen a few cases of colic that may have been due to eating frosted grass. I think there have to be pre-disposing factors too, for example:- the horse has been in overnight (i.e. it is not kept out all the time), it is known to be greedy or has a known history of colic. Often the animal is known to have a sensitive tummy and the frozen grass may have a chilling or "ice cream" effect (I wonder if they get those ice cream headaches too??). The colic is very likely to be just a gut spasm and is likely to pass on its own or with an

injection. If your horse or pony does not have a predisposing factor, and has always been fine on frosted grass, then I WOULD IGNORE THIS ARTICLE. There are 4,000 horses and ponies in the practice and we would only see one or two frost related sore-tums a year. Perhaps when frozen grass can be most dangerous is after it defrosts, particularly when a mild, sunny day follows several days of frost. The sugars (fructoses) in the grass, having been hidden inside frozen cells, are released into the grass shoots and can induce laminitis in a susceptible pony, donkey or even horse. I would definitely recommend restricted turn-out after a defrost in any animal that is prone to laminitis.