



# ST DAVID'S EQUINE NEWSLETTER

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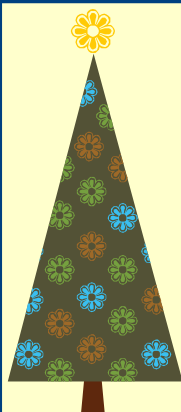
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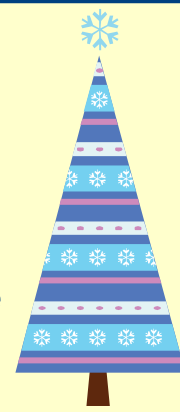
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## South West Christmas Equine Fair



This event takes place on the 5th and 6th December this year at Westpoint and is always an excellent day out. As usual we will have a stand and would be delighted to welcome you with a mince pie! We



will be running a competition with exciting prizes. As always this is a great opportunity to meet the equine team and have a chat.

Highlights at this year's fair include demonstrations from Pippa and William Funnell, Amanda Saville's 'Chariots of Fire' Display Team, a stallion parade on the Saturday, a Native breed parade on the Sunday and book signing by Mary King and Tracy Elliot-Reap. We look forward to seeing you there!



## NEVER MISS AN ISSUE OF THE NEWSLETTER!

If you like reading this newsletter and don't want to miss out on future articles, we can send you a copy in pdf format via e-mail. You'll need to download a copy of Adobe Acrobat Reader from the internet (which is free) in order to read the newsletter. To receive the newsletter via e-mail just send an e-mail to [alison@stdavids-vets.co.uk](mailto:alison@stdavids-vets.co.uk) with 'newsletter' as the subject. You will then be added to the list and can look forward to receiving the newsletter every two months.

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# THE EYES HAVE IT

## OPHTHALMOLOGY—PART TWO

Following on from part one of this article in the last issue of the newsletter, this article aims to give an overview of the more common conditions affecting the equine eye and their treatment. All back issues of the equine newsletter can be found on our website at [www.stdavids-equine.co.uk](http://www.stdavids-equine.co.uk).

### TRAUMA

Due to their flighty nature and prominent eyes, trauma to the orbit (bony rim of the eye socket), eyelids and the eye itself is not uncommon. Swollen eyelids, excessive tear production (lacrimation), holding the eye closed and being head shy are all signs of pain and should be treated seriously. Fractures of the orbit usually heal well with rest and anti-inflammatories but sometimes require surgical intervention.

Eyelid lacerations in the horse are very common due to their tendency to rub their heads on fences, stable doors and anything else to hand. Eyelid lacerations must always be treated as an emergency especially if the eyelid margins are involved. All eyelid lacerations should be cleaned and sutured by a vet. In most cases this can be performed under standing sedation but in more severe cases, general anaesthesia may be required. The ultimate aim of any eyelid laceration repair is to ensure perfect realignment of the tissues so that distortion of the eyelids does not occur. If the eyelids are distorted when they heal this can result in permanent irritation, corneal ulceration and pain. Ideally, eyelid lacerations should be seen within 3 hours of occurrence but obviously this isn't always possible! Luckily, eyelid lacerations generally heal exceptionally well as they have a fantastic blood supply. With a bit of skill, even the nastiest looking eyelid laceration can heal well.

All eyelid lacerations and orbit trauma are usually given a course of antibiotics and anti-inflammatories and it is extremely important that instructions are followed carefully and that courses of medication are finished.

Occasionally trauma to the globe or eyeball itself occurs. Blunt trauma is usually worse than trauma caused by something sharp. If you suspect that your horse's eyeball may have been lacerated or perforated, call the vet immediately. Corneal lacerations respond well to treatment and deep or per-

forating lacerations can do well if they are examined and referred for surgery in a timely fashion.

Anything that causes a painful eye can result in secondary uveitis which is a potentially serious condition discussed later in this article so all painful eyes should be examined as soon as possible.

### CONJUNCTIVITIS

Conjunctivitis or inflammation of the conjunctiva can have numerous causes, the most common being fly irritation in summer, dusty conditions or allergies. It can also be a sign of other disease and so should always be examined. Eyes affected by conjunctivitis are usually inflamed and red and often have a mucopurulent (pus like) discharge. One or both eyes can be affected. Topical (medication applied directly into the eye) antibiotic therapy is usually the treatment of choice. Again it is important to always finish the course of medication even if the conjunctivitis appears to have cleared.

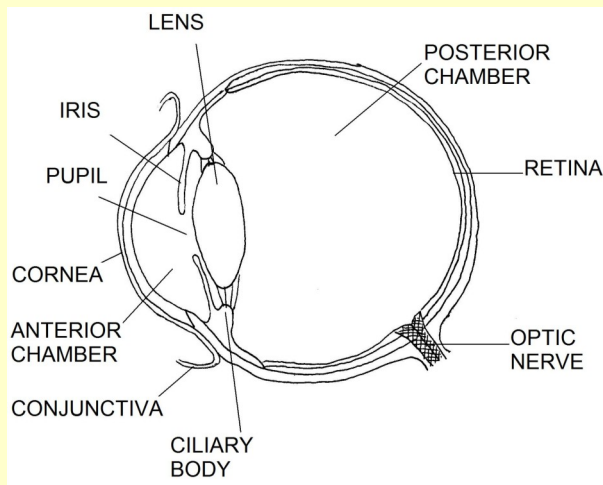
### CORNEAL ULCERATION

Corneal ulcerations are very common in horses and are nearly always traumatic in origin. They become secondarily infected, usually by bacteria and can deteriorate very quickly. They are very painful and the clinical signs often include:

- Discharge, either excess tear production or mucopurulent
- Photophobia (dislike of light)
- Eyelid shut and in spasm.

Sometimes the ulcer is visible but in other cases it can be difficult to see and cor-

neal oedema may have turned the whole eye blue-white. Vets will always check for ulceration in any painful eye by applying fluorescein which stains the ulcer green. In severe cases where the ulcer is extremely deep, the centre of the ulcer will not stain as the deepest layer of the cornea does not stain. If we find this we will usually hospitalise the horse as the eye is at risk of imminent rupture. Corneal ulcers are treated individually as some heal quickly



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with no complications while others may need surgical intervention, prolonged treatment and may leave scarring. Again, any painful eye is prone to uveitis and this may complicate healing.

## UVEITIS

Uveitis is inflammation of the uveal tract (iris, ciliary body and choroid) and may be a primary disease in its own right or may be secondary to another condition. Uveitis is the most common cause of blindness in the horse and always requires aggressive treatment to reduce the chance of complications. The signs that owners are most likely to see are:

- Excessive tear production
- Cloudy eye
- Tightly shut eye with eyelid spasm

The most consistent clinical sign that vets look for is a constricted pupil (miosis).

Causes can be immune-mediated (equine recurrent uveitis—poorly understood but most common in apaloosas), traumatic or inflammatory.

Treatment will always aim to dilate the pupil, as a constricted pupil is extremely painful and can attach itself to the lens which can cause vision problems, and reduce inflammation. The quicker the condition is recognised and treated, the less likely it is that the horse will be left with vision loss. Uveitis in difficult horses or complicated cases will usually require a subpalpebral lavage system as described in part one of this article.

Treatment usually includes topical atropine sulphate which dilates the pupil. Atropine treatment is usually given hourly initially and must be monitored carefully as there can be side effects such as inactivity of the intestines which can cause colic. The anti-inflammatory aspect of treatment is usually achieved using corticosteroids topically and sometimes systemically (by injection) but again this must be monitored closely as corticosteroid treatment is contra-indicated if the uveitis is secondary to trauma or corneal ulceration. Non-steroidal anti-inflammatory treatment is always given too, usually starting with flunixin (finadyne) for 5 days followed by phenylbutazone (bute) for a couple of weeks and can be combined with topical non-steroidal treatment.

If uveitis is immune-mediated then the horse is at risk from recurrent episodes, usually in the same eye but the other eye can be affected too. It is impossible to predict when another attack may occur and owners of animals with equine recurrent uveitis must become good at spotting the early signs of the disease. Unfortunately, a number of horses who suffer with the recurrent form of this disease will end up losing the sight in the affected eye and the eye will have to be removed. Horses cope very well in most cases with one eye.

If uveitis secondary to other conditions is treated aggressively there is no reason to suppose that it

will recur.

## SARCOIDS

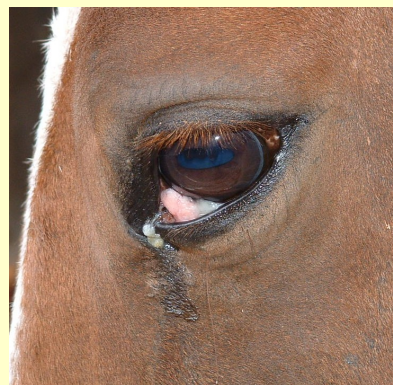
Any mass around the eye should be suspected of being a sarcoid as this is one of the more common areas to find them.

Due to the proximity of the eye, the usual sarcoid cream cannot be used as it would be devastating if it came into contact with the eye. The most common treatments are surgical removal, BCG infiltration (the vaccine that we all have against TB) and irradiation. Each sarcoid is different and we would always consult Prof Derek Knottenbelt at Liverpool University about each individual case.



## SQUAMOUS CELL CARCINOMA

Squamous cell carcinoma is the most common form



of cancer that we see associated with the equine eye. They are most common in horses with non-pigmented (pink) eyelid skin and in geldings. Any ulcerative lesion around the eyelid margins are suspect and in some cases the third eyelid is also involved. A

biopsy is usually required for diagnosis and treatments include surgical removal, radiation therapy and cryotherapy. Each case is different and we would often refer squamous cell carcinomas for specialist treatment.

## GOLDEN RULES

These are the most common eye conditions seen in equine practice although there are many more conditions that can affect the equine eye. The most important things to remember are:

- Any condition affecting the eye should be treated as an emergency and should always be examined by a vet.
- Never treat an eye condition with eye medication from a previous condition. Some topical eye medications such as corticosteroids are absolutely contra-indicated in some conditions and will cause damage.
- Always finish a prescribed course of treatment to limit the chance of recurrence.

## SPONSORED RIDER UPDATE—SARAH CHEETHAM

Devon based dressage rider Sarah Cheetham signed a sponsorship deal with us in August of this year and we thought that you might like to know more about her.

Sarah has been trained internationally to Grand Prix level and is a highly regarded dressage trainer in her own right, training another of our sponsored riders Paula Lee as well as the event rider Jade Lazenby. She has been invited to officially train for the British Under 21's Training Scheme and specialises in under 25's training. British Dressage invited her to take Regional Training Courses for senior members and she now runs clinics on a regular basis throughout the UK and the Channel Islands. She is also, by invitation, the resident trainer and a regular contributor to Just Dressage Magazine. Sarah is a British Dressage List 4 judge.



From a non-horsey background, Sarah started riding when she was 7 years old. As a working student to Kate Hamilton as a teenager she gained her BHS II and started riding Grand Prix school masters. Through Kate she was given the opportunity to train in Vienna with Chief Rider and now Head Trainer of the Spanish Riding School Johann Riegler. Sarah spent 18 months in Vienna riding many Grand Prix horses before spending two years training in Germany working for Dr. W. Bechtolsheimer. Through Mrs Bechtolsheimer she was invited to ride for the Westfalen Auction in Germany under the guidance of Johann Hinnemann; which involved producing the young

horses for sale prior to the auction, demonstrating their potential during viewings and riding in the auction itself. Sarah rode for the auction 3 times and is to date the only British rider ever to have been invited to ride.

In 1996 Sarah was selected from over 80 applicants as one of seven trainers to form the British Young Trainers Scheme. This gave her the opportunity to study in some of the top training establishments in Europe and regular training with the Olympic rider and Dutch team trainer Bert Rutten. More recently Sarah has been coached by Carl Hester and former Dutch and British team trainer Conrad Schumacher.

Sarah has had good success this season especially early on before the credit crunch hit some of her owners. Her own Provender Galant, an 11 year old Danish Warmblood known as Spiny, was placed 3rd in the Regionals at Prix St George and just missed out on going to the Nationals. Another horse she is excited about is Merlin, an 8 year old by De Niro bred by the owners of Tall Trees Arena and given to Sarah to compete. Sarah also rides Herbie, a stunning 6 year old Friesian stallion owned by Kate Hamilton considered to be one of the very best examples of his breed today.



Sarah's formula for successful dressage combines the classical art of riding she studied in Vienna with the traditional German Scales of Training she studied in Europe. She aims to achieve complete relaxation of the body and mind in both horse and rider. The muscles and joints should be used in a natural unrestrained manner, with maximum efficiency and minimum strain. Sarah trains with calmness, patience and consistency and her manner and techniques have earned admiration and dedication from her students.

Sarah runs regular clinics at the Glebe Equestrian Centre near Exeter where she is based and also at Nutwell Court. The clinics are designed for riders who are not familiar with Sarah as a trainer and are on a one to one basis.

Sarah says that her biggest achievement to date is training two horses to Grand Prix level and St David's Equine are proud to be associated with her. For more information about Sarah please visit [www.dressage.me.uk](http://www.dressage.me.uk).