

ST DAVID'S EQUINE

VETERINARY SURGEONS

NEWSLETTER

KEEPING IN TOUCH
SUMMER 2015

THE PREVENTION OF TETANUS AND PROBLEMS PRESENTED BY RECENT LEGISLATION

Tetanus is a horrible disease which is most often fatal in horses. The disease is caused by a toxin released by a bacterium, *Clostridium tetani*. The bacterium is a common inhabitant of the intestinal tract in animals and its spores can persist in soil for many years. Horses can contract the disease when spores of *Clostridium tetani* contaminate wounds. The bacterium grows and multiplies in the favourable conditions that the wound provides and releases toxin. The toxin blocks nerve transmission and so the disease is characterised by spastic paralysis of various muscles, inability to feed, excessive response to external stimuli and eventually convulsions and respiratory arrest leading to death.

The disease is often fatal but can sometimes be successfully treated. However, often the distress of the horse during treatment is so extreme that the decision to put the horse to sleep may be taken on humane grounds.

Tetanus can be cheaply and effectively prevented by vaccination. Vaccination with

our current vaccine brand involves two injections a few weeks apart followed by boosters every 3 years.



Unvaccinated horses that sustain a wound are often given tetanus antitoxin as a preventative measure. This contains antibodies against the tetanus toxin. Recent changes to the licensing of tetanus antitoxin requires vets using it to discard a bottle within 24 hours after the bottle has been broached. In practice this means that, although a preventative dose of

antitoxin is only 5-7.5ml, the whole 50ml bottle has to be discarded after a horse has been treated which means that the full bottle has to be charged to the client (making the treatment expensive).

We have followed this problem up with the manufacturers of the antitoxin and with the Veterinary Defence Society who have advised that "there is no defence in law for a vet who, when treating an unvaccinated horse with a wound, either took the decision not to give tetanus antitoxin or who did not follow the data sheet and used a previously open bottle of TAT. Price is not a defence in law for a vet not giving TAT (although obviously the owner can decide not to have a service on price grounds as long as they are offered it)".

Obviously the best solution to this problem is for as many owners as possible to vaccinate their horses against tetanus, even if the decision not to protect against flu or EHV is taken. Since vaccination is required infrequently, prevention is not expensive. It will likely save you money and may save your horses life.

BOBS PROGRESS



Most of you will know that Bob has recently had a couple of medical issues that have needed surgical intervention and so he has been away from the practice since mid January. He has had periodic back issues over the last few years, no doubt a legacy of picking up hundreds of horses' feet during over 40 years of equine practice! After Christmas he had a much worse episode of back pain that, this time, did not respond to rest. He was diagnosed on MRI as having "slipped" a disc in the lumbar region of his spine and underwent surgery to decompress the spinal cord at this site (he has the not insignificant little pot of cartilage to prove he had the surgery!). Bob's level of pain was almost immediately improved and he has made a good recovery so far.

Because he needed to have a period off work to recuperate from his back operation, Bob decided to "use" this time to have his hip replaced. The hip had been a problem for a while and he was earmarked to have the replacement at some point. Running the two rehabilitation periods alongside each other made sense for him. This surgery has now also been carried out and again Bob is recovering well.

Bob will review his progress after the summer with a view to returning to work at that point. In the meantime, we wish him a speedy recovery and an even speedier return to work!!

In the meantime, Bob is using his rehabilitation time sensibly as you can see from the picture above!

THE VETERINARY DIAGNOSIS AND TREATMENT OF EQUINE BACK PAIN



This article discusses the back conditions that can occur in horses, their diagnosis and their treatment. Such back conditions can cause a range of symptoms from poor performance (poor canter or canter transitions or poor propulsion from behind) through nappy behaviour (head shaking under saddle or spooky temperament) to apparent behavioural issues such as bucking or rearing under saddle. Many horses that have chronic back pain also have an apparent difficult or aggressive temperament, but in many cases this temperament is simply a reaction to the pain experienced and resolves as soon as the chronic pain is controlled.

A BRIEF OVERVIEW OF THE ANATOMY OF THE BACK

The vertebrae of the spine join together in a complicated way to make up the vertebral column. The spinal cord carries all the nerves to the rear of the animal from the brain and runs through a bony canal through the centres of the vertebrae. As well as protecting the spinal cord, the spine acts as a rigid site of attachment for the muscles making up the abdominal wall. As well as being rigid and strong, the spine must allow movement to allow the animal to bend its back and transmit power from the hind legs to the body when moving. The joints between the adjacent vertebrae are twofold. Between each pair of vertebral bodies there is an intervertebral disc which is a fibrous pad with a jelly like centre which absorbs shock. There are also a pair of so called "facet joints" between each vertebra, one each side, which allow limited movement. Each vertebra has bony projections on each side (transverse processes) and on the top (dorsal spinous processes) which act as sites for ligament and muscle attachment. Between each dorsal spinous process is an intertransverse ligament and running along the top of the dorsal spines is the supraspinous ligament which runs from the back of the head to the base of the tail. These ligaments limit the degree to which the spine can flex and so protect the spine and its contents from injury.

The pelvis joins to the spine at the so called sacro-iliac joints which are paired joints, left and right. They are mainly made up of various strong ligaments, although there is also a small true fluid joint as well. The main role of this joint is to transmit power from the hind legs to the rest of the body. The Common **CLINICAL CONDITIONS**

OCcurring IN THE HORSE'S BACK

There are a number of clinical conditions that can occur in the horses back. These can then lead to various signs of back pain or poor performance.

- Desmitis (strain) of the supraspinous or intertransverse ligaments
- Desmitis (strain) of the ligaments which make up the sacro-iliac joint.
- Kissing spines. This condition occurs when the dorsal spinous processes of adjacent vertebra (which should be separated by a space in the normal horse) are too close together and rub against each other. In some cases this occurs simply because the horse is born with the dorsal spines crowded together. In other cases the impingement is caused by an abnormal posture. The abnormal posture is often caused by another factor which causes the horse to dip its back. This can be a hindlimb lameness, sacro-iliac pain or a poor fitting saddle.
- Arthritis of the vertebral facet joints.

DIAGNOSIS SCINTIGRAPHY (BONE SCANNING)

Scintigraphy looks specifically at the rate of turnover of bone in the body and identifies regions where the rate of bone turnover is increased by pathological processes. Scintigraphy is useful to identify bony disorders of the back such as sacro-iliac disease, kissing spines and arthritis of the facet joints.



XRAY EXAMINATION

Xray examination also examines the bony structures of the back and is most useful to diagnose kissing spines and facet joint arthritis. Unfortunately the sacro-iliac joint is too deep and encased in bone for good X-ray pictures of this region to be possible.

ULTRASOUND SCANNING

Ultrasound is most useful to diagnose lesions of the soft tissues of the back such as desmitis (strain) of the supraspinous ligament. However, although ultrasound cannot penetrate through bone, it gives an accurate picture of the surface of bone and so can also be very useful to diagnose facet joint arthritis and abnormal, strained attachments of ligaments onto bone (enthesiopathy).

REGIONAL ANAESTHESIA

Injection of local anaesthetic into a region is useful to diagnose pain in a region and joint block of the sacro-iliac region or infusion of local anaesthetic in the interspinous space between the dorsal spines of the vertebra is often used to confirm the significance of lesions seen on X-ray or ultrasound.

TREATMENT OF BACK PAIN

MEDICAL TREATMENT - VETERINARY AND PHYSIOTHERAPY ASPECTS

The treatments that the vets can administer are intended to provide temporary relief of pain to allow a course of rehabilitation exercise that changes the horse's posture and way of going. Horses with back pain tend to develop a way of going that allows them to cope with chronic pain. Often this involves the horse using its forelimbs to pull itself along rather than using the power of its hind end. They tend to dip the back and develop a "lordotic" posture. The muscles of the back and hindlimbs waste away through under-use. Once pain relief has been given the physiotherapist usually designs a course of rehabilitation exercise to increase the strength of the abdominal muscles (core muscle stability), increase the muscle support around the sacro-iliac region and improve the contribution of the hindlimbs to the power of the gait. The pain relieving techniques that we can administer usually involve injection of anti-inflammatory drugs into or around the sites of pain.

SURGERY

There are also several surgical techniques for the treatment of kissing spines. The well recognised surgical techniques involve either removal of bone at the site of impingement, thus relieving the rubbing of adjacent dorsal spinous processes and relieving pain or "splitting" the interspinous ligament at affected spaces. These surgeries give very good results as long as the cases selected are appropriate and do not have other concurrent problems such as facet joint arthritis, or other untreatable lamenesses.

FARRIERY ASPECTS

An important part of the treatment of back conditions is the restoration of good posture to the horse that allows it to use itself in the correct way. An important part of this is to provide good foot balance all round, particularly in the hind feet.

SADDLE FITTING

Once we have treated a horse with back pain ensuring that the saddle is of a good fit is essential. It goes without saying that if we put a saddle that rubs or pinches onto a back where there is a medical problem it will not be long before the horse starts to resent exercise again. Consequently ongoing checking of the saddle by a good saddle fitter is essential. Treatment of back pain requires attention to a number of different factors and a multidisciplinary approach. However, most of the conditions causing pain in the horses back can be managed by either medical or surgical treatment and it is often possible to relieve pain and allow the horse and rider to perform successfully again, often at a higher level than was possible before.



STAFF CORNER NEW VET EMMA AT ST DAVIDS EQUINE

We are pleased to welcome a new vet, Emma Seamark, to our clinical team at the start of July.

Emma is an experienced equine vet who has several years of equine practice behind her already so should hit the ground at St David's already running! Emma qualified from The Royal Veterinary College, London in 2012 and frequently saw practice at St David's Equine as a student so we know her well. Since graduating, she has worked in mixed and equine practice in Devon and Somerset and has completed a 12 month equine internship at Cotts Equine Hospital in Pembrokeshire. Emma enjoys all aspects of equine practice but has a particular interest in poor performance, anaesthesia, dentistry and stud medicine. Outside of work Emma enjoys catching up with friends and family, riding and baking; however most of her spare time is now taken up training her young Hungarian Vizsla dog called Hendricks!

We welcome Emma to our team and look forward to sampling her new baking recipes each week!!

THE PRESCRIPTION OF VETERINARY LICENSED DRUGS

Because of the recent furore over the discovery of horse meat in supermarket beef products and the discovery of the horse pain killer "bute" in the human food chain, we felt that we should share with our clients the legislation that governs our ability to dispense drugs to you, our clients. These rules and responsibilities can be misunderstood by clients, particularly when their animal is on long term medication such as bute, danilon, or pergolide. In these cases it can seem unnecessary to the client that we ask to examine their horse every 6 months in order to continue to dispense or prescribe drugs to them, particularly when some human pain killers are available "over the counter" in supermarkets.

Many veterinary drugs and medications are classified as prescription only drugs. This means that they can only be provided under a veterinary prescription for a specific condition in a specific animal. Bute, Danilon and Pergolide are all classified as prescription only drugs by law. Under medicines law, to prescribe a prescription drug the animal must be classified as "under our care". The Royal College of Veterinary Surgeons, which is the professional body governing vets, interprets this phrase in the following way.

- The veterinary surgeon must have been given the responsibility for the health of the by the owner or the owner's agent.
- That responsibility must be real and not nominal.
- The animal must have been seen immediately before the prescription is provided, or, recently enough or often enough for the veterinary surgeon to have personal knowledge of the current condition of the animal to make a diagnosis and prescribe.
- What amounts to 'recent enough' is a matter for the professional judgement of the veterinary surgeon in the individual



case. In human medicine repeat prescription check up's are normally carried out every 6 months, or more often if the severity of the condition dictates this. Consequently, we have adopted the same protocol.

- A veterinary surgeon cannot usually have an animal under his or her care if there has been no physical examination.
 - A veterinary surgeon should not treat an animal or prescribe POM-V medicines via the Internet alone.
 - The Veterinary Surgeon must only supply the minimum amount of medication required for the treatment of the condition.
 - Each supply of prescription drugs must be authorised by a Veterinary Surgeon.
- These regulations mean that we cannot provide or prescribe Veterinary Prescription Medicines if we have not personally examined your animal within a recent timeframe and cannot just prescribe bute, eye medications or antibiotics over the phone. Please bear with us when we ask to do this. We are required by law to do so and are not being difficult! We have created a cheap Routine Check Up protocol for the prescription of drugs in the hope that our clients will feel that what they get at these check-ups are both useful and good value for money.

CONGRATULATIONS TO JULIE BRAND AND HER HORSE SMILIE!

Smilie was having some performance issues and was diagnosed in July 2013 as having kissing spines and pain in her stifle joints. She underwent surgery for both conditions at St Davids Equine Practice in September 2013 and then underwent an intensive rehabilitation programme, diligently carried out by Julie.

We were overjoyed to receive an email from Julie in April 2015 with pictures of her and Smilie at Bicton Arena after winning the Winter TREC Pairs championship there.



Julie said in her email "Smilie's recovery has been slow and at times very testing as you

know she is not the calmest horse and is usually her own worst enemy - but we did get it all together on the day! She was also placed in the two other classes that she took part in.

Smilie has come on really well over the winter and has managed an almost full season of winter TRECs - and I have learnt how much work and what kind of work she can cope with. Her scores over the winter were good enough to put her in the top 15 of the nationwide league - something I never dreamed would have happened.

Fingers crossed that we can continue to improve and stay sound. Thank you all so much for all your hard work".

CLIENT TESTIMONIAL – CYNTHIA GILLARD AND HER HORSE DAISY



I bought my lightweight cob, Daisy, as my final equine companion in January 2014 with high hopes for a happy, problem free partnership after experiencing serious and terminal health issues with several horses over a number of years including kissing spines with two of them. She was gentle and good to handle and behaved impeccably when I tried her before purchase and I knew she had not been ridden regularly for some time.

Initially, she seemed extremely speedy for a cob taking off in a fast walk when I mounted which I put down to her enthusiasm and anxiousness in new surroundings. Eventually, I did manage to get her to stand at the mounting block but never when I got on her in the school. Schooling was good in walk, trot and canter and I had lessons which pushed both of us. About March time, she began to be very keen out hacking, especially down hills, leaving others behind, and throwing her head about a lot. Then, she started spooking and spinning around to varying degrees, refusing to go forward at things that had not previously caused such a reaction e.g. traffic, bags of manure in gateways etc. By June/July, she started to do mini rears in the school with lateral work and I had to back off. In addition, I only felt safe hacking in company, my confidence having taken a knock.

Her behaviour had deteriorated in the months since January and my questioning about why this was happening gradually culminated in me thinking there had to be a reason for this change. Then, my saddle fitter expressed concern about her behaviour and movement and advised me to seek veterinary advice. That was the impetus that I needed to follow it up.

At the beginning of August she was assessed by Tony Kaye at St. David's. There was intermittent but very slight lameness in her hind legs, first one and then the other, in trot in a straight line and he noticed

rigidness in her back in canter but no wrong canter leads or lameness. He then X-rayed her back to rule out a back problem and found significant kissing spines! I was beside myself! Not again! Her operation to widen the three affected interspinous spaces took place on 8th August. She came home three days later to laser treatment on her back and four weeks box rest with walking out for five minutes twice a day, increasing by five minutes each week to twenty minutes at week four. She was a good patient and after the first week or so, the time soon passed. Then she had six weeks field rest but I continued to walk her out in hand most days, gradually increasing the time and walking up and down hills by the end of the period. Next came the six week programme of physiotherapy tailored for Daisy by Gillian Tabor. It included pessa work, in hand straightness training and pole work, gradually increasing the difficulty over the weeks.

At the end of November she was reassessed at St. David's and by Gillian. All was well and I got on her for the first time! I started very slowly, riding for about twenty minutes only, gradually increasing the riding with reduced use of the pessa and groundwork.

It is now the end of February and I am hacking normally for an hour or so most days and have started schooling. Her behaviour is good and she is noticeably more relaxed when ridden even though she can get keen after the turn for home! I had my first lesson last week. I mounted and stood talking to my instructor before asking her to walk off. That was a first!! I am so glad I did not ignore the deterioration in her behaviour or put it down to naughtiness.

After the operation, I followed the veterinary and physiotherapy advice to the letter - the expertise and care for which I am very grateful. It was well worth it and Daisy is currently giving me a great deal of fun and pleasure in return, both in hand and ridden. She is a lovely equine companion.

Cynthia Gillard



FREE ACTH LABORATORY TESTING FOR CUSHINGS DISEASE IS BACK

Over the past three years more than 32,000 horses and ponies in the UK have been tested for Cushings Disease (PPID) through the hugely popular Talk About Laminitis (TAL) disease awareness initiative. This initiative is funded by Boehringer Ingelheim, the company which manufactures "Prascend" which is the only licensed treatment for Cushings Disease in horses.

The free testing scheme is back again for 2015, from 15th June until the end of October. Under the scheme, horses, ponies and donkeys can receive free laboratory blood testing to diagnose whether or not they suffer from Cushings Disease. The only criteria is that they cannot already be on treatment for previously diagnosed Cushings.

Testing suspect PPID cases means that, if diagnosed, they can go on to be treated and managed appropriately to help reduce the risk of further painful episodes of laminitis as well as the other less obvious (but debilitating) symptoms of the disease. Signs of Cushings can be vague but include: laminitis, changes in hair coat or hair shedding patterns, increased drinking, weight loss (usually despite a good appetite), muscle loss, lethargy and reduced performance, increased susceptibility to infectious diseases and poor healing and repair of body tissues.

More information on the disease and its symptoms, testing and subsequent treatment can be found on the website www.talkaboutlaminitis.co.uk. Vouchers for testing can also be downloaded from this website.

If you think that your horse may be suffering from the disease, please contact us to discuss in more detail or to arrange a blood test.

