

Top Equine Emergencies

Horses tend to be a bit more accident prone than most animals, and although they are large and strong, they are also susceptible to myriad ailments that arise with little warning. The horse owner should learn to recognise the most common maladies affecting the horse, and if you have owned horses for any length of time you very likely may have seen most, if not all, of the following list. This list is not intended to be an exhaustive study of horse emergencies, but merely the most common problems encountered by university veterinary hospitals and equine veterinarians around the country. Obviously there will be regional differences that can affect this list, but each of these situations requires immediate veterinary attention, and the treatments are beyond the scope of the average horse owner's experience.

1. Colic: This continues to be the number one cause of death in horses, and tops this list. The symptoms can range from a mild episode, where a horse is merely sluggish coming for food, to severe pain where the horse is covered in sweat and can no longer stand. The majority of colic cases are caused by management issues, environmental influences, or individual horse problems. The causes are varied and sometimes difficult to pinpoint but the following can all cause colic: inadequate water intake (summer or winter) changes in diet, adverse weather, ingestion of unusual material (sand, bedding, grass clippings, plants, and grain overload), concurrent infection, changes in exercise or shipping, and other stresses. Poor dental conditions, internal tumours, and infestation with worms are common colic causes in the older horse.

2. Acute lameness: This is a rather broad category but we see it fairly often and conditions in this category include nail punctures, hoof abscess, laminitis (founder), and even complete fractures. If your horse was fine yesterday, but dead lame today, do not delay in seeking professional help in diagnosing and treating the condition. Laminitis can almost be considered worthy of its own category because we see so much of it, but often it is an insidious process occurring days, even weeks after an inciting incident. A common form of laminitis seen in the older horse is often connected to the horses' metabolism which may take months to show up as sore feet.

3. Cast/Caught in fencing: where horses have chosen to lie or roll too close to the stable wall or field fence and become caught, often causing panic, distress and lacerations. In this state a horse would create a lot of noise and alert those in ear-shot of their distress. In addition horses can't lie down for long periods of time as it can lead to reperfusion injury, nerve and muscle damage and potential pooling of blood and fluids in the 'down lung' nearest the ground so these incidents need dealing with promptly.

4. Choke: Also known oesophageal obstruction, this problem occurs when feedstuffs become lodged in the oesophagus and the horse cannot swallow. Consequently, a copious amount of oral and nasal discharge

occurs which is usually green and mucoid in quality. The horse is usually having coughing fits and is in obvious distress, and although seldom life threatening, to the panicking owner it sure seems so. Eating too quickly, feeding rough, poor-quality hay, bad dentition, or oesophageal trauma are the most likely probable causes. Some horses tend to choke often and need to be managed very carefully to prevent reoccurrence.

5. Lacerations and punctures: These injuries are probably the most frequently encountered by veterinarians, and although they almost always require immediate attention, they are seldom life threatening. Obviously, the location of the injury will dictate the necessary treatment and after-care. Often there is significant haemorrhage associated with these injuries, in which case the horse owner is often advised to apply direct pressure to the wound until help can arrive. Applying a snug, dry bandage is the best first aid to a lower leg wound while transporting the horse to an equine hospital. The head and face is commonly involved with laceration-type injuries, and although they look horrible, they heal quite nicely given appropriate care.

6. Joint and tendon injury: Any trauma to a tendon or joint should be considered a medical emergency. Delay in aggressive and appropriate treatment can add months to the healing time. Infections readily set in because of the nature of tendon sheath and joint fluid, and they can be very difficult to treat. Closed traumas to tendons and ligaments and joints can occur in both performance horses, in stall/barn accidents, and in horses housed in open pastures. Application of ice and cold water is always a good idea, but do so only after consultation with your veterinarian.

7. Management of fire safety. The governments 'Fire safety risk assessment (2007) Animal premises and stables states 'Good management is essential, but if a fire does occur where possible everyone is to escape....including the release of animals inside the premises'. A stable yard has unavoidable fire hazards such as shod horses on concrete stable floors with dry bedding therefore providing ignition and fuel. Rapid response would be required to minimise harm and damage.

8. Eye Trauma: Because of their prominent location, the equine eye is prone to injury. Corneal ulcers, eyelid lacerations, and uveitis are the conditions most frequently observed. Any time an eye is observed to be swollen or closed or has a discharge associated with it, you should consider it a medical emergency. Take an extra minute to observe your horses eyes during feeding time and be looking for an abnormal appearance.

9. Exertion myopathy/exhaustion: Also known as tying-up or rhabdomyolysis, this painful condition arises when a horse is pushed beyond its conditioning or training limits. The affected horse cannot seem to move, or will move with a stiff, short-stepping gait, does not want to eat and basically looks miserable. Often, their rump and back muscles

are corded up and very tight, their gums are pale, and their heart rates are elevated. Medical treatment is required at once to prevent renal (kidney) problems, and very often these horses are hooked up to IV fluids over- night to treat the inevitable dehydration, and to flush toxins from the kidneys.

10. Theft and malicious wounding is a sad problem of rural areas, usually prevented if there is a residential presence.

11. Foal Emergencies: Another broad category that includes meconium impaction, foal colic, septicaemia, hypoxia, neonatal diarrhoea, failures of colostrum transfer, contracted tendons and any number of medical and surgical conditions that affect foals in the first hours to days to weeks of life. These are special conditions that require intense effort and technical expertise on the part of the veterinary crew and represent true medical emergencies where a few hours can mean the difference in saving a foal's life.