ST DAVID'S EQUINE
VETERINARY SURGEONS

NEWSLETTER

KEEPING IN TOUCH
WINTER 2014

NEW CLIENT LECTURES SERIES - SPRING 2014

IN ASSOCIATION WITH BICTON ARENA

We have now finalised our client lecture series for Spring 2014. We are very pleased to offer these lectures in association with Bicton Arena.

We are excited that David Rendle, who is a Referral Medicine Specialist at Liphook Equine Hospital has been kind enough to agree to come and present our first lecture on Equine Worms and Worming. David is highly qualified to give this lecture holding the both the RCVS certificate and the European Diploma in Equine Internal Medicine and being recognised as an RCVS and European Specialist in Equine Internal Medicine. This should be an evening not to be missed and will be held in the beautiful surroundings of Bicton Arena.

The lectures will start at 7:30 and refreshments will be available from 7pm. As normal, numbers will be limited, so please contact the practice to register your interest and book a place. The Equine Office can be contacted on 01392 876622 (option 2).

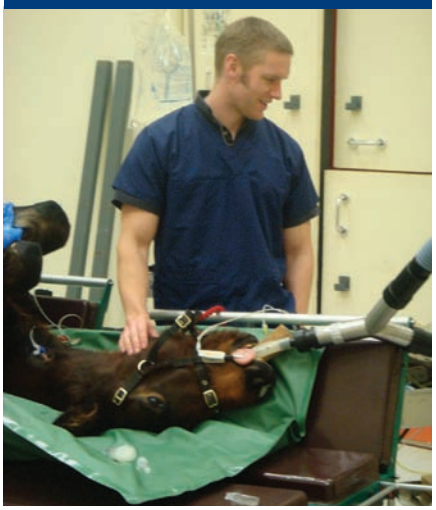
Thursday 13th March 2014.
From 7pm for 7:30pm start
Lecture and Discussion:
"WORMS AND WORMING IN HORSES. NEW RESEARCH, NEW IDEAS AND NEW APPROACHES"
Worms are something which affect all of our horses and their control needs to be understood by all horse owners. Despite this, much of what we traditionally have done to control worm burdens is outdated and based on poor science. Increased understanding of the parasites, their lifecycles and their effect on our horses has allowed new approaches to their control to be devised.
Speaker: David Rendle BVSc MVM CertEM(IntMed) DipECEIM MRCVS, RCVS and European Specialist in Equine Internal Medicine from Liphook Equine Hospital.
Venue: The Board Room, Bicton Arena

HORSE RESCUE AND EQUINE EMERGENCY
Wednesday 16th April 2014.
From 7pm for 7:30pm start
What happens when a horse is involved in a road traffic accident or becomes stuck in a pond or ditch? How do the Emergency Services and the attending Veterinary Surgeon work together to rescue a panicking animal without injury to themselves or the horse? How can a successful outcome for the horse be achieved? These questions and more will be covered by Bob Barker at this lecture.
Speaker: Bob Barker of St David's Equine Practice.
Venue: The Estuary Room, Darts Farm

Please contact St Davids Equine for further more information on 01392 876622

ST. DAVIDS EQUINE STAFF CORNER

BEN CRISP



I have been working at St David's Equine since I qualified as a vet from Liverpool University in 2001.

I am involved in all aspects of equine veterinary work at the practice but my main interests lie in equine medicine. I have a keen interest in gastroscopy and work up of liver and lung and gastro-intestinal disease in horses. I also carry out the heart examinations referred in to the practice with our digital ultrasound and telemetric ECG machines. I share the responsibility for equine anaesthesia at the practice with Richard Frost for both our own surgeries and those carried out at the practice by referral surgeons Ollie Crowe (Orthopaedic and general surgeon from B and W Equine Clinic) and Geoff Lane (Upper Respiratory Tract Surgeon who worked at Bristol University for many years).

Outside the practice I have two children and enjoy DIY projects at home. This latter interest grew into building my own house in 2010!! I also try to find time to hang glide, play volley ball and generally keep fit and active!"

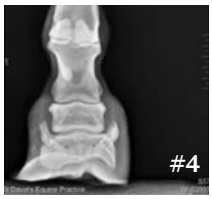
THE USE OF DIGITAL RADIOGRAPHY IN REMEDIAL FARRIERY

BY BEN CRISP BVSc MRCVSc

The following is a case I recently attended and nicely demonstrates the advantage of on site radiography and the ability to take multiple shots during the trimming of this ponies feet. This would have been impossible with conventional film x-ray without having the pony at the clinic.

1: The pony was found by a farmer in his field and turned over to the RSPCA.
The feet have obviously not been trimmed!!

2: An initial x-ray was taken to assess the position of the pedal bone within the hoof capsule. Radical trimming without this information would risk trimming too close to the pedal bone with potentially fatal results. It allows us to use the saw safely!



3: A second x-ray was taken at the half way point to allow the vet and farrier to get their bearings and to assess hoof angle. Note that the pedal bone is too upright at this point.

4: An AP (front to back) xray was also taken to assess the straightness of the limb and the AP foot balance. Note that the base of the pedal bone looks irregular. To investigate this possible abnormality of the pedal bone further I carried out an extra xray view (upright pedal view)

5: A good proportion of the pedal bone is missing, most likey due to pressure necrosis caused by the large amount of untrimmed and abnormal horn resulting in a disruption in the blood supply to the bone and abnormal pressure on the bone.

6: Picture to show how the foot finished up on that day after extensive trimming.
The aim was to keep the pedal bone in the correct alignment so we didnít put too much stress on the laminae of the foot and the tendons. This foot will be further trimmed in 4 weeks to correct the foot balance and shape further. The blood seen in this picture is due to aberrant blood vessels that have developed within the horn, not by us having entered the sensitive laminae.This is confirmed by post trimming x-rays. Pre trimming xrays have given us the confidence to trim radically but without injury.

7: A final x-ray for posterity! We have achieved good foot balance.

This nicely demonstrates the advantage of having instant digital x-rays available on site. Without this facility the pony would have either had to be transported to a hospital facility, or a rough approximation of the site of the pedal bone made by the vet and farrier on the day (which with a case like this is not easy). Luckily we do not see too many extreme cases like the one above but having the x-ray on site with the farrier is also extremely useful for laminitic trims or orthodeadic shoeing.

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.

UPDATE ON GASTRIC ULCERATION IN HORSES

Before Christmas we held a client evening talk on gastric ulceration which resulted in a very enjoyable evening. Following on from this we will be holding a gastroscopy clinic at the clinic sponsored by the drug company Merial. During the day we will gastroscope the stomachs of a number of horses which their owners suspect may display some of the signs of gastric ulceration.

Gastric ulcers are estimated to affect 92% of racehorses and almost 60% of performance horses. Recent studies have suggested that they are also common in pleasure horses and even donkeys.

HOW AND WHY DO ULCERS FORM

The lining of the stomach in the adult horse is split into two regions:

- The upper part is called the "Squamous Region" and has no secretory or absorptive function.
- The lower part of the stomach (the glandular region) is more complex and contains the glands that secrete hydrochloric acid. This acid is intensely corrosive and the glandular region has various protective mechanisms to prevent it from damage.

The squamous region does not have the same protective mechanisms against gastric acid as does the glandular region and gastric ulcers can form in this upper region when there is an increased exposure to acid (for example if acid splashes up onto it during exercise). The lower region can also become affected if there are problems with its natural protective mechanisms.

Horses have evolved as 'trickle feeders'. This means that they are designed to eat almost constantly and have free access to light grazing for 24 hours a day. In the wild eating would only occasionally be interrupted when the horse needed to run to escape from predators.

In contrast our modern, domesticated horse is usually stabled, and given two or three cereal-based feeds a day, sometimes with only small

amounts of forage or grazing time. This results in long periods with little or no food intake. The glandular lining of the stomach of the horse continuously secretes acid, whether or not the horse is eating. If a horse does not eat for several hours, this continued secretion of acid means the environment in the stomach can quickly become very acidic, the acid then irritates or "burns" the lining of the stomach and ulcers can begin to develop. In contrast, horses that are constantly eating hay or grass have a much less acidic and more healthy environment in the stomach.

Other risk factors can also increase the susceptibility of the modern horse to ulcers:

- intense exercise (which can cause the acid of the stomach to splash onto the squamous part of the stomach lining)
- travelling
- stress

WHAT ARE THE SYMTOMS OF GASTRIC ULCERATION IN HORSES?

Symptoms are generally quite vague, and clinical signs in adult horses can and do vary. They can include some or all of the following: Reduced appetite, poor physical condition, mild or recurrent colic, diarrhoea, changes in attitude (depression or aggression) and poor performance.

HOW CAN ULCERS BE DIAGNOSED?

The only reliable way to diagnose gastric ulceration in horses is to physically look at the lining of the stomach with a gastroscope. The scope is passed into the stomach and fibre optics transmit the image to a television screen. This is usually a stress free and quite quick procedure and is carried out in the standing horse with light sedation.

TREATMENT

If ulcers are present, treatment is necessary and studies have shown that, as in humans, the most effective treatment is omeprazole (known as "GastroGard"). This drug reduces the secretion of acid into the stomach and so allows the stomach lining to heal. Total healing time is usually between two and four weeks. Horses can remain in full intensity training while being treated with "GastroGard".

Changes in management are also necessary. Continuous access to fibre based feed is important. More time grazing is preferable, but stabled horses should have continuous access to hay and access to hard feeds with high starch content should be kept to a minimum. If more energy is required to fuel a high level of work, supplementing the fibre diet with oil is preferable to adding starchy hard feeds.

MANAGEMENT AND PREVENTION

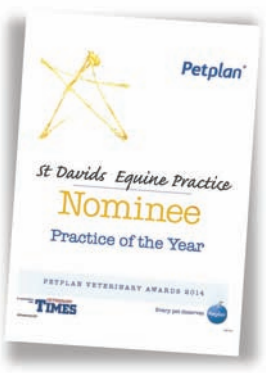
If there have been no changes in management, naturally occurring ulcers can start to reappear as soon as three to four days after the end of treatment in a horse in intensive training. To help prevent ulcers from returning, modifications to the horse's regime, or a maintenance dose of "GastroGard" will be needed – or a combination of both.

If at all possible, turnout even for short periods, will help, as will ad lib hay and spreading the same quantity of hard feed over at least four feeds per day.

If you suspect that your horse displays some or all of the signs listed above and may have gastric ulcers, please contact us at the surgery.

PETPLAN PRACTICE OF THE YEAR/VET OF THE YEAR?

We are proud and pleased that the practice has been nominated in the category of **"Practice of the Year"** and **Richard Frost** has been nominated in the **"Vet of the Year"** category in the **2014 Petplan Veterinary Awards. Bob Barker** has also been nominated in this category, making it the 5th year on the trot for Bob. We await the final announcement of the winners in each category with excitement. Many thanks to those that voted for us!



LEARN MORE ABOUT GASTRIC ULCERATION IN HORSES ON THE WEB

Merial (the company that sells **"Gastroguard"** the main drug available for the treatment of gastric ulcers in horses) has developed an extensive website on gastric ulceration to allow horse owners to become better informed on the condition. The website also includes an online questionnaire that aims to enable owners to evaluate their own horse(s) risk of ulcers.

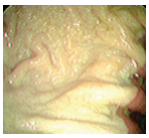
By simply logging on to the website **www.equinegastriculcers.co.uk**, owners, trainers and riders can complete a simple tick box questionnaire and receive immediate results. In cases where their animal is considered to be at medium to high risk, owners should contact their veterinary practice to discuss the outcome of the assessment and, if necessary, to book an appointment for further investigations.

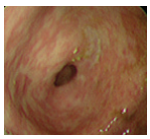
Tolerance and signs of ulcers vary from one horse to another, however horses with ulcers can display one or more of the following signs;

- **Poor performance**
- **Picky appetite**
- **Mild weight loss**
- **Starey coat**
- **Discomfort on girth tightening**
- **Colic**
- **(salivation and teeth grinding – foals)**

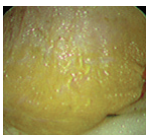
Due to the vague nature of the symptoms, many horses with gastric ulcers may have previously been suspected of having other ailments such as back and teeth problems, general poor performance, or behavioural issues. Diagnosis and treatment of gastric ulcers in these animals can have a huge beneficial effect on their quality of life and athletic performance.

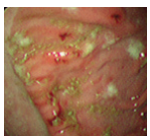
GRADE 0
The epithelium is intact and there is no appearance of hyperaemia or hyperkeratosis



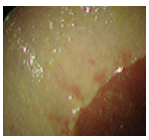


GRADE 1
The mucosa is intact, but there are areas of hyperaemia or hyperkeratosis

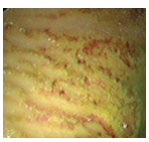


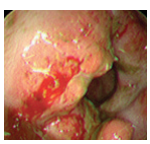


GRADE 2
Small, single or multifocal lesions

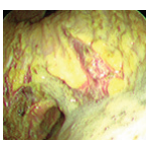


GRADE 3
Large, single or multifocal lesions or extensive superficial lesions





GRADE 4
Extensive lesions with areas of apparent deep ulceration



BUTE BURGERS? - THE RULES ON HORSE MEDICINES AND PASSPORTS

BY JILL HEADFORD.

Jill has been a partner at Tozers solicitors since 1994. She also also has a specialist Equine Law practice. A keen horsewoman and owner of five horses (you can never have too many!), she is a riding member of British Dressage and has been a successful competitor on the BD and BS show jumping circuits for many years. She has many clients with equine connections and has considerable experience of disputes involving horse related issues. Jill is a member of the Equine & Animal Lawyers Association and a regular writer of legal articles on equine and other issues. Because of her interest, Tozers have been regular sponsors of show jumping in Exeter and South Devon. Jill hunts regularly with the South Devon Hunt.

Much of the outrage about horse meat in burgers and processed meals is based either on sentiment about eating horses or on indignation about being conned about what we are being sold. Most people don't realise that there is a more sinister aspect to it all. Since 2009, all horses have been required to have passports. There are 75 issuing agencies authorised by DEFRA who issue passports of widely varying reliability. The reason for the passport system is to prevent horses which have received medication and are therefore unfit for human consumption from entering the food chain. This is important in the EU where they tend to eat horsemeat, less so in the UK where we don't (or thought we didn't!). But nevertheless we in the UK are still subject to laws which say that either a horse must be signed out of the food chain on its passport or every designated medication it receives – including routine meds like Bute – must be recorded.

There is a distinction here between vaccines and medicines. All vaccines administered by a veterinary surgeon must be recorded in the passport regardless of whether or not the horse is intended for human consumption. Medicines (as distinct from vaccines) are listed as either "allowed" or "not allowed". The "allowed" list does not include Bute.

"Not allowed" medicines cannot be used in horses intended for human consumption and the declaration in the horse's passport at Part II of Section IX must be signed by the owner or veterinary surgeon as "not intended for human consumption?. This declaration is irreversible. Note that where a passport cannot be produced because none has been issued or it has been lost and no duplicate issued, the presumption is that the horse is not signed out of the food chain and so is intended for human consumption. This category includes Bute so once a horse has had a single does of Bute, he must be signed out of the food chain permanently.

"Allowed" medicines can be used in horses intended for human consumption – but only subject to the designated withdrawal period. There are some additional medicines which are not on this list but which have been deemed "essential" for horse welfare and these can be administered subject to a statutory 6 month withdrawal period. If your vet administers an

"allowed" or "essential" drug he should tell you the withdrawal period. For "essential" drugs, the medicines record in Part IIIB of Section IX of the passport must be completed with details of the product/s administered and the date of the last treatment. For "allowed" drugs, the record need not actually be in the passport.

So, basically, when a vet administers drugs to your horse, you should produce its passport. If you don't, he may decline to administer anything other than an "allowed" drug. If it is an emergency and he decides to administer a "not allowed" drug on welfare grounds, he should instruct you to find the passport or obtain one and sign the declaration at Part II of Section IX.

If you administer the medicine yourself, as typically happens with Bute, you must keep a written record yourself of the dates of purchase, administration and disposal and the ID of all horses treated. This can be in the medicines section of the passport or as a separate record but it must be kept for 5 years and rather than the alternative which is to sign the Part II of Section IX declaration.

For more detailed information there guidance on Horse Medicines and Horse Passports on the DEFRA website: **www.vmd.defra.gov.uk**

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