



## NEXT FREE CLIENT EVENING Tuesday 24th March 2020 - 7pm

Come and join us for our next free client evening where we will be talking about all aspects of First Aid, following on from our Facebook monthly theme in January.

We will also be joined by Sara Chittleburgh, an Avonvale Ambassador and owner of Kingsbridge Equestrian who will be talking about her sponsorship with Avonvale, her work as an Equine Manual Therapist and giving us an insight into eventing. We will provide refreshments and a light buffet and there will be prizes and giveaways too.

The Venue is Ratley Village Hall, Chapel Lane, Ratley OX15 6DS. To register, please call Reception on 01295 670501 or email: [Reception@avonvaleequine.co.uk](mailto:Reception@avonvaleequine.co.uk). Everyone is welcome, please join us if you can.

## CASE STUDY - BLUE'S FOOT ABSCESS

Subsolar abscesses or 'pus in the foot' is a condition well known to most horse owners. Even with the best possible farriery and hoof care, infection can enter a small defect or crack in the horse's hoof, often in the white line, and spread under the sole or up the inside of the hoof wall. In the majority of cases, the horse will present with an extreme lameness, which is quickly alleviated if the vet or farrier can find the source of infection and relieve the build-up of pressure by identifying the tract and releasing the pus.

Unfortunately, in some cases, the infection can be very aggressive in its nature, and rather than draining out of the sole either naturally or via a drainage tract created by a vet, or bursting out of the coronary band as sometimes happens, it can spread inwards to infect the pedal bone within the hoof.



Blue, a two year old thoroughbred, was an example of one such case, where two episodes of pus in the foot were attended to over a period of a few weeks, with a good apparent response. However, when she failed to improve as quickly following a third episode where pus was drained from a defect in the sole, X-rays were taken. These unfortunately revealed that infection had caused significant damage to the pedal bone. Once the pedal bone has become infected, any abnormal bone has to be physically removed in order to get the infection under control. Blue was therefore admitted to the clinic for a standing pedal bone scrape the following day.

The foot is first cleaned and prepared for surgery. With sedation and local anaesthetic, nerve blocks and a tourniquet placed on the leg, a hole is cut in the sole of the hoof to enable access to the infected area of pedal bone. Samples are then taken for laboratory culture and sensitivity to try to identify the nature of the infection. All of the

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### Office Hours

Mon-Fri 8:30am - 5:00pm

24hr Emergency Service



### Contact Us

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# AVONVALE

## Case Study

### BLUE - FOOT ABSCESS

Continued.....

abnormal soft bone must then be scraped away with a surgical curette, which is like a tiny sharp-edged, long-handled spoon, until strong, healthy bone is reached. The cavity is then flushed and packed with antibiotic soaked swabs and a sterile dressing applied. Antibiotics are used systemically, according to the results of the culture, as well as locally within the hoof defect. We also utilise a technique known as 'intra-venous regional antibiotics' or IVRA where we infuse antibiotics into a vein in the affected limb with a tourniquet in place, in order to achieve high concentrations within the hoof.

In Blue's case, the severity of the infection was such that the scrape had to be repeated on three occasions before all of the infected bone was removed. After surgery, she was hospitalised initially to manage her pain relief, dressing changes and antibiotic treatment, and then when she was more comfortable discharged home to exceptionally dedicated care. Following her multiple surgeries, Blue had a very large hole in the sole of her foot, and it was essential that this remained sterile to prevent dirt and infection getting in and starting the whole process off again. To this end, her bandage was changed every 2-4 days, the hole in her foot flushed, and a new clean dressing applied.



The foot is now fully healed

This process has continued for six long months, until the defect has finally filled in and the abnormal hoof has grown out. We are pleased to report that Blue, now a three year old, has finally been signed off, and with her first set of shoes newly fitted, is ready to start some initial pre-training. The teamwork and dedication shown by the stud team as well as our fantastic team of vets and nurses that was required to overcome such a challenging and life-threatening infection really can't be underestimated. We know you'll go on to be a superstar Blue, and make us all very proud!

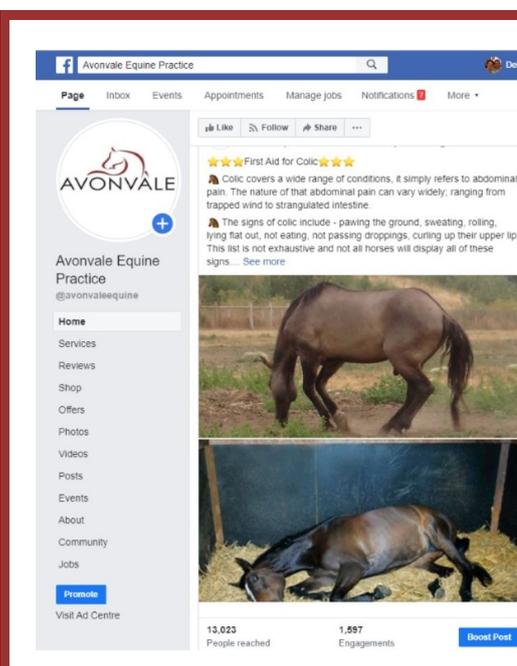
#### Do you follow us on Facebook?

If you are a Facebook user and you haven't already, why not follow us on our Facebook page 'Avonvale Equine Practice'.



As well as monthly themes, we post interesting case studies and articles every week, share news stories, important information and have regular competitions. Our monthly theme for February is 'Gastric Ulcers' and for March is 'Breeding and Foal Care'.

In January we covered 'First Aid' with some very useful information on colic and wounds (see page 4), together with case studies on medication of the sacroiliac joints, Lymphangitis or 'Fat Leg'. We also posted an update on our Avonvale Ambassador Poppy Scott and an interesting article on Equine Incident Response Training.



## STAFF FOCUS - KATHRYN SMITH, STUDENT NURSE

Kat joined Avonvale in April 2018 and works as a student nurse alongside Lucy and Fiona in our fabulous nursing team. She is currently studying for her City & Guilds Level 3 Diploma in Veterinary Nursing with The Open College of Equine Studies (TOCES), a block release course and she aims to qualify in 2021.

Kat lives in Redditch with her husband Andy and their two sons Jack and Riley. Andy owns and runs ADS Farrier Services so horses definitely dominate the Smith household!

Kat has owned Melody since she was 10 months old and has enjoyed every minute of her company. They compete regularly for Crown Riding Club within Area 5 and have had some great successes.

2019 was a particularly busy year for Kat and Melody, with lots of BRC competitions entered. In July they qualified for BRC national championships spending the weekend in Lincoln. Melody and Kat were placed 2nd Individually at Solihull RC in June in the 70cm showjumping qualifier in order to have the opportunity to go to Nationals. As well as this they were also 3rd individually in the style jumping.

The Area 5 awards evening brought more success to the team where they finished overall 3rd for style jumping for the season.

This year is only just starting and Kat has a few things already planned, she'd love to qualify again for the Nationals as it's such an amazing experience for them both! Keep an eye on our Facebook page for updates on Kat and Melody's progress throughout the year.



## SPONSORSHIP ANNOUNCEMENT

We are delighted to announce our collaboration with Crown Riding Club, sponsoring their 'Stressless Showjumping' competition taking place in 2020. Look out for more information on Facebook, we will share the dates once they are announced.

If you are a member of a riding club looking for sponsorship or support, please get in touch with us by emailing; [reception@avonvaleequine.co.uk](mailto:reception@avonvaleequine.co.uk) or calling on 01295 670501.

# CROWN

# FIRST AID

Those of you who have followed our Facebook page will know that January has been our 'first aid month', and we have been dropping useful hints and tips on the first aid of horses in various scenarios. Here are the best excerpts:

## **Safety first:**

It is important when dealing with a stressed, injured or colicking horse to consider your own safety. Horses in pain do not respond to cues from people like they usually would, and it is impossible to assist the horse if you yourself become injured. It may be necessary to observe from outside the box until the vet arrives.

If it is safe to approach the horse, the horse should be encouraged into a place of safety, if possible. This may be a box with a deep bed, or a school with a soft surface. However no horse should be forced to move if it is unable to.

### **Clinical parameters for horses:**

Temperature	36.8-38.5C
Heart rate	28-44 beats per minute
Respiratory rate	8-16 breaths per minute
Gums	Pink and moist
Gut sounds	Consistent gurgling, grumbling.

## **Wounds:**

Some wounds, those that do not break the skin, are not bleeding severely and show no signs of lameness or infection, do not always require veterinary attention, although we are always able to give advice as to whether or not your horse needs to be seen. Such wounds should be hosed until they appear clean and then for another five minutes.

Topical treatments such as Aluspray or Flamazine may be applied. However if a wound is all the way **through the skin**, particularly if it is **over a joint, bleeding severely, swollen** or **causing lameness**, it should definitely be seen by a vet. Wounds that are bleeding severely, ie:- spurting arterial bleeds or blood dripping so quickly that the drops cannot be counted, should be covered with clean padding and constant pressure applied until the vet arrives.



## **Colics:**

'Colic' is a broad descriptive term that means 'abdominal pain'. Most colics are associated with the gastro-intestinal tract, although other causes are possible. Horses with colic may paw the ground, go off their food, look and kick at their bellies, and repeatedly get down to roll.

Colics that do not resolve with fifteen minutes of hand-walking, or those where the horse is unable to be safely hand-walked, should be seen immediately by a vet. Whilst waiting for the vet to arrive, food should be removed and efforts made to keep the horse calm. The vet may wish to know about your horse's worming and dental history, or any management changes that have been made.



### **Directors**

**Naomi de Pennington** MA VetMB CertEM(IntMed) MRCVS **Claire Sawyer** BVet Med Cert AVP ESO MRCVS

### **Assistants**

**Emily Douglas-Osborn** BVSc MRCVS **Max Hannan** BVSc MRCVS **Laura Hart** BVM&S MRCVS **Line Kjaer** DVM MRCVS **Mercedes Montejo** MRCVS