Equine First Aid: On the Trail and at Home

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Dr. Alyssa Butters Alberta Equestrian Federation Annual Conference

Be Prepared





Wounds

• FIRST: Don't Panic!

• SECOND: Stop the Bleeding

• THIRD: Assessment



Wounds

- FIRST: Don't Panic!
- SECOND: Stop the Bleeding
 - How much blood does a horse have?
 - How much can they lose before it is life threatening?
 - How much can they lose without noticing?
 - How do you stop the bleeding?



Tourniquets?



- Avoid unless
 ABSOLUTELY necessary
- If cannot be avoided, leave on no longer than 20 minutes

Wounds



- FIRST: Don't Panic!
- SECOND: Stop the Bleeding
- THIRD: Assessment
 - Type and Number of Wounds
 - Age of Wound
 - Depth of Wound
 - Size and Depth of Wound not necessarily an indication of severity
 - Foreign Bodies?

Size and depth of wound is not an indication of severity

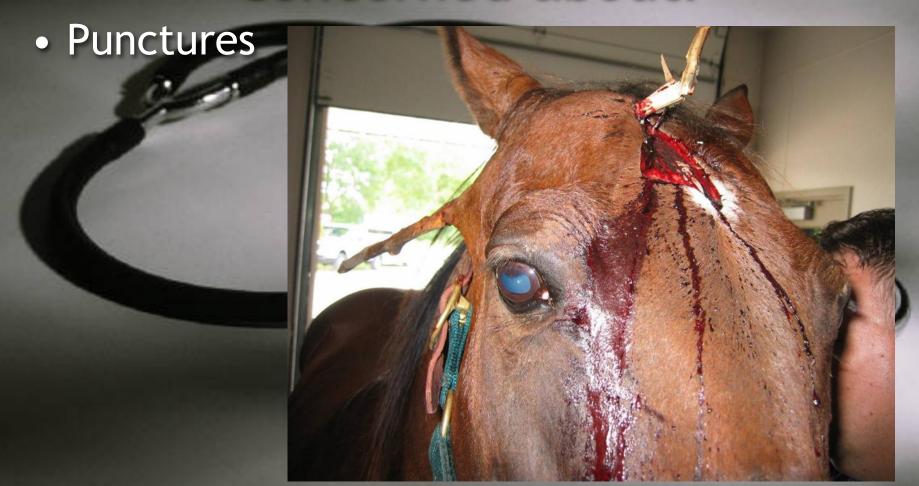


Size and depth of wound is not an indication of severity



Near a joint or tendon sheath





• Tongue, eyelid, lip lacerations



Eyelid Lacerations





Deep Wounds to the Chest or Abdomen ex Impaled on a post

So what wounds are we concerned about? Rope burns and smooth wire cuts - Unseen damage

Excessive lameness for size of wound

"Roanie"

Small puncture wound to inside of left forearm just below the chestnut BUT almost non-weightbearing





"Roanie"—Two weeks later



Wounds: How to Clean Them



Wound Dressings

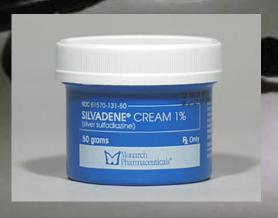
- DO NOT APPLY ANY OINTMENTS, CREAMS, OR OTHER WOUND PREPARATIONS PRIOR TO VETERINARY EXAMINATION
 - Makes the wound more difficult to clean and assess
 - Attracts more dirt and debris

Wound Dressings: What to use (And what not to...)

- "Never put anything in a wound you wouldn't put in your own eye" Dr. David Wilson
- Does the wound need ANY dressing?









And what NOT to use....







Suturing Wounds

- Prerequisites for suturing:
 - Wound type—No punctures!
 - Age of wound—the "golden period"
 - Location, location
 - Does it pass the tension test?
 - No wound dressings!

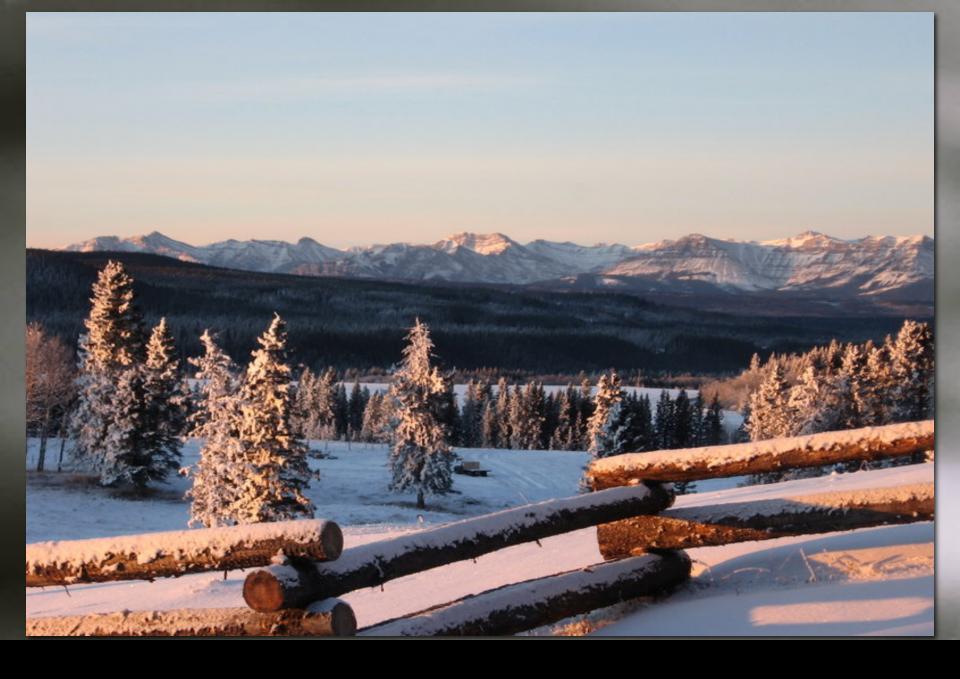


Bandaging wounds

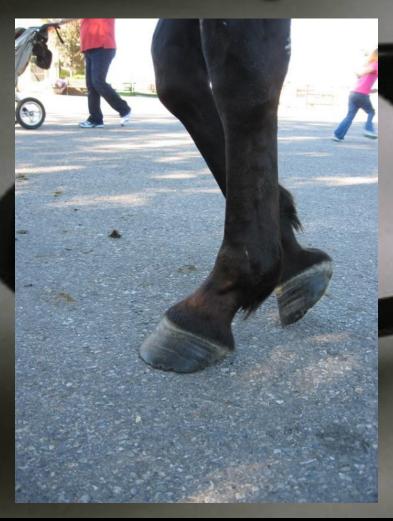








Non-weight Bearing Lameness



- Subsolar abscess
 - *the most common*
 - Often not swollen
- Cellulitis
 - swelling
- Fracture
 - Usually swollen
- Tendon or ligament injuries
 - Usually swollen

Foot Abscesses

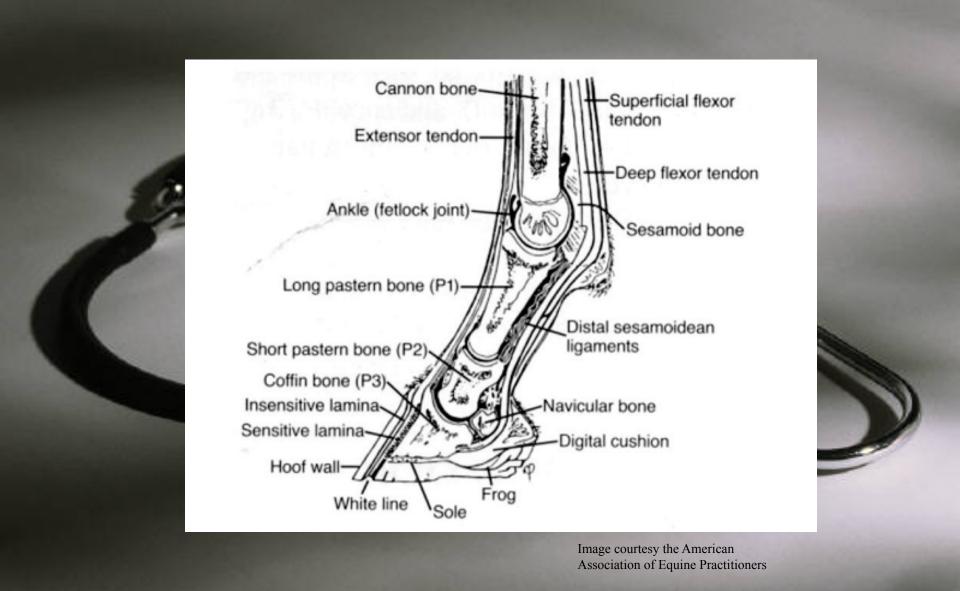


Punctures in the Foot

- If possible, don't pull the object out!
 - Wood or styrofoam blocks to stand on
- If you must pull the object out, before you do, mark it with tape or nail polish to show how deep and in what direction it penetrated the foot

Punctures in the Foot





Bandaging a Foot

Bandaging a Foot



Eye Injuries

- Swollen lids
- Discharge
- Squinting
- Cloudy cornea
- Bulging eye
- Eyelid lacerations
- Eye discoloured



Eye Injuries





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Colic



Mild Colic

- The majority of colics
- +/- passing manure
- Laying down quietly
- NOT rolling
- Mildly depressed
- +/- off feed, water
- Pawing, looking at flank, etc



Mild Colic: What to do...



- Remove any remaining feed
- Walking
 - But NOT for prolonged periods
- Take temperature
- Monitor closely for progression or failure to improve/resolve

Moderate Colic



- Off feed
- Laying down frequently or ROLLING
- May be sweaty
- Heart rate and respiratory rate may be elevated

Moderate Colic: What to do...

- Same as for mild colic
- If down, get the horse up and start walking
 - BRIEFLY
- Contact the vet
 - May need to be seen
- Monitor for progression/ failure to resolve



Severe Colic



- VERY PAINFUL
- Can include signs from the previous categories +....
- Extensive sweating
- Increased respiration
 - Flared nostrils
- Often thrashing or throwing themselves down
- May appear bloated

Severe Colic: What to do....

Call the vet!

These horses need to be seen immediately!

Keep yourself safe



How long before you call the vet?

No time?!



- MAX ½-1 hour
 - Sooner if very painful or getting worse

What is his/her history?

Should I give a colicky horse feed/water?



Should I give oil?



Information to have ready for the vet

- Has this horse ever colicked before?
- How long has this been going on for?
- When were they last normal?
- Have they passed any manure? Urine? Gas?
- When did they eat last?
- Is it getting better or worse?
- When were they last dewormed?



Choke

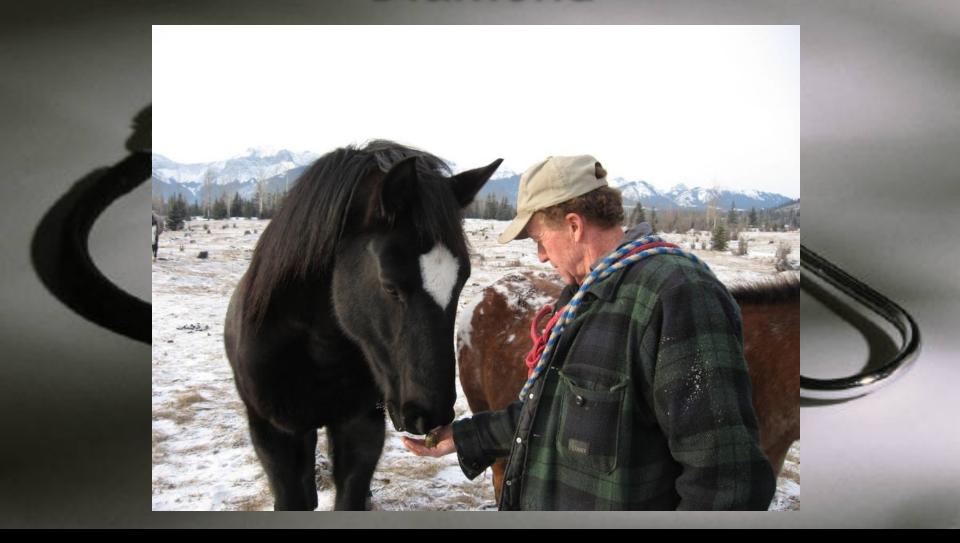
- Esophageal Obstruction
 - They can still breathe!
- Signs

What can they choke on?

Choke

- What to do:
 - Keep yourself and the horse calm
 - Try to keep their head down
 - Call the vet
- If it seems to pass without treatment, offer some water—watch to see if they swallow
 - If yes, offer a very small amount of feed
 - Watch to see the bolus go down their esophagus (left side of the neck)

"Diamond"



- Signs:
 - -after on the trail for a while
 - -stopped, reluctant to move
 - -trembling muscles
 - -agitated, painful
 - -tight muscles--back/loins/rump
- "Tying Up" (Exertional Rhabdomyolysis)
 - -the muscles store glycogen in an abnormal way that they can't burn for energy, resulting in muscle cramps

What increased Diamond's risk?

- Breed
 - Drafts and draft crosses
 - Quarter Horses and related breeds (ex Paints)
 - (Warmbloods and Thoroughbreds)
- Activity level
 - Penned up priorto setting out on trail
- Feed change
 - Alfalfa cubes



"Tying Up" Exertional Rhabdomyolysis

- Don't force the horse to move
- Call the vet (if possible)
- Blanket the horse if cool out
- Is the horse dehydrated?

"Tying Up" Exertional Rhabdomyolysis

- Provide small amounts of water +/electrolytes
- Relieve anxiety and pain
- Remove grain and feed only hay or grass until signs subside



