



What on earth is happening with the weather? Last year was the worst winter in 30 years. We joked here that this year would be the worst in 31 years, but we were wrong! So far its the worst in 40 years! Anyway regardless of the snow that has crippled Edinburgh and the Lothians, your horses still need looking after so see below for some tips about caring for your horse during winter months.

Actually while I am on the subject, thanks to all of you that have shown some patience waiting for us to arrive. On one day, Malcolm had to get to Liberton from the Bush via Melville Drive - which is a couple of streets back from Princes Street Gardens! Yes, he was late.

Thanks also to everyone that attended the client evening on the 3rd of November. Weather that night was also a bit grim with high winds and rain, but everyone seemed to enjoy it. Some of you got through a few bottles of wine (you know who you are) so that was nice. As I only manage to get four of these newsletters out per year (quality not quantity!) its time to let you know about the next client evening that is on 23rd March 2011 at 7pm. See below for more information.

Matt Hanks - Editor

New Vet at DVEP

Gemma Pearson joined us in November last year and is doing a fab job so far! Gemma graduated



from Glasgow Vet School and has been working in England at the Ledston Equine Clinic for the last year. Her interests are riding, equine behaviour and equine medicine. She seems to have settled in brilliantly.

Dick Vet Small Animal Practice

Did you know that at the Royal (Dick) School of Veterinary Studies there is a state of the art small animal practice that offers the very best care for your pets?

Their services include:

- new puppy and kitten health checks
- vaccinations and health assessments
- worming and flea treatments
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- pet travel services
- 24-hour emergency service on site for our own clients

Give them a call on 0131 650 7650



After Hours Emergency Number
01223 849835

Stick it in your phone today!

Normal hours phone 0131 4454468

Client Evening - 7pm 23rd March at the Bush

Following on from the enormity of the last client evening at which we discussed infectious disease, we have decided to have another!!

This time we want to try and address the issue of colic.

A tough topic we know, but hopefully we can try and give you some facts and lay to rest some myths.

We will have nibbles at 7pm and promise to let you get off home by 9pm.

If you would like to reserve a place then give us a Ali or Trish a call on 0131 445 4468



What's in this season's newsletter:

1. News & comment
2. Winter Care
3. Castration
4. Vaccinating your horse

Practice Staff

Veterinary Surgeons:

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MRCVS

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Gemma Pearson BVM&S MRCVS

Front Office Staff

Alison Smith

Trish O'Donnell

Opening Hours

Monday to Friday: 9-5pm

During these times phone:

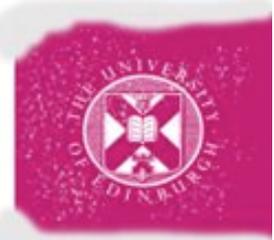
0131 445 4468

After hours phone:

01223 849835



The Dick Vet Equine Practice is a Royal College of Veterinary Surgeons accredited Practice.



Colt Castrations - Q & A

Does my horse have to go into hospital?

Colt castrations are mainly carried out on the owner's premises and are routinely performed under general anaesthesia in this practice. We find this method of restraint is preferable but castrations can be performed under standing sedation as long as the colt's temperament is suitable. Two vets will always be present at the castration, regardless of the method of restraint chosen. One vet will monitor the colt while the second vet performs the operation.

In certain cases, we may recommend that the colt is castrated at the Dick Vet Equine Hospital. These cases include "rigs" (colts with retained testicles), older colts/ stallions (greater than 2 years, depending on their size), Standardbreds, donkeys, colts with a history of inguinal hernias or if the farm's facilities are inadequate.

What do I need to prepare for the big day?

- Feed should be withheld from the night before (water is ok to be given right up until the operation).
- Do not bed your colt on straw or leave in field the night before as his stomach will be full.
- A large, well lit box / barn bedded with clean straw or a dry, safe paddock is necessary (a normal-sized horse stable is generally insufficient space).
- Ideally your colt should have completed his primary course of vaccinations at least 2 weeks prior to being castrated.

What is the difference between an open & closed castration?

- All colts castrated on the owner's premises have an "open castration". This procedure involves making two incisions (one in each side of the scrotum). The testicles are exteriorised and an instrument called an emasculator is applied. This simultaneously removes the testicle and crushes the vessels in the cord to control bleeding. No stitches are placed either around the cord or in the skin.
- An closed castration is similar but involves the cord being 'tied off'. Although that may sound like a good idea the material used to tie off the cord can cause infection if not done in a sterile surgical facility. This infection may require further surgery to correct.

What are the possible complications of castration?

- Bleeding - A steady dripping of blood can be expected for the first 24-48hrs. Please contact the vet if this becomes a continuous stream.
- Prolapse of gut - This is very rare but occasionally tissue will appear at the incision site. In most cases this will only be fat but it is important to contact the vet if you see anything protruding from the wounds.
- Infection - Contact the vet if the scrotal swelling appears excessive (melon-sized or larger) or if your gelding seems off colour (dull or not eating).

If you have any further queries about getting your colt gelded give one of the vets a call on 0131 4454468

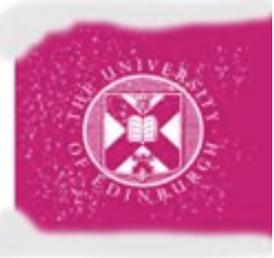
Caring for your horse during the Winter months

This year has seen us experience some rather extreme weather making life difficult for caring for our horses.

- **Water** – it is important horses still have access to fresh water, be sure to break the ice on water buckets and troughs frequently. Leaving a football in troughs or adding a small amount of glycerine can help prevent them freezing.
- **Feed** – reconsider your horses feed requirements taking into account any changes in management. Lots of horses are unable to be exercised so need their hard feed reducing. Horses living out will have to work harder to get to grass through the snow so usually need supplementing with hay. Always remember to make feed changes gradually, e.g. a sudden change from eating grass to being kept in full time with no exercise can predispose horse to impaction colic. To try and prevent this increase the daily ration of hay gradually, make sure they always have fresh water and monitor the amount of droppings passed. Finally the addition of a warm-watery bran-mash may help keep things moving along!
- **Feet** – be sure to pick out your horses feet regularly as compacted snow and ice can pack into the foot making it uncomfortable for them to walk. Sometimes applying Vaseline to the underside of hooves can reduce snow balling up in the foot. Be sure to keep on top of your horses regular shoeing/trimming even if they are not in work.
- **Mud fever** – once the snow melts we are liable to be left with muddy fields. Monitor your horses legs closely and if possible allow them to dry naturally before brushing mud off as hosing and washing with antibacterial products can damage the skins natural defences. If your horse does develop mud fever ring us for advice on how to resolve it.
- **Keeping warm** – Many people put extra rugs on to keep horses warm in the cold conditions but don't forget feeding hay generates heat internally and is an excellent way of keeping snug. Some horses even overheat in the winter! So please check your horse regularly. Remember also that native horses are much better at staying warm than Arab or TB types.
- **Finally**, don't forget to keep on top routine health care such as vaccinations and worming programmes.



If you have any further queries about the winter care of your horse give one of the vets a call on 0131 4454468



VACCINATING YOUR HORSE

Why Vaccinate?



Just as with human disease, vaccinations help animals fight infection and, if infection does occur, severity of disease is reduced. Vaccines stimulate an immune response by tricking the body into believing that they are being attacked by a disease so that protective antibodies and other immune mechanisms are produced. Over time this immune protection wanes, which is why booster vaccinations are necessary. Immunisation is most effective when a high percentage of the population is vaccinated. The reason that nasty diseases such as parvo and distemper in dogs and flu epidemics in horses are now quite rare is largely due to the success of vaccination. Look what it did to Small Pox!!

Tetanus

Every horse should be vaccinated against tetanus. Tetanus is caused by a toxin that is produced by a common soil bacterium *Clostridium tetanii* that is found virtually everywhere and can survive in the environment for long periods of time. The bacteria invade the body through cuts and grazes; particularly puncture wounds such as penetration of the sole of the foot. The bacteria then multiply in the body and produce a toxin that causes rigid paralysis of the horse's muscles. The horse becomes progressively stiffer adopting a rigid stance with an elevated tail head and a pro-lapsed third eyelid. Horses with tetanus also appear anxious and are extremely sensitive to stimuli such as being touched or sounds. Ultimately the horse has trouble eating, standing and breathing and will die from respiratory failure. Horses are particularly susceptible to tetanus toxin and therefore disease is often fatal in unprotected horses, even if aggressive treatment is attempted.

Young foals can be infected through the umbilicus in the first few days of life and therefore it is important that they receive antibody protection from their dam by sucking colostrum in the first few hours of life, provided that their dam is fully vaccinated herself. Foals should then be vaccinated at approximately 4-5 months of age once these maternally derived antibodies have waned. Unprotected horses (and new born foals) can be given short term protection (several weeks) by administration of tetanus antitoxin; however this is much more expensive than the tetanus vaccine. Tetanus and flu protection can also be given together in combined vaccines.

Equine Influenza

Horses that frequently meet other horses, e.g. on livery yards, at shows or horses that travel, should also be vaccinated against equine influenza (flu). In fact, many shows and yards insist on horses being vaccinated before entry onto their property.

Equine flu is caused by the equine influenza virus which, like the human flu virus, is constantly changing and adapting to avoid the immune response. Consequently, flu vaccines are constantly being updated to include the latest strains of virus from outbreaks of disease and frequent boosters are required to maintain immune protection. In fact, the FEI recently reduced the booster interval to every 6 months for horses competing in FEI competitions.

Equine flu causes fever, depression, lethargy, coughing and a watery or snotty nasal discharge. Disease can spread very quickly between unprotected horses as the virus can travel long distances in the air from coughing. People going from infected to non- infected horses can also transmit infection by carrying virus particles on their hands, clothes or equipment. When equine influenza infected Australia for the first time ever in 2007, there was a devastatingly rapid spread of disease through the totally naïve population of horses. Vaccinated horses may still become ill if challenged with a new virus strain but disease is usually shorter and much less severe.

Although the primary course consists of 3 vaccinations, horses are considered safe to compete 7 days following the second vaccine dose. It is important your horse has its booster vaccination within 365 days of its previous booster otherwise the whole course will need to be re-started.



Equine Herpes Virus

Equine herpes virus is responsible for 3 different disease syndromes; upper respiratory tract infection, abortion of pregnant mares and neurological disease.

Upper respiratory tract infections are the most common form of herpes disease in horses. Any horse can get a herpes respiratory infection but outbreaks may occur in places like racehorse yards and liveries from frequent mixing of different groups of horses. Clinical signs of disease include mild fever, coughing and a nasal discharge. Older horses may suffer from herpes infection and pass on the virus without showing any clinical signs. Once a horse is infected, the virus can remain latent in the horse's nerve endings for many months prior to shedding again. Shedding is believed to be stimulated by stress. Vaccination for herpes and flu can be combined.

Abortion due to equine herpes usually occurs in the last trimester (last 3 months of pregnancy). Abortion 'storms' can occur due to herpes virus on studs and often follow herpes respiratory disease. For this reason, it is recommended that young stock and pregnant mares are kept separately on stud farms.

Neurological disease due to herpes virus occurs sporadically, and again often follows herpes respiratory infection. Clinical signs include fever and progressive weakness and paralysis of the hindlimbs. Horses that stabilise quickly often recover but severely affected animals often require euthanasia. No vaccination is licensed to protect against herpes neurological disease.

Strangles

Strangles is a highly contagious, bacterial respiratory infection caused by *Streptococcus equi*, which can affect horses, ponies and donkeys of all ages. Clinical signs usually appear about 5-7 days after coming into contact with an infected horse and include a high temperature, depression, coughing, thick, purulent nasal discharge and painful, swollen and abscessed lymph nodes of the head and neck. A carrier state without any obvious clinical signs is also possible. These horses usually have concretions of pus (chondroids) in their guttural pouches and can shed *Strep. equi* bacteria intermittently. Consequently, these horses are often responsible for new outbreaks of clinical disease. Very rarely, strangles may be fatal if it spreads to other parts of the body.

The most important means of transmission is through direct contact with infected horses as bacteria are shed in the nasal discharge and in pus from abscessed lymph nodes. However, bacteria can also be transferred indirectly between horses by people or equipment contaminated with these secretions and so hygiene is very important in containing a disease outbreak. Infection can be controlled by isolation of infected horses and any chronic shedders until they are free of infection. Shedding usually ends rapidly after recovery but some may shed intermittently.

Disease Prevention

All new horses entering a yard should be monitored closely for 10-14 days. Any horses that become off colour, develop a fever or a nasal discharge should be segregated and swabbed for the presence of *Streptococcus equi* (strangles)

There are currently no effective licensed vaccines for prevention of strangles in the UK. A vaccine administered into the upper lip was available a few years ago and may soon become available again.

Normal opening hours are:

Monday to Friday 9am-5pm

During these times please phone:

0131 445 4468

At all other times please phone:

01223 849835

If you call during after hours, you will be asked for 'your message'. Please give your name, contact details and the nature of the problem. This information will be passed to the duty

