



Previous VET NOTES

- May 2009 - Equine cardiology
- April 2009 - Single screw compression update
- March 2009 - Resistance to anti-parasitic drugs
- November 2008 - Periodontal Disease
- October 2008 - Interstitial pneumonia - a different kind of lung disease
- September 2008 - The yearling sales
- August 2008 - Eastern Equine Encephalitis—have you vaccinated
- July 2008 - Castration complications
- June 2008 - The use of acupuncture as a diagnostic aid in the equine lameness exam
- April 2008 - Current parasite control recommendations
- March 2008 - The use of Oxytocin in the post-partum mare
- January 2008 - Preparing your mares for the breeding season
- January 2008 - Proximal hind limb suspensory desmitis: (PSD): Part II: Treatment
- December 2007 - Pleuropneumonia - when shipping fever turns into a nightmare
- November 2007 - Proximal hind limb suspensory desmitis (PSD): Part I: Diagnosis

Laparoscopic surgery: A new way to look at things

The first recorded laparoscopic technique on an animal occurred in 1902 when George Kelling, a German surgeon, used a cystoscope to examine the abdominal cavity of a living dog. The first recorded use in horses was not until the 1970s. Since the initial stages many improvements have been made, but it was not until the mid 1980s when computer chips enabled video guided laparoscopy that the technique gained more practical applications. The mid 1990s was a time of exploration into the many new surgical options that could be available with the new laparoscopic instrumentation. The 2000s have yielded practical applications, many adapted from human techniques.

Laparoscopic surgery allows a veterinary surgeon to operate within the abdominal cavity through small half-inch incisions as opposed to much larger incisions used for conventional techniques. A 5 to 10mm diameter 60cm long telescopic camera is inserted through the small incision and illuminated by a xenon light source. In much the same manner as arthroscopy, the surgery is performed by endoscopic visualization transferred



onto a monitor for the surgeon. Visualization is further aided by abdominal insufflation (the abdomen is blown up like a balloon) with carbon dioxide gas. The carbon dioxide is non-harmful and is easily absorbed by the body and cleared by the respiratory system. The infla-

(Continued on page 2)

W. True Baker, D.V.M.

tion of the abdomen mechanically separates the body wall and the intestines allowing increased maneuverability within the abdomen. Further instrument portals are used as needed through specially designed air-lock trocars that maintain the insufflation pressure within the abdomen. Specialized long handled instruments and cautery (Ligasure) are used in the abdomen through the cannula.

We now offer laparoscopic-guided ovariectomy (spay) and laparoscopic cryptorchidectomy. In the case of ovariectomy the surgery can be performed standing with only sedation and local anesthesia, eliminating the need for general anesthesia. Cryptorchidectomy is performed under general anesthesia, but with less invasive approaches than conventional surgical methods. The typical convalescence for a conventional abdominal cryptorchidectomy is 2 weeks of stall confinement with hand walking before being brought back into work. With laparoscopic surgery the recovery time is reduced to 3 days of stall confinement with hand walking and then 4 days of training at a trot before going back to full work.

The benefits of laparoscopic surgery flow from the nature of the technique. Laparoscopic surgery is minimally invasive and in being such allows the horse a rapid return to full function. Reduced incisional size and tissue manipulation reduces post-operative pain and speeds healing getting your horse back to work with less time off.

NEWS FROM PSEH

Look out for Dr. Adam Cayot at The Sanctuary on Saturday, June 13th, 2009. Dr. Cayot will be presenting, “Common dental abnormalities in the young performance horse” at the Lameness and Dentistry Symposium. The symposium also features Dr. Steve O’Grady (Lameness), Dr. Jay Clifford and Dr. Richard Grist (Dentistry). Contact the Sanctuary (352) 369 4325 to register. Registration is \$50.00 per person and all proceeds will benefit the Florida State Farrier’s Association.

Dr. Tim Lynch was a guest speaker at the 11th Annual Ocala Equine Short course – Performance Horse Emphasis, May 21, 2009 at the Ocala Hilton, organized by Land O’Lakes Purina Feed. If you didn’t get a chance to hear this presentation, “Equine lameness, what we can & can’t do to fix it” and would like a copy please contact us.

Remember – if you are in need of an equine chiropractor call us for an appointment with Dr. Andrea Cogswell, who will be visiting on June 8 & 9, 2009.

- August 2007 - Intramuscular injections
- June 2007 - A hard pill to swallow
- April 2007 - The advantages of high fat/low carb diets
- March 2007 - Bandaging
- February 2007 - Single screw compression V. Screws and wire (Transphyseal bridging)
- January 2007 - The dental health of young performance horses
- December 2006 - Neonatal Isoerythrolysis in foals
- November 2006 - Upper respiratory infections of young Thoroughbreds in training
- October 2006 - Eastern equine encephalitis—time to vaccinate!!

We're on the web:
www.petersonsmith.com



4747 SW 60th Avenue
Ocala, FL 34474

Phone: (352) 237-6151
Fax: (352) 237-0629
Email: PSEH@petersonsmith.com

*A Tradition of Leadership and
Excellence in Equine Medicine*