



Previous VET NOTES

- March 2010 - Pharmacy Notes
- February 2010 - Cryptorchidism in the horse
- December 2009 - Selection of mares for embryo transfer
- October 2009 - Tying-up Syndrome
- September 2009 - Flexural deformities in the forelimbs of foals
- August 2009 - Equine Cushing's Disease
- July 2009 - Corneal ulcers
- June 2009 - Laparoscopic surgery: A new way to look at things
- 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

Wound Management



It is unlikely that a horse will make it through its lifetime and never experience a wound. Horses have a “fight or flight” mechanism and when anything happens to startle them, they often react first and think later. If they get caught in something such as fencing their first instinct is to leave and worry about the consequences later. Therefore, horses have a well-deserved reputation as being accident-prone.

There are several categories of wounds that one can experience. The two that are most commonly encountered in the field are contaminated and infected wounds. These wounds usually require lavage and debridement. Veterinarians will routinely clean the wound with an antiseptic solution then lavage the wound with saline or dilute betadine solution to rid the wound of bacteria and superficial contaminants.

There are particular wounds that occur that would be better handled in a hospital environment. These wounds include any that involve joint spaces or other synovial structures such as carpal sheath and flexor tendon sheaths. Wounds that may involve the superficial digital flexor tendon, deep digital flexor tendon and/or suspensory ligament also may have a better outcome if initially treated in a hospital environment. These wounds involving particular structures usually require sterile flushing, regional perfusions and multiple weeks of antibiotics for proper treatment. Veterinarians will evaluate wounds and determine if field management or a hospital stay is the proper treatment for these wounds.

(Continued on page 2)

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After a veterinarian determines that field management can be achieved and cleaning/ lavaging, the wounds will need to be evaluated and determined if primary closure can be achieved. Primary closure of wounds is when a veterinarian will close the wound with suture and/ or staples. Not all wounds can be closed and there are many factors in determining whether a wound can be closed. Some of these factors include: wound type-blunt, sharp, crushing, contamination, location-body, distal limb, bony prominences, movement, deep structure involvement, tension, foreign body and size/shape. Your veterinarian will make this determination and explain why primary closure can or cannot be achieved. If factors such as swelling prevent primary closure the wound can be monitored for 3-4 days then closed which is delayed primary closure. Second intention healing is where no closure is performed and the bodies healing process is allowed to close the wound.

There are several stages a wound goes through in the healing process. The first is inflammatory and debridement phase. This is the time in which specialized cells from the body enter the area and start to clear the wound. The second stage is granulation phase. Granulation cells will fill in any spaces that are left in the wound. The granulation tissue is the bumpy pink tissue. Lower limb wounds are closely monitored so that an abundant amount of granulation tissue is not formed. This tissue is what people refer to as "proud flesh". The third stage is wound contraction. During this phase the wound will shrink in size do to another group of specialized cells at the wound edges. The final stage is epithelialization. This is the final stage in which skin finally covers the wound. Veterinarians will closely monitor wounds during the healing phases. Bandaging, antibiotics, anti-inflammatories and topical antiseptic ointments need to be discussed and used when required.

When wounds occur the first step as an owner is to keep the horse in a calm, relaxed and clean environment. It is always a good practice as a horse owner to keep bandaging material handy. Minimal bandaging materials include elastikon/vet-wrap, kling, gauze and support wraps. Once the horse is in a relaxed environment call your veterinarian to determine the next steps of wound management. Following these simple steps will facilitate wound healing.

- 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
- August 2007 - Intramuscular injections
- June 2007 - A hard pill to swallow

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