



Route Isabelle's very own certified equine dentistry vet

We are proud to announce that our vet Sarah Jane Heathcote BVSc MRCVS now holds an Advanced Veterinary Practice RCVS Certificate in equine dentistry. The certificate is a rare qualification amongst vets and Sarah is indeed the only vet in the Channel Islands who holds one.

Contact us

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Make an appointment online
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each individual horse to prevent, monitor or treat disease

Removal of wolf teeth is not required in every horse as has been previously advocated. The placing of 'bit seats' is now considered an unnecessary and potentially dangerous procedure that can shorten the lifespan of the tooth.

What age should we start to check horse's teeth?

Early recognition of dental problems can prevent progression of dental disease or allow recognition for treatment. It is sensible to have teeth checked from birth to old age even though floating of teeth may not commence until the horse is ready to be backed.

Who can carry out dental examinations and treatment?

Until this millennium, there was no legislation in the UK to protect the horse from having teeth treated by untrained personnel. Veterinary surgeons are trained to diagnose and treat dental disorders in the horse. The Equine Dental Technician (EDT) Examination was launched to accredit suitably trained people to carry out teeth examination and floating in addition to vets. Once qualified, EDT's become members of the British Association of Equine Dental Technicians.

Current legislation has divided dental procedures into three Categories. Category 1 procedures can be carried out by an untrained person. An EDT can carry out Category 2 procedures in addition. Category 3 procedures can only be carried out by veterinary surgeons. Details of these categories can be found at: http://www.beva.org.uk/_uploads/documents/EquineDentalprocedures.pdf

Equine dentistry

Equine dentistry has changed dramatically over the past 15 years. Research initially undertaken by a few individuals has allowed massive progression into the recognition and treatment of dental disease in the horse. Importantly, signs of dental disease are rarely shown by the horse until changes are advanced or severe.

What are the signs of dental disease?

Horses may express dental pain or dental disease in the following ways:

- Quidding (dropping partially chewed material)
- Chewing on one side of the mouth
- Eating with the head to one side
- Eating slowly
- Unwilling to take a contact on the bit or leaning onto the bit
- Headshaking when ridden

What problems in the mouth lead to these signs?

Horses have teeth that continually erupt so that the rate of wear on the chewing surface equals the rate of eruption. In old age the teeth are often worn out completely. The horse's cheek teeth are composed of three types of dental material : dentine, cement and enamel. These tissues wear at different rates as the horse chews, which naturally provides an uneven chewing surface to efficiently breakdown grass and hay. This uneven wear, combined with an upper jaw which is wider than the lower jaw, allows sharp enamel points to develop on the outside of the upper teeth and inside of the lower teeth. These points are removed in a procedure known as rasping or floating.

What is the aim of dental examination and treatment?

- 1) To prevent damage to the inside of the cheeks and to the tongue by removal of sharp enamel points
- 2) To detect any dental abnormalities of



Wounds in horses

Horses are more likely to suffer from wounds because of their unpredictable nature. The natural response to pain in the horse is to run from it which can lead to severe and multiple injuries. Domestication of horses has brought them in to the confines of fenced fields, stabling and ridden exercise all of which increase the risk of injury.

If your horse injures itself, ensure that there are no further human or animal casualties. Instinctively we all want to help but no-one is useful if they add to the casualty list!

Injured horses can be moved if they are capable of walking comfortably on all limbs. It is much easier to examine a horse in a stable with access to light and water. If a horse has a wound and is severely lame or is distressed it is best to wait for a vet to carry out an examination before moving it.

Bleeding from wounds can be alarming. Wounds with blood pumping from them are likely to be arterial. Horses have a significant blood volume and therefore can lose a large amount of blood and survive. Direct pressure applied to the wound or a tourniquet placed above it in the case of a leg, will help to slow blood loss.

Describing wounds to the vet when you call for a visit can help us to advise you accordingly.

Wounds can to be described in the

following way:

- 1) Type (abrasion, contusion, puncture, incised or lacerated)
- 2) Site (relate to the points of the horse)
- 3) Depth (through skin/muscle/tendon)
- 4) Size

Superficial wounds or abrasions away from joints may be treated with salt water bathing and hosing. This can be repeated twice daily. Ice packs can be beneficial but must not be left in contact with the skin for more than 20 minutes. Some wounds may be dressed if on the lower limbs. Wounds producing a discharge or which are dirty may respond to poulticing. Puncture wounds are dangerous as either their presence is missed or the depth of injury is unknown. Antibiotics are often required to prevent infection. Tetanus antitoxin is required if the horse has not been vaccinated.

Stitching wounds depends on a number of factors and not all wounds are amenable to this. Wounds incurred more than 6 hours previously or those with marked contamination with soil or debris are less likely to heal if stitched. Incised wounds have sharp edges caused by a sharp object and heal well when stitched. Lacerations involve tearing of tissues and, although may be stitched, can be difficult to treat.

It is important to know the points of the horse to describe the site of wounds as this may influence first aid advice. There are 'danger' areas of the horse that require immediate veterinary attention. These include wounds over eyes, joints and tendons. Penetrating injuries to the frog e.g. standing on a nail or wounds involving damage by foreign

bodies require urgent attention. Please seek veterinary opinion before removing anything that has become implanted in a horse as this may affect treatment. If material has to be removed then remember from where it was removed, which direction it was going in and to what depth.

The use of wound powders on deep wounds should be avoided as they may slow healing. Avoid applying creams and powders to wounds before a vet comes to look at it as this may adversely affect treatment. Cleaning a wound with fresh water and applying a non-stick dressing can help to prevent it becoming contaminated. Bute should never be given to a horse unless prescribed by a vet as it may mask a serious life-threatening condition.

Tetanus is a horrific disease. It is often caused by small undetected puncture wounds that become contaminated with *Clostridium tetani* bacteria. There's no need for horses to suffer; vaccination is available.

Please contact the surgery for advice if you are unsure how to treat your horse's wound. We are more than happy to advise you whether a call out is necessary.

Keep their eyes healthy

The horse's eyes are important; without them functioning fully the horse cannot perform his working tasks. These tips can give guidance on when to call a vet:

- 1) Both eyes should be equally open.
- 2) Any discharge should not be thick cream or green in colour and consistency.
- 3) There should not be an excessive, single sided, clear discharge.
- 4) The membranes (conjunctivae) of the eye should not be pronounced, red or visible.
- 5) Both pupils should be the same size.
- 6) Both iris' should be the same colour (except in merle horses).
- 7) Both eyes should react to light evenly when a torch is shone in the eye.
- 8) There should be no clouding or hazing of the front (cornea) of the eye.
- 9) The horse should not shy away from light (photophobia).
- 10) Gentle finger pressure on-top of the eyelid onto the eye should not cause pain.