



March 2007

Previous VET NOTES

- 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!!
- September 2006 - Gastroscopy
- August 2006 - Rhodococcal pneumonia
- July 2006 - Managing limb deformities in foal with dynasplints
- June 2006 - Disaster preparedness
- May 2006 - Mare reproductive loss syndrome (MRLS)
- April 2006 - Exercise-induced pulmonary hemorrhage
- March 2006 - The use of high speed treadmill to diagnose upper respiratory tract disorders
- February 2006 - Common medications used to assist breeding, cycle regulation and pregnancy maintenance of the mare
- January 2006 - Managing high risk pregnancies

Bandaging

Bandaging is necessary to keep pressure on wounds and to keep them clean. Cosmetic wound healing without seromas, generalized swelling or wound infection should be our primary concern. Certainly deep infection into a joint or bone is a catastrophe. A secondary concern, but still important is that we do not want bandages to leave tell tale evidence, in the form of hairless areas or white hairs, that surgery was done. We work hard during surgery to get the job done with the least trauma possible and then suture the wounds as neatly as possible so that we can all enjoy the most cosmetic result. I know that in some cases the second concern has outweighed the first and clients have tried to get by without bandaging wounds, especially hocks. It may be of interest that in a recent large study of joint infections following arthroscopic surgery, the most common joint that became infected was the hock. I know we do not bandage stifles except by covering them with a sterile adhesive drape for recovery. If there was a way to bandage a stifle, I would.



I classify bandages into two types depending on how they are kept in place. No bandage is kept in place by over tightening. The amount of pressure required to blanch your fingertip can be too much pressure if applied for a sustained period of time and this can be used as a gauge to not exceed. It really does not matter what direction we roll on a bandage other than for good horsemanship. What does matter is the application of gentle, even pressure—just enough to keep it from bunching up or slipping, but not enough to be constrictive. You can get what is called a “bandage bow” with a bandage that is or becomes constrictive regardless of the direction it is applied. Bandages are kept in place either by friction, i.e., applying bandage material over a large surface area or by sticking to the skin using adhesive tape applied directly to skin or hair.

The hardest area to apply a comfortable bandage is the hock. If a horse takes care of the bandage it can last 4-5 days, but horses that continually hyper flex the hock or those that lay down a lot will usually cause it to slip and develop wrinkles that cannot be smoothed out necessitating a bandage change. In addition, almost all hock arthroscopies will have a wound near a lateral prominence

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Donnie E. Slone, Jr., DVM, Diplomate, ACVS

called the lateral trochlear ridge. If the horse lays in something wet, the bandage should be changed immediately.

The times listed on the discharge paper for elective surgery regarding the amount of time wounds are to be bandaged are fairly exact while the times between bandage changes depend on many things, but mostly things the horse controls such as getting them wet (dry dirt or manure stains on the outside of the bandage are not significant, but water will carry bacteria to the wound), chewing on them, trying to stomp them off or hyper flexing the joint in the case of hock bandages. Obviously, if a horse is bad about loading, the bandage may need to be changed as soon as it gets home. Horses that continually stomp their feet (especially hind) to displace a routine standing bandage covering a fetlock wound for example need to have an adhesive bandage applied instead.



My biggest concern in the first week, while the skin is developing a seal, is that the wounds stay covered and that we are all careful to wash our hands after removing the old bandage and before we touch the new bandage which should be sterile or at least cleanly removed from its packaging. Generally 1 week of healing (assuming there has been no discharge from the wound) is all that is necessary to get a temporary seal. At this point we can use a clean bandage for protection and support. Sutures should be removed at 10-14 days (again assuming there has been no discharge through the wound). **Suture removal does not mean the skin is healed.** Wounds are not ready for sweats, braces or brews. It is fairly easy to sweat a wound apart at this time. **Do not apply sweats until a wound is 4 weeks old without conferring with us.**

Another very important point regards bedding. Wood products (shavings or sawdust) are bad for two reasons. They have been shown to harbor some pretty nasty bacteria such as Klebsiella and Pseudomonas. Clients that have dealt with many broodmares are certainly familiar with these bacteria. Secondly, it is almost impossible to keep the wood products, especially sawdust from getting under your bandage. You may prefer wood products for your routine bedding, but any horse with a wound (castrations, cankers, abdominal wounds, etc. are also included here) should be bedded on straw or Bahia grass bedding. This type of bedding is generally considered to be not as absorbent as wood products so grooms may need to clean out wet spots more than once a day depending on the horse's hygiene habits.

Over the years we have enjoyed a very low complication rate with our elective surgeries. I can guarantee you that we are meticulous with regard to aseptic (sterile) technique, but wounds can get infected after they leave the hospital. Obviously, we have all applied good bandages only to have the horse mess it up. This requires us to be good observers and change bandages as needed. Bandaging is a very important part of our (yours and mine) success that requires a team approach and attention to detail.

- December 2005 - Affording the unhealthy horse
- November 2005 - Strangles
- October 2005 - The "dummy" foal
- September 2005 - New medications
- August 2005 - Extracorporeal shockwave therapy (ESWT)
- July 2005 - Vaccination recommendations
- June 2005 - The advantages of high fat/low carbohydrate diets for horses
- May 2005 - The Hoof: Form and function
- March 2005 - Liquid gold
- February 2005 - Breeding the problem mare
- January 2005 - Condylar fractures

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www.petersonsmith.com



4747 SW 60th Avenue
Ocala, FL 34474

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

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