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How to Manage Limb Lacerations in Horses

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If you find your horse with a severe laceration on his leg and blood pooling on the stall floor, no doubt your heart will immediately skip a beat. As you regain your composure you might begin to wonder: How do I treat this, and where do I start?

Chances are, you'll need your veterinarian's help to manage these serious, hemorrhaging wounds properly. Still, it never hurts to know the steps involved so you can take action while your vet is en route or while you're on the way to the clinic.

To that end, Louise Southwood, BVSc, PhD, Dipl. ACVS, ACVECC, reviewed the steps veterinarians should take in an emergency laceration situation at the 2015 World Equine Veterinary Association Congress, held Oct. 8-10 in Guadalajara, Mexico. Southwood is an Associate Professor of Emergency Medicine and Critical Care at the University of Pennsylvania School of Veterinary Medicine's New Bolton Center, in Kennett Square.

She gave attendees the following recommendations:

- With any wound, Southwood said, the first priority should be to stop the hemorrhaging. How easy this will be depends on the severity of the laceration. Common ways to slow the bleeding include applying pressure to the affected area with towels or a pressure bandage, which is useful if you need to transport the horse to a clinic. "Keep in mind that while stopping hemorrhage is critical, horses do have a lot of blood—about 40 liters (10.5 gallons) for an average 500-kilogram (1,100-pound) horse—and can lose a lot of blood before they exhibit signs of shock, up to 8 to 10 liters," she said.
- Even in the early stages of managing the laceration, watch for lameness or gait abnormalities that could indicate damage to an internal structure.
- Before the veterinarian starts treating the wound, Southwood said it's wise to conduct a physical exam. For instance, an increased heart or respiratory rate or pale mucous membranes could indicate the horse is in the early stages of shock or suffering from blood loss. Such conditions could significantly alter a practitioner's treatment plan.
- She also recommended sedating the horse and/or administering a local anesthetic early in the treatment process. "Do this before the horse gets worked up, if his vital signs are stable," she said, to ensure maximum effect.
- Once the affected area is numb and/or the horse is sedated, the veterinarian can begin examining and treating the wound. Southwood suggested veterinarians apply some sterile lubrication to the wound before clipping and preparing the area aseptically. She reminded practitioners to clean the hoof, if applicable, as these structures can carry a substantial amount of bacteria and foreign material that could contaminate the wound.
- Next, the practitioner should ligate (tie or close off) the affected area's blood vessels to prevent further bleeding. "This can be challenging in the standing horse and in a field setting and in some instances may require general anesthesia with good lighting," she noted. "Referral to a surgical facility may be necessary."
- The next step—exploring the wound and palpating the leg—is a crucial one, Southwood stressed. This is where the veterinarian will have the best chance to evaluate, lavage (flush and clean), and debride (surgically remove the dead or damaged tissue and/or foreign material) the wound. "Do this very thoroughly," Southwood said, to ensure the remaining tissue is healthy and has the best chance to heal. "Any wound on the limb, especially the distal (or lower) limb, may involve a joint, tendon, tendon sheath, or bone," she relayed. "Even small puncture wounds that appear insignificant can be life-threatening if a deeper structure is involved and becomes infected. Therefore, seeking early veterinary care even for small wounds is important."
- Then it's time to close the wound, if possible, and apply a bandage.
- She also urged attendees to radiograph the affected area to be sure bone isn't involved. Even if a fracture or bone chip seems unlikely, it's better to confirm the internal structures are intact prior to discharging the horse.

Following initial treatment, Southwood said, the horse should be placed on stall rest and receive antimicrobials and non-steroidal anti-inflammatory drugs, as needed. While not all horses will require these medications, she urged practitioners to consider the consequences of the wound becoming infected.

Most lacerations' prognosis is good to excellent if caught and treated early, Southwood said. This can decrease, however, depending on the wound's severity, whether bony or soft tissue structures are involved, if the wound becomes infected, and other factors.