



# Those Pesky Flies...

**As I write, those evil horse flies are just beginning: always emerging as Tim takes the stage in SW19. A horse vet's job gets just a little more dangerous when they are around.**

We are already well into the midge season. This usually starts mid-April, but was a little late this year due to the March cold snap. Being allergic to midge bites is the cause of Sweet Itch which usually affects the mane and tail head, but can be all over. Nearly all horses and ponies are affected by midges to some extent. The disease is always most prevalent where the midges are worse e.g. on the clay soils and near standing water.



A complete barrier is the most effective way to keep the midges off – such as a barrier rug. I find the Boett Rug is best ([www.seet-itch.co.uk](http://www.seet-itch.co.uk)) although certainly not the cheapest. Beware the little darling rubbing it off! Otherwise, the use of an effective midge repellent, such as Switch, a pour-on that only needs to be applied weekly AND a daily/twice daily application of a chemical barrier can be very effective. Chemical barriers include “Kill Itch” (commercially available), a home made mix of Benzyl Benzoate in Liquid Paraffin or Avon Skin So Soft Bath Oil. The Avon Bath Oil can be watered down and, in our opinion, is very effective. It's available from your local Avon lady or from us at the practice.

Controlling management, such as turning out at night, may help. However, midges are often worst at dusk and bringing the horse/pony in may just give them a place to scratch. Don't forget to tape off their rubbing tree.

Feeding anti-itch supplements may help e.g. Equine America Itchnomore or Hilton Herbs Sweet Itch Mix. In severe cases, we have to resort to the use of injectable or oral corticosteroids to control the itching.

General fly control can be harder to achieve. The use of fly rugs, masks and head guards do help – but check these regularly as they can cause injury. I have to say that I think that many of the more commonly used repellents I see on yards are not terribly effective. But what is? The weekly pour-on Switch and the fortnightly spray-on Deosan Deosect can be. Gloves and protective clothing should be worn when applying these. They contain permethrins, well known chemical insect repellents. Permethrins are also in Coopers' Fly Repellent Plus, but more dilute.

Several of our livery yards now use Deosan Deosect, mixed up correctly in a garden sprayer and applied carefully once a fortnight.

All these products are available from us, and should be available from merchants with suitably qualified staff. D.E.E.T. is another effective chemical insect repellent. It is available on the sweet itch website or in shops for humans as Jungle Formula or own brands (Boots) – these can be used on horses. Making up your own fly repellent can be a good idea. Lavender oil, ginger, garlic, citronella oil (available from Holland and Barrett) in a liquid paraffin base are all good ingredients. Remember to patch test all fly sprays first, to detect reactive horses.

Judy finds that Kerosene – that is pink paraffin or aviation fuel – can be a very effective fly repellent. This can be hard to source these days. Please consult the practice on how much to dilute it – do not use it neat and patch test it first.

Whatever you use, I truly hope it is effective and keeps those pesky flies at bay...

## Contact Us

Our office hours are 08:00 to 17:00 Monday to Friday. Please telephone us on 01306 628222 during these times for all enquiries and appointments. A vet is usually in the office at least from 08:00 to 09:00 for professional questions and advice. We provide 24 hour emergency care, including urgent advice. Out of hours, please call the office on 01306 628222 and ring the duty vet as instructed by the recorded message. The vets carry pagers as well as mobiles so they should get your message very quickly if they don't answer straight away.

Although e-mails and faxes are checked at least daily (except at weekends) and vets nearly always have their phones please ALWAYS telephone the office first. Both Ben and Judy have received “urgent” messages and texts when on holiday, in meetings or at conferences.

# Mayes & Scrine

## Equine Veterinary Practice

Newsletter: July 2005 *Issue 2*

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## Welcome Back!



How time flies, it seems like only yesterday that the inaugural edition was published. I am definitely getting old...er. After the success of the first issue we have decided to send out the newsletter as hard copy. Paper free? Maybe next year.

The Spring period has kept us all very busy, with colic, laminitis, headshakers, urticaria, sweet itch, foaling and breeding all playing their part. Laurence O'Hara, our associate veterinary surgeon, has now fully settled in, having been with us for over 8 months. He is proving a great asset to the practice team.

The Spring Talk back in March was well attended: thank you for coming. Laurence compared referral hospital work to first opinion practice and enlightened many on the usefulness of MRI scanning. Ben ran through the pitfalls of keeping a horse healthy, including a personal view of vettings, management and insurance. Both vets used annotated slides to illustrate their presentations. There will be another practice talk in the late autumn. Judy's turn?

After having a practice BBQ two years running, albeit extremely successful and popular, we decided to do something different this summer: a "trade stand" at Cranleigh Show on Sunday 7th August with free refreshments for our clients, friends and guests. Details below.

Sadly, despite heavy outside pressure, I have still failed to launch the website. I will manage this before the next issue.

Wishing you all a long, hot summer – just without the flies and hard ground.

**Ben Mayes**  
Editor

## Equine vets at Cranleigh Show



Claire, Ben, Charlie, Judy, Jane & Laurence

Come and join us on Sunday 7th August between 10am and 6pm at Cranleigh Show. We have a "trade stand" – just an area for you (and your friends) to come and join us for a beer or Pimms and a few nibbles. The vets and the rest of the team will be there to answer your questions and just relax: whether you're competing at the show or visiting. Many of you may not have been to the Show before.

Although a local Show, it has something for everybody: with displays, exhibitions, entertainment, stalls and shops. The Showground is just outside Cranleigh on the Ewhurst road: 10 minutes on the B2127 from the A29 at Ockley, just north of the Practice. Unfortunately, we couldn't get passes for everybody – it's £9 to get in (£6 concessions) and the parking is free.



# My horse has just gone lame

Horses go lame for a ridiculous number of reasons, which can be hard to pin down. I would advise you to always be observant e.g. when turning your horse out, or when walking to the mounting block. Often a lameness is noticed when out riding: unless very lame, horses can easily be ridden or hand walked back home.



Application of hoof testers

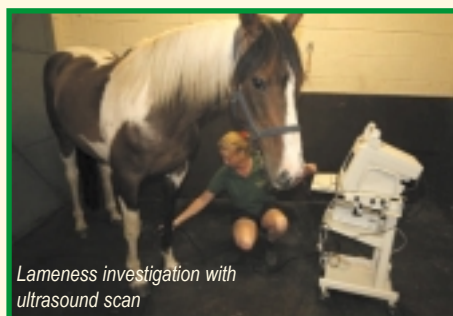
Close visual and manual examination of the suspected (or all) limbs may reveal swelling or heat. An affected foot may be warm. If the horse was shod in the last week, or has lost a shoe it may be just as advisable to call the farrier as the vet. If there is swelling, I would advise you to call us, especially if it is sore or still there the next day. If the lameness is mild some people prefer to wait a few days and see what happens, usually keeping the horse in on box rest. I would advise against administering bute without veterinary instruction. Subtle lameness with no heat or swelling may settle even if the horse continues to go out in the paddock, although turn out is not recommended if the lameness worsens.

When asked to attend, we try to come as soon as we can, although this may be after a few days if the lameness is not severe, has been going on for sometime, or a particular vet is requested. In the first instance, we thoroughly examine the horse including in hand at walk and trot, visually and manually



Lunggeing to establish lameness

(often using hoof testers), and perhaps on the lunge. If time and the horse allow, we may perform a simple nerve block (such as numbing out the foot) to help point us towards the lower or upper limb or even the back. On this first visit we are often able to pinpoint the cause of the lameness, initiate treatment and advise on management to get the horse better as quickly as possible. Unfortunately this is not always the case: there may be no obvious reason for the lameness, even to us, and we may advise a period of rest before re-examination, admission to the clinic for Lameness Investigation or even referral to a specialist hospital. Which way to proceed is not always straightforward and the ultimate decision is always made by the owner/carer after detailed discussion with us.



Lameness investigation with ultrasound scan

If a lameness persists and when the cause is unknown or requires verification, we often ask you to bring the horse to the clinic for a Lameness Investigation. This may only require imaging of the known affected area of the lame leg (e.g. x-ray/ultrasound scan). However, there is often no obvious "affected area" and nerve blocks or joint blocks may have to be performed to try and localise the lameness. This involves clipping, sterilising and injecting an area of the leg with local anaesthetic and, after a short period, checking to see if the lameness has been affected by trotting up or lunging the horse. Usually more than one block is required and sometimes more specific blocks, e.g. joint blocks, may have to be performed the next day when the original block has worn off. This process and the subsequent imaging and treatment often takes several hours over one

or two days. For this reason, we often ask you to leave your horse at the clinic for one or two days until the investigation and treatment is complete.



Palmar digital nerve block

Treatment for the lameness can obviously vary depending on diagnosis. It may involve joint injections, courses of drugs or shockwave therapy. Management, such as box rest, controlled walking or paddock rest, is likely to be important. Corrective farriery, either by your own farrier or (with his approval) by a specialist farrier, may be necessary. Physiotherapy, e.g. by a human qualified Chartered Physiotherapist who has then specialised in animals (ACPAT members) is often recommended. Other alternative treatments may be discussed. Diet Supplementation may also be advised.

If the lameness continues to be perplexing or is cause for concern for the attending vet, the patient may be referred to a specialist equine hospital, such as Liphook, Bell Equine, RVC or Newmarket. This is also the case when more complex imaging may be required, such as Scintigraphy ( a bone scan) or MRI scanning. Referral is also necessary if specialist orthopaedic surgery is required.

Follow up examinations to check the case is going well are very important. All in all, lameness can be a difficult problem to solve: good communication, cooperation and often a bit of time and patience are paramount to success.



# Meet the Support Staff

## Jane Best, Practice Manager



Jane joined Colin Bond whilst he was still at Denbies View in Dorking. She is (almost) essential to the functioning of the practice, particularly when it comes to

accounts, appointments, insurance and just knowing the needs and whims of the clients. Her practical knowledge and reasoned advice on the telephone is invaluable to the partners and clients alike. Jane tries to leave on time at 5pm each day to fulfil her extraordinary sporting, family and social commitments including playing squash and tennis for a Guildford club, and riding and competing her thoroughbred, Shadow. To keep up with the burgeoning staff dog menagerie, Jane has just acquired a Labrador puppy.

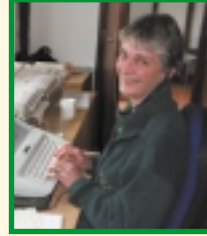
## Claire Jeffs, Pharmacy and Lay Nurse



Young Claire has been with the practice nearly 10 years (joining Ben and Jane working for Colin Bond). As the practice has grown the pharmacy and stock control has become

extremely complex, but Claire's primary role and love is caring for the in-patients and assisting the vets with the clinic based procedures. Claire regularly attends specialist equine nursing courses and is very knowledgeable in this field. Claire's duties are assisted by her living near the practice with her hounds. She manages to find time to ride and compete her thoroughbred mare, Georgie.

## Charlie Keen, Administrator



Young at heart Charlie became part of the support team in 2003, having been an administrator in a small animal practice for many years and working with Jane for

Bond and Fraser back when Ben was a student. Her small animal client handling skills adapted readily to dealing with the phone and she always has a cheery face for visitors to the clinic. Charlie's work ethic and care is now integral to the administration of the practice, particularly with the burgeoning paperwork as we continue to expand. She also assists Claire with in-patients. Charlie is married to an Ockley farmer, Richard, and has a second full time job helping him on the farm which specialises in poultry and fresh farm produce.

## 4th Vet to join Practice

**The practice continues to get busier and busier. Hopefully this means we must be doing something right, as we take on more patients and clients whilst trying to avoid travelling further afield. Judy and Ben are excited to announce that a fourth vet will be joining the team from the beginning of September.**

Anna Hammond is a very knowledgeable and experienced horse vet, specialising in Equine Internal Medicine. She graduated from Edinburgh Vet School in 1994 and has worked at Liphook for two years, managed equine practices in New Zealand and Australia and has just completed an equine medicine residency at the Royal Veterinary College. She will certainly compliment and enhance the services we offer at the Practice.

We are looking forward to having Anna join our team, and I hope you will all welcome her when she arrives in September.

## FAQ of the Month: "Can I give my horse Piriton?"

**Occasionally horses get sudden and severe allergic reactions on the skin. They come up in "bumps" or raised flat areas from one to several centimetres across.**

These may be all over, on both sides or localised. This is called Urticaria or Nettle Rash. This usually occurs for no obvious reason, but can occur when changing field or hay, after drug administration or a fly bite. If ignored or treated by cold hosing etc, the lumps may go down after a few days, but commonly burst to leave suppurative sores.

Treatment by a vet with an injectable corticosteroid is a very effective treatment. Antihistamines are useful at preventing allergic reactions, at least in humans, but are not so useful once the reaction has occurred. When first exposed to an allergen, e.g. a fly bite, histamine is released at the start of the reaction. This histamine attracts

the body's inflammatory chemicals, causes the itching and sets everything off.

Once this process has started it is too late for antihistamines, only corticosteroids will do. The drowsiness effects of antihistamines are very powerful in the horse. The dose of Piriton is 20 tablets for an average 500kg horse, but this normally makes them very sleepy.

Other antihistamines, such as Atarax, are less sedative, but generally histamines are rarely used in horses.