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Common post-operative complications occurring after surgeries in the clinic

Complications after colic surgery (wound dehiscence, surgical site infection, and laminitis)

Most complications occurring after colic surgery are managed in the clinic. Some complications may need prolonged care and therefore the horse can go home with the on-going problem.

Wound dehiscence and infection of the abdominal wound are quite frequent complications accounting for about 20 % of horses operated from colic and surviving more than one week. In case of relaparotomy the incidence still increases. Acute dehiscence of the complete layers with evisceration is a potentially fatal complication. Immediate re-intervention is necessary. In case of draining suture line, the evacuation of the secretion is necessary. The removal of some stiches of the skin may be necessary to drain the infection. Daily local care including hydrotherapy and massage of the infected zone can stimulate healing and resolve infection. If there is one point of tissue around a muscular suture that continues to be infected, the removal of the suture may be necessary. In case of severe infection of the suture line, the risk of hernia formation is increased and a second intervention for hernia repair may be necessary.

Laminitis is still the most severe and less understood pathology in horses. Again, explaining all the details of pathophysiology of laminitis goes far beyond of this presentation. If a horse leaves the clinic with signs of laminitis, the horse should continue to keep box rest. Do not force a laminitic horse to walk. For pain control, NSAID's and other analgesics may be necessary as well as acepromazine treatment. The horse should have a good bedding that can already give frog support. The weight of the horse should be carried by the hole sole and the frog not only the hoof wall. Therefore, you can use polyurethane isolation material that is cut to the precise form of the hoof and scotched to the hoof. It is preferable over shoeing in the acute or subacute phase.

Complications due to suture material

The lack to remove in time suture material may cause infection and even sinus tract formation. Sterile preparation of the sutured site before removal of suture material is necessary and you should pay attention to complete removal of the stitches.

Complications after joint surgery (septic arthritis)

Septic arthritis can develop after joint surgery like arthroscopy or even after infiltration of joints. In all cases of intra-articular treatment, the client should be aware before agreeing to the treatment, that there is a risk. The client should be well informed about the clinical signs he has to look at (swelling, lameness) and immediately contact the veterinarian. If the clinical signs are confirmed and the swelling is painful on palpation, arthrocentesis should be performed for analysis of the synovial fluid and culture

on a haemoculture vial. In case of increase of WBC above 10,000 to 20,000 cells per μl and with a shift to neutrophils (> 90 %), the diagnosis of sepsis and the necessity of joint lavage are clear. It is not necessary to wait for other symptoms like hyperthermia or positive bacterial culture. In order to visualize fibrin and to evacuate it, drainage of the joint under arthroscopic control is the best treatment option. This should be accompanied by systemic AB and NSAID's. Lameness should disappear immediately after the drainage. In case of resistant infection and the necessity of several surgeries the prognosis is guarded.