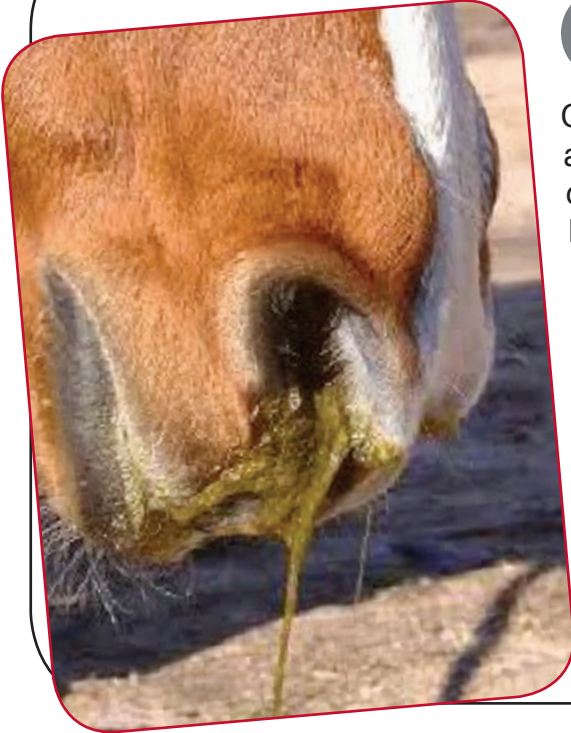


Choke

Choke is a relatively common condition seen in horses and ponies and is typically caused by obstruction of the oesophagus (food pipe) with food; occasionally a foreign body can be involved e.g. wood or plastic. Fortunately many cases of choke resolve quickly and spontaneously and only cases in which the obstruction lasts for longer than 30 minutes are likely to require veterinary assistance. It is important to note that this is not the same as the life-threatening condition in humans, where the term “choke” refers to blockage of the windpipe rather than the oesophagus. This difference means that unlike humans, horses with choke can still breathe.



Clinical signs:

- difficulty/repeated attempts at swallowing
- stretching/arching of the neck
- coughing
- food & saliva discharging from the nose
- drooling
- disinterest in food
- occasionally a lump may be seen or felt on the left side of the neck.

If you suspect your horse is suffering from choke it is important to prevent your horse eating as this will make the blockage worse and more difficult to clear.

If the obstruction doesn't clear quickly of its own accord then veterinary assistance must be sought. There are a number of steps your vet can take to help to confirm and treat the problem.

Horses and ponies with dental problems (that prevent them grinding their food properly), individuals that bolt their food too quickly and those fed dry pelleted or cubed feeds are all at increased risk.



REGULAR DENTAL EXAMINATIONS AND TREATMENT CAN REDUCE THE RISK OF CHOKES

KEY POINTS

- Don't panic! Choke is rarely life-threatening and many cases will resolve spontaneously.
- Seek veterinary advice if the choke lasts more than 30 minutes and while waiting for the vet remove all food to prevent your horse eating and worsening the obstruction
- Following an episode of choke it is worth monitoring your horse's respiratory rate (normal <16 breaths/min) and rectal temperature for several days.
- Arrange regular dental check-ups for your horse to reduce the risk of choke as a result of a painful mouth.

DIAGNOSIS

The diagnosis is usually suspected on the basis of the clinical signs and can be confirmed by passing a stomach tube up one nostril and into the oesophagus itself. Failure of the tube to reach the stomach indicates an obstruction.

Due to the sensitive nature of the nasal cavity it is not uncommon to cause a nosebleed; although this may look dramatic it is rarely, if ever, a serious complication



PASSING A STOMACH TUBE ASSISTS IN THE DIAGNOSIS AND TREATMENT OF CHOKE

Treatment

Following an initial examination, horses with choke are often sedated, to reduce anxiety, relax the oesophagus and to lower the head, reducing the risk of the horse inhaling food and saliva.

Attempts may be made to flush away the obstructed food material by gentle warm water lavage through the tube. It is important to keep the horse's head low during this procedure to prevent water and food going down the windpipe.

The vast majority of choke cases requiring veterinary attention respond to this treatment which can be performed easily on the yard. However, occasionally may require further investigation and treatment at a referral hospital.

The most common complication following an episode of choke is aspiration pneumonia which occurs when food and saliva are inhaled. A preventative course of broad-spectrum antibiotics may be prescribed to reduce the risk.

Serious or long standing obstructions can cause scarring of the oesophagus which reduces its diameter and increases the chances of the horse choking again. Anti-inflammatories may be prescribed to help control this problem.

PREVENTION

- Ensure sugar beet is well soaked and moisten pelleted feed.
- Add chaff to the feed to slow the feeding rate and encourage chewing and saliva production.
- Ensure all horses receive a thorough dental examination every six to twelve months.
- Following an episode of choke feed softened or soaked feeds and forage for several days to give any damage to the oesophagus chance to heal.



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