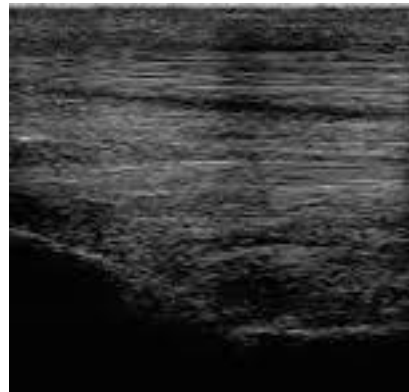


Neurectomy for treatment of proximal suspensory desmitis at B&W

Injury to the proximal region (origin or top) of the hind-limb suspensory ligament is a common problem in performance horses. The surgical treatment for this condition involves removing a portion of the nerve (the deep branch of the lateral plantar nerve) that innervates (supplies) the proximal suspensory ligament. A small incision is made on the back of the horse's leg below the hock and a portion of the nerve is removed. Following this the incisions are closed with absorbable sutures under the skin and skin staples and the limb is dressed. At B&W Equine Hospital the surgery is performed by one of two specialist surgeons assisted by a team of nurses. The surgery is performed under a general anaesthetic monitored by a veterinary surgeon.



What to expect

- We will ask that you bring your horse to the hospital the day before its surgery in order for it to settle in and be prepared appropriately.
- If your horse is insured we advise that you contact your insurance company before surgery to notify them of the plan; some insurance companies require a report from us prior to surgery.
- A pre-operative blood sample will be taken and run in our in-house laboratory to identify any underlying problems that might increase the risk of the general anaesthetic or surgery.

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- A full clinical examination of your horse is performed, including careful examination of their heart and lungs.
- If no significant abnormalities are detected a small patch will be clipped on your horse's neck and an intravenous jugular catheter will be placed to enable quick intravenous access during the surgery and administration of medications.
- Shoes are removed at this stage, to reduce the risk of self- injury during recovery from the general anaesthetic. If you would prefer your farrier can remove the shoes before your horse comes in.
- The horse is groomed and the surgical site is clipped and has a preliminary scrub.
- In order to reduce the risk of complications, a short period of starvation is necessary pre-operatively.
- On the day of surgery, preparation of your horse will begin roughly an hour before surgery. The surgical site will be scrubbed further and the pre-anaesthetic medication including a sedative, antibiotic and painkiller are given half an hour before surgery.
- Your horse will then be taken to the padded induction box where anaesthesia will be induced. Once anaesthetised, a mechanical hoist is used to lift the horse onto the operating table.
- At the end of surgery, your horse will be moved into the padded recovery box and given oxygen. The recovery is monitored carefully and any assistance given as necessary. Recovery time varies from horse to horse.
- You will receive a phone call as soon as your horse is up after the general anaesthetic. This is normally from a member of the reception team as the surgeon often stays in theatre to begin the next case.
- Once the horse has recovered sufficiently, he or she will be taken back to the stables and fed a series of mashes.
- We advise that owners do not visit on the day of surgery.
- Your horse will be carefully monitored post-operatively to ensure it remains comfortable. Colic is one of the complications occasionally seen in the post-operative period. Once your horse begins passing droppings we will start to re-introduce hay to their diet.
- You will receive a phone call from the surgeon later on in the day giving you a full update on the surgery itself. This call can sometimes be quite late in the evening if it has been a busy day of operating, or if emergencies arise.
- Horses undergoing a neurectomy often remain in the hospital for 48 hours post-operatively, in order for them to be monitored closely and receive a course of intravenous antibiotics and painkillers.
- On discharge you will be given detailed written instructions that will include the plan for your horse's recommended staple removal, management, exercise and re-examination.