

ESMS NOTES

FROM THE DOCTOR'S DESK

Dr. Ty Tipton



WHAT MADE YOU DECIDE TO BE AN EQUINE VETERINARIAN?

I grew up around rodeo. As I got older, I went to work for an equine hospital and decided this was the career path for me.

WHAT'S YOUR FAVORITE PART OF THE JOB?

My favorite thing about being an equine veterinarian is surgery. I enjoy the challenges and rewarding nature of surgery. I also enjoy working with the type of horses in this area of the country and the people who own them.

WHAT ARE SOME OF YOUR FAVORITE HOBBIES?

My hobbies include hunting and fishing, playing guitar and spending time with my wife Jessica.

UMBILICAL HERNIAS

Umbilical herniation in foals is a common occurrence in all types of horses. They have been reported to affect up to 2% of foals. Umbilical hernias are also the most common type of hernia suffered by horses as compared to diaphragmatic or scrotal hernias.

So, exactly what is an umbilical hernia? By definition a hernia is a "protrusion of an organ or tissue through failure of the body wall to close." Therefore, an umbilical hernia is a protrusion of abdominal organs or tissue through an abnormal opening at the umbilicus. Speculated causes of umbilical hernias include genetics, trauma at time of birth, or infection of the umbilical structures.

Generally, the hernia sack contains omentum (a tissue which surrounds the intestines) or a portion of the intestines. Either the large or small intestine can be within the hernia sack. If intestine becomes entrapped within the opening of the hernia, the blood supply to that portion of the intestine can become compromised and if severe can result in death of the trapped piece of intestine.

Umbilical hernias can be congenital, meaning they are present at the time of birth, or can be acquired some time after birth. Most hernias do not require emergency surgery and will close spontaneously as the foal ages. However, very large hernias or those with incarcerated intestine likely will not close on their own, and because of the risk of strangulation of bowel, surgery is recommended as soon as possible. Small hernias can be left alone to allow time for spontaneous resolution, but if this has not occurred by 5 months of age it is unlikely that the hernia will resolve without surgical correction.

Emergency surgery is required if signs of colic are noticed, if the hernia is getting larger, or becomes firm and painful on palpation. Hernias that become strangulated can result in life threatening complications and should be treated immediately. It is also very important to distinguish the swelling of the umbilicus from other conditions such as umbilical infection. The diagnosis of umbilical hernia should be made by your veterinarian. Palpation is usually sufficient to determine the size of the body wall defect and can give insight as to the contents of the hernia. However, ultrasonography must be used to determine the type of intestine involved and to differentiate between a hernia and an abscess or infection of the umbilical structures.

Surgery performed to correct umbilical hernias is performed under general anesthesia and usually requires one month of stall rest post operatively. In most cases, there are no long lasting effects from surgical correction of an uncomplicated hernia and these foals have a very good prognosis. In cases of strangulated intestine, removal of the compromised piece of intestine may be necessary which may require a longer recovery period.

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