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The important question, “Do young vets respect careers in general practice?” has arisen at several veterinary events over the past few months, particularly given increasing concerns over veterinary capacity in the UK. At the 2019 SPVS/VMG Congress, Joanne Reeve described a similar trend towards specialism in the medical profession and asked what could be done to increase respect for those working in general practice within the two professions. Read the full report in the events section, as well as a discussion of wider issues regarding recruitment and retention in a report on the “hot topics” panel session at VetsSouth.

Following on from her fascinating talk on brachycephaly at VetsSouth, Emma Goodman Milne guest authors a passionate opinion piece on the many welfare issues associated with Crufts. Elsewhere, in his regular spot, opinion columnist Gareth Cross draws attention to the potential benefits of district veterinary nurses: a new role which could improve patients’ transition from practice back into the owner’s home.

In small animal this issue, read about managing feline demodicosis and the value of teamwork when it comes to treating gut stasis in rabbits. With April’s focus on orthopaedics, Miranda Aiken provides an overview of the latest thinking for treating the challenging cases of humeral intracondylar fissure.

Issues with dairy farming in developing African countries are reported in the large animal section. At the British Mastitis Conference, Peter Edmondsen described the work UK veterinary professionals are undertaking to help reduce the incidence of mastitis in areas where milking conditions are far from ideal. Also in large animal, Hannah Kenway provides a guide to devising a health plan for beef cow herds.

Expanding on his piece in last month’s issue, Jon Pycock asks if all horse owners are paying their share to keep the UK’s equine population healthy. Jamie Prutton’s feature also follows on from his last article; this month, he advises on what to do if you suspect infectious causes of adult equine diarrhoea.

The business column describes the government initiative entitled the “Good Work Plan”, which will mean changes to the current tax systems. Finally, with an apparently growing trend towards listing post-traumatic stress disorder on GP notes, our legal column offers guidance on dealing with absences due to mental illness.

JENNIFER PARKER EDITOR
Managing humeral intracondylar fissure

Though the aetiopathogenesis of the condition is debated and treatment can be challenging, it is important to diagnose cases of humeral intracondylar fissure as soon as possible.

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UK veterinary schools excel on a global stage

The RCVS was delighted to read of the outstanding performance of the UK’s veterinary schools in the 2019 QS World University Rankings announced recently and, in particular, that the veterinary degree course at the University of London’s Royal Veterinary College (RVC) has been ranked the best in the world.

Ranked third in the preceding three years, the RVC clinched top spot for the first time, overtaking Cornell University (now fifth) and the University of California (now second). Utrecht University was ranked third this year.

There were also extremely strong showings for the veterinary degree courses from the Universities of Cambridge, Edinburgh and Liverpool, which were all ranked in the top 10; the Universities of Glasgow and Bristol ranked in the top 20; and the University of Nottingham in the top 40.

Responding to the results, RCVS President Amanda Boag said: “I’d like to congratulate everyone at the UK veterinary schools that have featured so prominently in these world rankings and particularly the RVC on their superb result. This is testament to all the hard work and commitment of all those helping to provide world-class education and training for the veterinary surgeons of tomorrow, and a ringing endorsement of the veterinary degree courses on offer throughout the UK.”

Drug-resistant superbug gene discovered in UK dog

Bacteria that are resistant to a class of powerful “last resort” antibiotics – carbapenems – have been recently reported in a dog for the first time in the UK. In a study published in the Journal of Antimicrobial Chemotherapy, an Escherichia coli isolate cultured from a wound in a Springer Spaniel was found to harbour a known carbapenem resistance gene, along with resistance genes for other commonly used antibiotics, such as cephalosporins.

“Worldwide there are very few reports of carbapenem-resistant isolates in pets and although the prevalence identified in this study was low (0.5 percent), it was still surprising,” says Dorina Timofte, who oversaw the study at the University of Liverpool.

“Carbapenems are not authorised for use in EU or UK companion animals, but these findings are worrying due to the close contact between household pets and people which may allow bacteria to transfer between the species.”

The work studied bacterial isolates cultured from specimens submitted to one UK diagnostic laboratory receiving specimens from 34 UK veterinary practices between September 2015 and December 2016. The researchers say that the “surprise” finding highlights the need for routine laboratory detection of carbapenem resistance in companion animal isolates and improved antimicrobial stewardship in practice.

During the last two decades, various multidrug resistant pathogens, such as methicillin-resistant Staphylococcus aureus (MRSA), have been associated with carriage and disease in pets. Surveillance of resistance to commonly used veterinary antibiotics has grown, yet there is limited surveillance of resistance to “last resort” antimicrobials like carbapenems, so this type of resistance can remain undetected.

The WHO and UK strategies for tackling antimicrobial resistance have shown that there is a need for increased access to surveillance data as this can help policymakers to revise the recommendations for combating antimicrobial resistance.

Anxious owners seek clarity on post-Brexit pet travel

Continuing uncertainty around Brexit has led to a spike in the number of anxious pet owners visiting their vet for pet travel guidance in the last three months, figures from the latest BVA survey reveal.

The BVA’s Voice of the Veterinary Profession survey shows that more than 8 in 10 companion animal vets (85 percent) have been approached by pet owners for advice about travelling with their pet in the event of a no-deal Brexit, with many expressing frustration or anger over the uncertainty. Almost three-quarters (74 percent) of vets report seeing an increase in such queries since November, with around 40 percent seeing a significant spike.

It follows warnings issued to pet owners by Defra and the BVA last year, urging them to begin preparations to take their pet to the EU at least four months ahead of their expected travel date. A no-deal situation would bring additional testing and certification requirements and require owners to prepare further ahead to get pets cleared for travel.

While 48 percent of vets said they could respond to most of the clients’ questions, many felt unable to answer all queries in detail due to the current uncertainty.

Guidance on pet travel after Brexit can be found at: bva.co.uk/brexit/ and gov.uk/guidance/pet-travel-to-europe-after-brexit
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See the video of the Vet-Tome in use: https://youtu.be/UEejzbWjpfY
With Brexit negotiations ongoing, uncertainty remains over how the UK's exit from the EU might impact the veterinary profession. To provide some reassurance, the Veterinary Medicines Directorate and National Office of Animal Health have agreed a joint statement in relation to Brexit planning.

"The majority of veterinary medicines used in the UK (and ingredients and components to make them) are either produced in or enter via the EU. The government is working with animal health companies who have been carrying out extensive contingency planning for all EU Exit scenarios, including no deal. These plans cover all aspects of their supply chains, from regulatory compliance and stocking levels to logistics and customs. They also include, as appropriate, increasing stocks of products in the UK, changing supply routes, transferring marketing authorisations and other regulatory processes.

"To reduce any risk to medicines availability in the UK, detailed planning is ongoing to ensure that supply chain measures are appropriate to address the sector’s complex needs and priorities.

"Much work has been done by companies with the objective of ensuring fair and appropriate distribution of this inventory to avoid disruption. Supply is expected to cope with a normal ordering pattern with adequate forward planning and communication with suppliers. With this planning in place, we are confident that we have made every effort to ensure continuity of supply of veterinary medicines in the UK."

New research grants available from the Mind Matters Initiative

Applications are now open for the RCVS Mind Matters Initiative (MMI) first Sarah Brown Mental Health Research Grant. One £20,000 grant will be awarded each year for five years (making a £100,000 total by 2023) to fund research that focuses on mental health and well-being within the veterinary professions.

Applications are welcome from individuals at all stages of their research careers, with research proposals relating to any aspect of mental health or well-being in the veterinary professions. Researchers must be affiliated with a university, and ethical approval must be in place.

Applicants should send their research proposal, along with a CV and short biography for all lead researchers, to Lisa Quigley, Mind Matters Initiative Manager, by 5pm on Friday 31 May 2019. The winner of the grant will be decided in June 2019, with the winner receiving their award at Royal College Day in London on Friday 12 July 2019.
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First black RCVS Council member elected as Junior Vice-President

The RCVS Council has elected its first black Council member to be Junior Vice-President of the College for 2019 to 2020, making her the first person from a minority ethnic background to be elected to the College’s Officer Team in its 175-year history.

Mandisa Greene, who was first elected to Council in 2014 and was re-elected last year, is currently Chair of the Practice Standards Group, which coordinates the RCVS Practice Standards Scheme, and a member of the Primary Qualifications Subcommittee and the Legislation Working Party. She has also served on the Standards Committee as well as chairing the Extra-Mural Studies (EMS) Coordinators Liaison Group.

Born in the UK and raised in Trinidad and Tobago in the West Indies from the age of two, Mandisa moved back to the UK aged 18 to study for a BSc in Biological and Medicinal Chemistry at the University of Exeter. She then gained her veterinary degree from the Royal (Dick) School of Veterinary Studies in 2008. Since graduating, her interests have lain in small animal practice and emergency and critical care.

Finalists announced for the 2019 PetPlan Awards

With over 40,000 nominations received for this year’s Petplan Veterinary Awards, the following veterinary professionals have been named as finalists:

**Practice Support Staff of the Year**
Graham Skelton, Orchard House Veterinary Centre, Hexham, Northumberland
Sharon Scarratt, Blue House Veterinary Centre, Stoke-On-Trent, Staffordshire
Zoe Pickering, Orchard House Veterinary Centre, Hexham, Northumberland

**Practice Manager of the Year**
Katie Bull, Vale Vets, Portishead, North Somerset
Helen Coe, Ledbury Park Veterinary Centre, Ledbury, Herefordshire
Rachel Duncan, 387 Veterinary Centre, Walsall, West Midlands

**Vet Practice of the Year**
Blue House Veterinary Centre, Stoke-On-Trent, Staffordshire
Wendover Heights Veterinary Centre, Halton, Buckinghamshire
White Cross Veterinary Group, Derby, Derbyshire

**Vet Nurse of the Year**
Sarah Barnett, Watkins and Tasker Veterinary Group, Yatton, Bristol
Jasmine Kilpatrick, Casvet, Cheltenham, Gloucestershire
Craig Tessyman, Rutland House Veterinary Surgery, St Helens, Merseyside

The winners will be revealed at the ceremony on 4 April 2019. The awards celebrate the nation’s most outstanding vets, vet nurses, practices, practice managers and support staff who have been nominated by their clients and colleagues for their hard work, dedication and continually going that extra mile to keep the nation’s pets healthy.

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Big Issues announced for 2019 BSAVA Congress

This year BSAVA Congress’s Big Issues stream aims to help the profession steer its way through uncharted waters by focusing on a central theme of “How to navigate the unpredictable and the unexpected”.

As part of BSAVA Congress, to be held at the Birmingham ICC and Arena Birmingham from 4 to 7 April 2019, the Big Issues stream on Friday 5 April will aim to keep delegates up to speed on key developments and challenges affecting the profession. This year speakers will address some unpredictable issues that are integral to the veterinary landscape of today and highlight that, despite these, many recent successes have been achieved.

The prestigious panel of speakers, which includes CVOs and the Chair of the Canine and Feline Sector Group, will look at “The ABC of achievements, Brexit and challenges”, including the practical implications and potential impact for vets who are involved in work relating to companion animals.

Peter Borriello and Dawn Howard will discuss “Medicines: ensuring supply despite crises”. They will explore the unpredictable challenges, whether dependent on Brexit or other factors, that can potentially threaten the supply of medicines vital to companion animal veterinary practices and how these unexpected events can be tackled and resolved by working together.

Philip Lhermette, together with Mauricio Lopez of APHA and Michael Stanford, will share for the first time the results of the BSAVA 2018 OV survey in looking at “The perils of passports and certification” and will endeavour to better equip support vets in companion animal practice to manage the unpredictable.

Kate Richards, Thom Jenkins, Richard Guest and Simon Doherty will discuss “Telemedicine: patient care in the digital world”. The panel will aim to help delegates navigate relatively unchartered territory and make informed decisions, despite unexpected challenges, on the future of telemedicine and its potential impact on not just them, but also their clients.

Insistor added to Chanelle opioid range

Chanelle has introduced its latest product, Insistor 10 mg/ml solution for injection for dogs and cats. Insistor is a premedication for general anaesthesia or neuroleptanalgesia in combination with a neuroleptic drug. The active ingredient of Insistor is methadone hydrochloride. Insistor is now available in the UK in a 10 ml bottle for use in dogs and cats; legal category is POM-V. The product can be used for analgesia in animals experiencing post-operative pain or pain caused by trauma.

BVA responds to latest data on government’s badger control

On 21 March 2019, Defra published data relating to wildlife controls that form part of the government’s programme of bovine tuberculosis eradication. Of particular interest is bTB surveillance data from the first year of badger control operations in eastern Cumbria. Commenting on the documents released by Defra, BVA President Simon Doherty said:

“We continue to support a comprehensive and evidence-based approach to tackling bovine tuberculosis, including the principle of badger controls within the Low Risk Areas (LRAs) of England where there is a demonstrated need. We welcome this evidence, which demonstrates that there was significant bTB infection in the wildlife reservoir in the Cumbria hotspot and that whole genome sequencing has shown this to be the same strain that is present in cattle in this region. Clearly it is not yet possible to assess how effective the culls have been in containing that threat.

“Bovine TB is a devastating disease and it is vital that we use every available tool in the toolbox to support the government’s aim to make England bTB-free. We are pleased to see the expertise of veterinary and scientific colleagues in government being fully utilised in Cumbria, with a strong focus on surveillance and the application of whole genome sequencing and epidemiological analysis. Only by better understanding bTB and applying that evidence to the eradication process can we hope to be successful in halting its spread.

“We continue to call on the government to use the targeted and humane method of cage trapping and shooting only, rather than the current method of controlled shooting. This report emphasises the additional benefits of cage trapping as a method in that it allows better analysis of the culled badgers, leading to an improved understanding of the relationship between infected wildlife and disease spread in cattle.

“A considerable evidence base has now been gathered that will inform the progress of the eradication programme in the High Risk Area of England. We hope this will allow the government to provide greater clarity on the methodology that will be applied going forward.”
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Christine Middlemiss has communicated the latest information for vets to ensure the profession is prepared for a no-deal Brexit.

The government’s top priority is maintaining friction-free trade whilst managing biosecurity risks; as such, there won’t be any changes to the checks of animals and animal products coming into the UK. “We won’t have access to the UK TRACES system so will be providing our own UK health certificate, but it is in effect a mirror of the EU one,” Christine explained. The situation will remain the same for pets and for horses currently eligible for the Tripartite Agreement (TPA) coming into the UK from France and the Republic of Ireland.

Animals and animal products moving from the UK is more complicated. The application to be a listed third country is underway, and it is hoped that the UK will be listed “very shortly”. There are various health statuses for third country animal movements and we don’t yet know which we will have. “Depending on the status, there are more or fewer tests to be done,” she said. Until we know the status, pets are required to have an up-to-date rabies vaccination, wait 30 days and have a blood sample before moving. Other animals require export health certificates and will have to go through border inspection posts.

Horses also have different levels of disease status; we don’t yet know how we will be listed, Christine said. There will be no TPA once we are a third country. For horses, ID documents from a registered breed society, stud book or a national branch of an international organisation for racing or competition will be recognised by the EU; if the owner does not have one of these, they will need to apply for a government-issued ID document.

Christine explained that the big change in certification demands will be around products of animal origin. To ensure increased needs are met, the process has become more electronic, certification support officers have been introduced (there are 200 training places and applications are being processed now), free OV exports training is available and the APHA is working with the contractors and employers of vets. When asked if 200 certification officers will be enough, Christine explained that most of the demand will be for food, which involves big operators with contracted vets. “Generally, it will be those moving large volumes on a regular basis, so it [should] be relatively well planned and managed.”

“We’re reasonably confident about the numbers coming through the system,” she said, though there are questions over, for example, whether there are enough qualified people in the right parts of the country.

The biggest challenge in the event of a no-deal Brexit will be communication, Christine said. It will be ensuring “people [have] the right information at the right time so they can make the best decisions”. She urged any vets who are unsure of what is happening to read the resources on gov.uk.
Do we need to rebrand general practice?

Why graduates fail to recognise the value of general practice was discussed at the SPVS/VMG Congress

The veterinary and human medical Royal Colleges must work together to increase the respect and resources afforded to those working in general practice, practitioners were told at the SPVS/VMG Congress in Newport on 26 January 2019.

Joanne Reeve, professor of primary care research at the Hull and York universities’ medical school, argued that the NHS and veterinary practice faced the same problems in recruiting and retaining staff that want to work in a general practice setting. By forming a multiprofessional alliance, the RCVS and the Royal College of General Practice may be better able to persuade the government that these issues need to be addressed, she said.

Joanne said general practitioners in both areas do themselves no favours by continuing to refer to their role as a “Jack of All Trades”. Instead, first opinion practice should be regarded as a medical specialism in its own right, with unique skills, involving particular expertise in “decision making and managing uncertainty”.

In both human and veterinary medicine, a situation has arisen in which the acquisition of postgraduate qualifications in specific clinical disciplines has become the only measure of professional progress.

A change occurring in both human and veterinary medicine is the emergence of general practitioners as leaders of teams of associated professionals. This was a concept being promoted within the NHS as a means of dealing with the economic and manpower pressures that result from growing numbers of patients with chronic multiple conditions.

A study published last year by Chris Salisbury of the University of Bristol examined the effects of the so-called 3D approach (based on dimensions of health, depression and drugs) on the care of around 1,500 human patients in primary care practices with complex medical needs (Lancet 392, 41-50), Joanne explained. They were managed by an interdisciplinary GP-led team of pharmacists, specialist nurses, etc. Although the study’s initial findings showed no measurable improvement in the patients’ quality-of-life scores, it did produce significant results in other areas and further research is needed to develop this integrated approach to primary care, she said.

From the audience, Leicestershire-based cattle practitioner Peter Orpin argued that the current drive to develop evidence-based medicine has “undermined the confidence of many experienced practitioners by making them question nearly everything they know”.

As a long-standing critic of the EBM concept in primary care, Joanne strongly agreed, insisting that it was designed for the “specific requirements of hospital-based medicine and selected populations referred in for specialist diagnosis and treatment of disease”. Its application to general practice is questionable “given the complex, dynamic and uncertain nature of much of the illness that is treated,” she said.

Joanne believed that there needs to be a change in the mindset of new graduates emerging from medical and veterinary schools so that they recognise the value of the skills and knowledge acquired in general practice. “We have to reimagine what it is to be a generalist and find different ways to tell that story,” she said.

Tom Mowlem, a general practice vet based in Dorset, believed that the veterinary profession was failing to sell to its newest recruits the idea that great satisfaction can be derived from a GP career. “It is the responsibility of practitioners to show to students doing EMS placements that the work that we do is fun.”

In a parallel session, Lynne Gaskarth of Drove Vets in Swindon questioned her audience on what they regarded as the main attractions of their jobs. She argued that above a certain level, satisfaction was not gained from status or money but from a combination of three factors – mastery of a learned skill, autonomy in the tasks performed and purpose in achieving some socially useful goal.

Working in general practice offered opportunities to meet all three criteria proposed by Lynne, said her co-presenter Colin Mitchell, an equine practitioner with XLVets in Hexham. He argued that new graduates need the self-awareness to understand their own personality type before deciding what branch of the profession they should join. For him, one of the biggest attractions of his job is that he is not confined to working within a particular clinical discipline. This meant that he faced different challenges every day.

Another huge advantage of general practice is the opportunities that it offers to develop a portfolio career, pointed out Lucy Millard, also from Drove Vets. “You can go into teaching, mentoring, professional politics, business management, marketing, journalism, charitable work – the possibilities for broadening your role are huge,” she said.
Evaluating shortfalls in the profession

Recruitment and retention were the key areas of discussion in the “hot topics” panel session at VetsSouth 2019

For the interactive question and answer session at VetsSouth on 6 March 2019, BSAVA President Philip Lhermette, BVNA President Wendy Nevins and University of Cambridge representative David Williams were tasked with answering the delegates’ questions on hot topics facing the profession today. Chaired by Jon King, the session provoked lots of discussion, particularly surrounding recruitment and retention issues.

Kicking the session off, a member of the audience asked how we are going to face the shortfall in “veterinary manpower” during the coming decade. Just over half of new veterinary surgeon registrants each year are from non-UK EU countries, which could be an issue after Brexit, Philip said, and surveys have shown that many vets leave the profession at around three to five years after graduating.

As for how we might tackle that issue, Philip noted that Nottingham University’s announcement that they are doubling their annual intake should help to increase the number of UK-graduated vets, particularly if Brexit is going to have an impact; “The question is whether that will overcome the shortfall,” he added.

One area that the profession could certainly improve, David suggested, is in supporting vets and vet nurses to re-enter the profession following a period of leave. In his experience, a lack of self-confidence is stopping parents from coming back to the profession after a break to raise their children. “I think we need to be providing more direct CPD at getting those people, who are a tremendous asset, to come back happily into the profession.” A member of the audience commented that perhaps there should be discounts available for vets coming back into practice, who often struggle to find the unpaid time needed to complete the necessary CPD.

For veterinary nurses, the issue is very much with retention, rather than recruitment. Finding out why veterinary nurses are leaving practice and making changes to prevent such significant numbers dropping out is where we need to focus our energy, Wendy said.

So why are veterinary professionals leaving the profession? The panellists agreed that it is multifactorial. “Certainly, the feminisation of the profession means more [women] are leaving to have families. We’re also feeling more under stress nowadays – that issue has come to the fore over the last few years and we’re learning to deal with that; there are a lot more resources now,” Philip said. “Clients are also more demanding. They’re looking at Dr Google and coming in with various other diagnoses of their own, [listing] what drugs you can and can’t use and why you should or shouldn’t vaccinate… In some ways it’s a good thing; in other ways it causes a lot more stress.”

Another big problem is in dealing with failure, he said. Children are put through examinations earlier and earlier at school; most vets succeed at exams throughout their lives but when they leave vet school, they suddenly have to deal with failure. It is inevitable that there will be cases where the owners can’t afford the treatment, where mistakes are made and where animals will need to be euthanised. Without the right support, this can have a significant impact on the well-being of recent graduates.
A member of the audience highlighted that veterinary nurses have a similar issue, whereby they are well qualified from university but become disillusioned in practices where it can be difficult to utilise them to their full ability. Wendy agreed and emphasised the importance of celebrating vet nurses in general practice – not just those who have specialised. This issue is significant for veterinary surgeons and nurses alike and the importance of encouraging students to recognise the value of being a general practice professional resurfaced in later discussions.

If vets were better prepared for practice life, would it help the retention issues? Perhaps veterinary degrees don’t effectively prepare new graduates for life in practice, a delegate implied. Philip responded: “I don’t think you should expect a new graduate to be able to do emergency surgeries straight off the bat.” Learning these skills takes time and the amount of practice experience that students receive in universities is perhaps less than it was when the panelist graduated. Students do a considerable amount of EMS, but it depends on which practice they go to as to how much experience they might get, he said. “They need constant mentoring during their first year of practice.”

Wendy added that we need to look at the paraclinal skills too, such as dealing with clients, communicating effectively and dealing with failure. David agreed: “So much of this training is a ‘hidden curriculum’. It’s not what we’re teaching them but what they see happening in a consultation.” He highlighted the importance of EMS placements as the place where students can see what happens in the real world. “It would be much better to have some way of organising EMS so that vets were helped in seeing what they need to provide; some students say they are told to stand in the corner of the room and watch what happens,” David said.

The Royal College is looking at how students are developed during EMS and how they go through the first-year skills. In the meantime, Philip said, we need some joined up thinking from the universities at how they communicate with practices. He commended the Association of Veterinary Students, which has produced a document for students which lays out how they should structure their EMS. The document can be given to practices to help clarify what the students should be doing and what skills they need to learn. Ask EMS students for that form, Philip advised.

The final question in the discussion considered corporatisation and whether the trend is positive, negative or neutral for vets, owners and the animals. Philip had mentioned earlier in the discussions that one of the causes of the shortfall of vets is that we’re losing some vets who are retiring early and selling their practices to corporates.

Philip owns an independent practice but said that he thinks it’s an inevitable conclusion – it will go the way of opticians have gone. “I think it’s something we have to learn to live with. There are some very good things about it; in many ways it has improved the ways new graduates are brought up. There are good practices and bad practices, and that will always be the case.”

Wendy aptly wrapped the discussion up by condemning the phrase “corporates are bad and independents are good”. Generalising in that way divides the profession; “we are all veterinary professionals working for animal welfare. That’s what we need to focus on,” she concluded.
Letting go of striving

After years of yearning, getting that promotion may not bring the happiness and fulfilment expected.

Shakespeare once said, “Expectation is the root of all heartache.” By striving for someone or something to come and make us happy, we are inevitably saying to ourselves that until that person/thing/state of mind arrives, we are going to remain unfulfilled.

Our greatest pains and disappointments arise from those things we try so hard to grasp on to and secure. We are constantly struggling to achieve and possess or to feel “things” which we don’t yet have and, ironically, those very things we want (or think we want) often don’t even exist. Or, if they do exist, they rarely satisfy according to our illusions.

We live in a world of a rampant imagination running wild and dictating our thirsty cravings. If you drop your iPhone in the toilet, you can’t replace like with like. Apple insists you have an upgrade to satisfy your ever-increasing needs, further encouraging your desires to have more apps, a better camera, faster downloads, etc.

What is striving?

Striving is not aiming to achieve a goal or a good intention. That’s commendable. Striving is an unsatiated and insatiable yearning which doesn’t leave us. When we reach the place where we can let go of striving, we are liberated from the exhausting pursuit of chasing happiness. As Chogyam Trungpa Rinpoche said, “There is no need to struggle to be free; the absence of struggle is in itself freedom.”

Before we learn to let go of striving, we will experience disappointments. Given the convoluted nature of desire, there are no experiences that are completely free of disappointment. This is what makes disappointment such a complex and confusing feeling. Many of our desires that we pursue are unconscious, sublimated and frequently contradictory.

Paradoxically, we may even become disappointed when we get what we want. For example, in Sigmund Freud’s 1916 essay “Some character-types met with in psychoanalytic work”, he explored the paradox of people who were “wrecked by success”. Unconsciously, these people believed that their success was unjustified, so achieving it didn’t feel satisfying to them.

In the December 2017 issue of Veterinary Practice magazine, I wrote about “imposter syndrome”. First described by psychologist Suzanne Imes in the 1970s, impostor syndrome occurs amongst high achievers who are unable to internalise and accept their success. They feel that they are a fraud and about to be “found out” instead of being able to celebrate their well-earned successes, big and small. In essence, they strived, they achieved and they were left anxious and empty. In other cases, even when we do get what we want — and think we deserve it — we may discover that what we wanted so badly doesn’t bring the expected bliss and happiness we expected.

You may be striving to become head vet in a busy practice, to be head surgeon in a referral institution or to manage your own branch in a corporate, but be careful what you wish for, and try not to rely on it as your only true chance of happiness or fulfilment. You may get there. You may believe you deserve it. Enjoy it for what it is without putting yourself under pressure to be blissfully happy and complete.

How do we “let go” of striving?

Jon Kabat-Zinn relates a tale of a cruel practice in India, where there is a method of catching monkeys that involves cutting a small hole in the top of a coconut, then attaching the coconut by a wire to the base of a tree. A banana is put inside the coconut. When a monkey slides its hand in to get the banana and holds onto it, its closed fist is too big to slide back out. The monkey becomes trapped as it does not want to let go.

During mindful meditation we can decide to “let go” of our striving for the perfect life/thing/person. By accepting what we already have as good, we can be liberated from the nagging need for more and more and more.

We don’t have to stop improving ourselves or our skills. We don’t have to cancel all CPD or social engagements. It’s about accepting ourselves as we are, while enjoying the journey of self-improvement. It’s about noticing what’s good about something, someone or some feeling, without worrying about what’s not perfect about it.

Then, like a butterfly, just when you’re least expecting it, happiness and completeness may land on your shoulder.
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New Knowledge Summaries consider management of hyperthyroidism and stabilisation of coxofemoral dislocations

CVS Knowledge has recently published two Knowledge Summaries that may help vets undertake more evidence-based feline medicine and surgery. The first considers iodine-restricted diets for hyperthyroidism and the second asks which technique is best for managing coxofemoral dislocations.

Can iodine-restricted diets normalise serum total thyroxine (TT4) and subsequently improve clinical signs in cats with hyperthyroidism?

There is some evidence that iodine-restricted diets can help to renormalise serum TT4 in cats with hyperthyroidism, though this is not always effective and there is a lack of compelling evidence to suggest this is associated with a resolution of clinical signs in the long term.

Whilst there is limited literature investigating the efficacy of iodine-restricted diets as a treatment for feline hyperthyroidism, all the studies so far have documented a 100 percent improvement in serum TT4 when cats have been started on an iodine-restricted diet, though this did not always guarantee a return to euthyroid status.

A limitation of all the studies into this subject is the difficulty in maintaining and proving 100 percent compliance, as all the patients enrolled in the studies were client-owned and potentially allowed outdoor access.

There is a lack of consensus regarding the resolution of clinical signs. Documenting an improvement in clinical signs is difficult, given the subjective nature of the task, and made more complicated by the fact that the cats were only assessed by veterinarians at set intervals.

Further to this disparity amongst the literature, the limited number of studies and the limitations of those studies mean a prospective study with large sample size and lifelong follow-up would improve the evidence base greatly.

No cats were removed from any of the studies due to concerns about the safety of the diet, or as a result of any side effects, so it can be concluded at least that the diet is safe.

Reluxation rates following different techniques for open stabilisation of feline coxofemoral dislocations

There is currently insufficient evidence to identify if transarticular pinning or a toggle rod technique result in lower rates of reluxation following surgical management of craniodorsal coxofemoral luxations in cats.

Both transarticular pinning and toggling using the Arthrex Mini TightRope system with Arthrex FiberWire suture resulted in 0 percent reluxation rates at short-term radiographic follow-up. Longer-term follow-up of joints stabilised using transarticular pinning found 16.6 percent reluxation (2/13 joints) when radiographed at least six months after surgery.

It appears that reluxation rates for all three techniques compare favourably

Toggling using an IMEX toggle (IMEX Veterinary Inc.) and polydioxanone (PDS II, Ethicon) suture had a reluxation rate of 14 percent (2/14 joints) at 3.5 to 6 weeks after surgery.

It appears that reluxation rates for all three techniques compare favourably to generally quoted reluxation rates following open reduction and that the use of all reported techniques can be justified for these cases in cats.

It is important to consider if reluxation is the most clinically useful outcome measure. Long-term degenerative joint disease may be a more important clinical comparator between surgical techniques and more objective outcome measures such as measuring ground reaction force on pressure sensitive walkways could be considered.

In general, the studies fail to generate any descriptive rationale for the selection of one surgical procedure over another.

The full Knowledge Summary can be viewed at: veterinaryevidence.org/index.php/ve/article/view/185/275

Author: Elly Russell

The full Knowledge Summary can be viewed at: veterinaryevidence.org/index.php/ve/article/view/176/280

Author: Oliver Gilman
Why your practice should become bee friendly

Practices can work with the British Bee Veterinary Association to support bee populations and encourage clients to get involved with local wildlife initiatives

The British Bee Veterinary Association (BBVA) was formed almost four years ago and continues to successfully recruit veterinary practices to help our struggling bee population.

Increasing concerns over bee sustainability and threats to their population – both manmade and natural – together with growing awareness in recent years of the importance of bees to the food chain, led to the creation of the BBVA. By emphasising the critical environmental importance of bees and highlighting the significant threats they face, the BBVA seeks to encourage change by illustrating the small things that can make a big impact.

One such example is the “Bee-Friendly Practice” initiative, supported by Agria Pet Insurance for the second year, which encourages veterinary practices to extend their creature care beyond the clinic door – by planting bee-friendly plots, window boxes or containers to provide extra food for bees. Practices can increase their involvement by joining the BBVA, for which they will receive a practice pack filled with leaflets, posters, window stickers and a garden sign to promote their “Bee Friendly” status, while encouraging clients to join in too.

The importance and plight of bees
We depend on pollination from bees for a third of the foods we eat. And, as well as the vital role bees play in pollinating so many of our foods, honey gives us an exceptional antibacterial product. However, it takes the nectar from up to an incredible two million flowers to make just 500g of honey. A shortage of pollen is one of the most significant problems bees face, with the average colony requiring up to 30 kg of pollen per year: the equivalent weight of two large bags of dog food.

The three key threats to our bee populations are:

1. Reduction in suitable habitat and wild flora.
2. Pesticides and agrochemical use.
3. The devastating effect of a parasite, the Varroa mite, which is increasingly resistant to miticides, on honeybees.

Becoming a member of BBVA is a crucial step towards offering tangible help to the long-term outlook of bees, by providing funding for research and ongoing education. It also offers vets interested in bee health and management ways to keep abreast of the latest developments in bee disease, science and husbandry, with regular meetings and events.

Supporting the Bee-Friendly practice initiative aligns closely with Agria’s origins. Agria’s first policy was written back in 1890 by Claes Virgin, whose philosophy centred around the importance of animal-owner relationships and a secure future for animal and man. Agria Pet Insurance has pledged ongoing support to help the BBVA achieve its objectives within the veterinary industry.

President of the BBVA, John Hill, believes in a collaborative approach to making the scheme a success: “Agria Pet Insurance is continuing to give great support to the BBVA in our campaign to help practices become ‘Bee Friendly’. Bees are very much in the public’s awareness and there is already great momentum in wanting to help them in whatever way they can. We want to contact as many practices as possible to help spread the message that bees need flowers for food and habitat to survive.”

To find out more about the BBVA and how your practice can get involved, see: britishbeevets.com

For further information about how Agria Pet Insurance supports veterinary practices, please visit: www.agriapet.co.uk/BBVA or call: 03330 30 83 90
Front-line One Health

How can vets and nurses apply the One Health agenda in clinical practice?

One Health is a movement and superdiscipline which promotes collaboration between diverse professions to improve the health and well-being of people, animals and the environment, due to the interdependence of this triad.

The breadth of One Health is far-reaching, encompassing zoonotic diseases, comparative research of non-communicable diseases, the use of working animals worldwide for human livelihood, the human-animal bond, and the health of the environment underpinning all of the above.

The veterinary profession is a vocal champion of One Health, frequently raising awareness of the concept. Published literature often focuses on collaboration between governments, universities or multinational health organisations, particularly in research and policy. However, the One Health mission remains relevant to on-the-ground veterinary practitioners. Here, I discuss 10 ways veterinary professionals in practice can promote this agenda in their daily work.

1. **Antimicrobial stewardship**
The World Health Organization (2019) has named antimicrobial resistance as 1 of 10 major threats to world health in 2019. Vets are key global stakeholders in this challenge and can do their part by implementing antibiotic prescription auditing, morning inpatient rounds, case discussions or a regular journal club, which all create a culture of reflection and accountability.

2. **Charity work and volunteering**
Volunteering with initiatives whose work helps both people and animals enables vets and nurses to apply their skills in completely new, creative ways. Examples include charities such as Mission Rabies and StreetVet, whose work inherently carries the One Health ethos and raises the visibility of the veterinary profession in communities.

3. **Safeguarding against zoonoses**
In May 2018 in Kerala, India, 23 people presented to their doctors with pyrexia, delirium, coughing and vomiting. Eighteen subsequently died. The pathogen was Nipah virus, a fruit bat-derived zoonosis which causes encephalitis and respiratory disease. Patient zero was a 27-year-old man, who, through a cumulative series of errors, directly infected 20 other patients and staff (Arunkumar *et al.*, 2018).

   Though a slightly sensationalist hook, this highlights that human behaviour and small mistakes are sparks to kindling in fledging epidemics. For veterinary professionals, complacency is the enemy in the fight against zoonoses. Actions could include creating written practice rules on when to isolate suspicious cases and meticulous infection control. Important measures which are commonly neglected are washing hands between every patient, cups of tea in clinical areas and the use of gloves in the lab even when doing that routine urine dipstick!

   In our ever-globalising world, an enquiry of pet travel history should increasingly feature in routine consultation history-taking. Infectious disease CPD can help keep clinical signs of non-endemic zoonoses on the radar.

4. **Use of social media for client One Health education**
Approximately three quarters of internet users are consumers of some form of social media. Why not harness this powerful platform to educate the public about the concept of One Health?

   Do your clients know that leptospirosis is zoonotic? That their pet can suffer *Campylobacter* food poisoning? Are they aware of studies linking dog ownership to improved owner fitness and mental well-being (Wells, 2007)? Do they understand the effects of urbanisation and environmental change on the decline of UK hedgehogs? You can educate them!

5. **Three Rs for the environment**

   - Reduce: think about unnecessary invoice printing, lights left on at night and the carbon footprints of deliveries (which can be reduced by ordering stock in greater bulk).
   - Reuse: this is hard to achieve in clinical areas for obvious reasons but still applies to offices, kitchens and reception areas.
   - Recycle: work with local recycling authorities to find out which practice waste can be recycled. Plastics in
particular are highly variable but are generated in large amounts, so are worth the enquiry.

6. Dog bite prevention
Children are over-represented victims of dog bite injuries due to their natural propensity to approach animals (with which they are often similarly sized) and relative lack of awareness of behavioural cues. This can be vastly improved through education.

Veterinary professionals can deliver talks in schools, and tie in other One Health lessons such as safety around farm animals, leashing dogs to prevent worrying of livestock and respect for wildlife. This valuable work could save the life of a child, an animal or both.

7. Take health and safety seriously
Health and safety guidelines protect both animals and people from harm in the veterinary workplace. This includes ionising radiation safety, diligent use of PPE when handling chemotherapeutic agents and infrastructure for reporting not only of incidents, but also of near misses.

8. “Lifestyle medicine” – helping both people and their pets
How many of us have felt our hearts sink doing a first vaccination for a Border Collie whose owners live in a city centre flat, knowing what lies in store for all concerned? Or when we meet the parent who wants a placid therapy dog to provide company for a child with learning difficulties, only to buy the bounciest breed imaginable?

Imagine if small animal practices offered consultations for people that don’t (yet) own an animal. Practices could offer free or discounted 10-minute lifestyle consultations for prospective pet owners to help with decisions on their choice of future pet. This form of preventive medicine could immeasurably benefit the life ahead for an animal and the harmony of a family, as well as generating future custom from grateful owners.

9. Reporting suspected non-accidental injury
The correlation between animal cruelty and domestic abuse is well documented. It is lawful for veterinary professionals to consult the relevant agencies where there is serious concern for the welfare of an adult or child, just like any other concerned member of the public. Advocacy organisations like The Links Group provide information on the connection between different forms of abuse, as well as contact details for relevant organisations and agencies.

10. Supporting colleague physical and mental health
Employers can reward staff and support their health through discount partnership schemes with gyms and leisure centres, or by providing evening on-site yoga or Pilates classes. “Cycle to work” reward schemes have a big environmental impact, and additionally free up more spaces in the practice car park for out-of-town clients who may have no choice but to drive.

Practices can also support staff mental well-being, and many already do this very well.

Suggestions include:

- Peer mentorship schemes
- Democratic rota drafting
- Investment in positive leadership courses for management
- Provision of counselling for those in need
- Treating mental ill health as a valid reason to be off sick

To provide gold standard veterinary care but neglect our silently suffering colleagues is to fail at One Health.

Summary
By considering the welfare of not only our patients but also of our clients, our colleagues, the environment and ourselves, front-line veterinary professionals in practice can contribute to the One Health mission through small incremental changes which could cumulatively make a difference.

REFERENCES AND FURTHER INFORMATION
Are we pushing animals too far?

A recently published book considers the philosophical and ethical implications of using and abusing animals for the benefit of humans

_Are We Pushing Animals to Their Biological Limits?_ is an important book edited by Temple Grandin and Martin Whiting, published by CABI in October 2018, which covers a wide range of concerning issues in animal use and abuse. The volume covers animal modification in agriculture through the plight of working equids, selective breeding in dogs and cats and genetic modification of laboratory animals.

My initial thoughts on this book were concerns over the title; so many of the problems that are covered here are because, to my mind, we are taking animals well beyond their biological limits. We genetically modify poultry, for instance, to grow to adult weight in 42 days rather than three or four times that, and then we wonder why broilers die of heart failure with ascites or oedema. Or why they break legs in the last few days of their lives or when caught and taken for “processing”. This is not “to their biological limits”; it is well beyond it.

We genetically modify poultry, for instance, to grow to adult weight in 42 days rather than three or four times that, and then we wonder why broilers die of heart failure with ascites or oedema

Though called “genetic improvements”, these modifications mean that broiler breeders have to be starved to ensure that they grow to adult size in a manner that allows them to breed. One does not need to be partly expert in animal welfare to realise that significant food restriction is not an acceptable husbandry practice – and yet it is one endured by millions of birds around the world.

We see horses raced until they die on the racetrack or have to be euthanised shortly afterwards. I grant you many in the know say that the situation is better now than it has been (although a quick summation of the number of horses which died or were euthanised after races in 2018 gives 183 horses and 10 years ago, in 2008, this number was 184). Despite the image on the cover, the excellent chapter on working equids does not evaluate those racehorses, but rather considers what looks to be a far worse situation: mules, donkeys and horses used as pack animals.

In these situations, not only are the equids worked excessively and given poor provision of shelter and food, but they suffer deleterious handling and management practices, such as slitting nostrils, as well as diseases such as epizootic lymphangitis, African horse sickness, equine infectious anaemia, piroplasmosis, trypanosomiasis, glanders and rabies. This chapter will shock anybody who is unaware of the extent of the problem; it ends with an excellent summary of global efforts to improve the welfare of these animals.

We need a similar cross-disciplinary effort to improve the welfare impacts of other areas covered in this brilliant volume – from genetically modified laboratory animals with defects specifically designed to produce disease processes, to pets with brachycephalic defects which are, again, specifically bred for these disorders. The problem here is that people are aiming to push animals beyond their biological limits and the last two chapters, by Stephen May and Bernard Rollin, carefully consider the boundaries of what is ethical in our breeding and management of these animals that fall under our care.
A long-standing follower of mine on Twitter sent me a direct message a few days after Crufts. A friend of his had announced that having watched the show, she had decided to get either a miniature Dachshund or a Shih-Tzu puppy. Obviously, his heart had sunk almost as much as mine at this news. Sadly, all this did was confirm my long-held beliefs that Crufts has a massive negative effect on dog welfare and fuels the drive for people to own quirky or fashionable breeds.

After I went to Crufts about 12 years ago, I vowed to never go back – a vow that I broke in 2017 when I went with Cavaliers are Special. This group of tireless campaigners is trying to get the Kennel Club to introduce a mandatory heart testing scheme for Cavaliers. Denmark had recently demonstrated a drop in mitral valve disease in this breed of around 73 percent following a mandatory heart scheme. Common sense suggests such a scheme is a good idea in a breed with a 100 percent incidence of MVD.

Several times over the last 20 years I have asked the Kennel Club why they insist on leaving health testing to the breeders’ discretion. They have consistently said that it’s best this way. They say that they don’t want to drive people away or underground. When we handed the petition over to Bill Lambert, the Kennel Club representative, he said to me that they have little power to change things because they only register a very small percentage of dogs in the UK. I think this is absolutely not the case. The Kennel Club wields huge power. They say that they are the bastions of dog welfare. If this were true they would want only the best breeders. Why not have robust health requirements for every single breeder wanting to register animals? The cynic in me says it’s because they would lose a LOT of cash.

While I was at the show that year I had a soul-destroying wander round. I have long said that I believe that the concept of breed standards based on looks alone is a huge cause of unnecessary suffering and nothing over the last 23 years since qualifying has changed that opinion. This goes hand in hand with my feelings about showing animals and judging them based on how closely they conform to these arbitrary and often ridiculous standards. Standards that say Pugs should never be lean, that multiple breeds should be undershot, that breeds should have genetic defects like the Ridgebacks, while shunning the normal puppies in the litters, all of which are asking for unhealthy and unnatural changes to body shape and genetics.

More staggering are those standards that have had additions made to the new “healthier” (in the very loosest sense of the word) standards. Dachshunds should be clear enough of the ground to allow free movement, ie, ideally, they shouldn’t scuff along the floor as they walk. Someone has had to write down that in Bulldogs, signs of respiratory distress are highly undesirable. And thank goodness now we know, because it’s in writing, that ideally German Shepherds should be able to stand and walk unaided. No shit Sherlock!

As vets we try to encourage owners to habituate their dogs to being examined and handled all over. This helps reduce stress for all concerned when veterinary visits are necessary. I can’t help thinking that the life of a show dog is a step too far though. Personally, I wouldn’t put my pet through hours of travel and grooming, washing, shampooing, restricted play, crating and unnatural on-lead interactions to culminate in yet another stranger groping its balls and mauling it to see if it’s deformed enough to win a prize. A prize that means absolutely nothing to the animal.

Millions of people tune in to Crufts every year. The BBC dropping coverage was something they should be proud of but, sadly, money talks and it was soon scooped up again. No matter what the Kennel Club says about their impact on registered animals, there is no doubt that Crufts influences millions of viewers – potentially millions of prospective dog owners, whether they buy from a puppy farm or a registered breeder. Dog shows have zero benefits for the animals. They are all about human gratification. If you like hairdressing, get a Barbie, if you like making stuff clean and shiny and showing it off, show antiques or cars. There is no place in our society for this archaic, moronic abuse of sentient animals to satisfy the eternal human hunt for entertainment, glory and rosettes.
Working together on gut stasis

The management of gut stasis in rabbits often requires prompt intervention and the support of an RVN

Gut stasis is one of the most serious conditions a rabbit could have, and it deserves to be taken seriously by both the owner and veterinary staff. Because there are many possible causes (many of them external to the gut itself), it must be highlighted that it is a symptom and not a final diagnosis. A rabbit that presents in gut stasis requires a full clinical examination and husbandry review. At this stage, the cause of the gut stasis may become obvious.

Be aware that a rabbit that has been eating poorly for a while and finally stopped may well have acquired dental disease; however, this may not be the only cause of it stopping eating. Other causes such as bladder sludging, renal disease or even liver lobe torsion should still be investigated, depending on other clinical signs and the results of the physical examination.

The authors’ preference is to see rabbits that have stopped eating within 12 hours. Prompt examination and comprehensive treatment allow stabilisation of the patient and enable an immediate improvement to its welfare. In addition, early treatment facilitates getting the patient stable enough to undergo diagnostic testing to determine the underlying cause. In the longer term, treatment of gut stasis alone is insufficient, and a diagnosis of the underlying cause will allow prevention of further episodes of gut stasis, or at least better long-term control.

Gut blockages, while causing gut stasis, are not always directly part of the gut stasis syndrome we regularly see. Blockages are often secondary to the rabbit eating something inappropriate, for example, nuts, fake straw bedding, wallpaper or cardboard. Occasionally, over-grooming (either of itself or its companion) can lead to blockage with fur.

In some cases, gastrointestinal blockage can be due to internal disease (such as a mass within or adjacent to the gut that affects lumen diameter). In some cases where there is gas build-up in the stomach, the pressure and size of the stomach cause the gastric outflow to block, causing obstruction. Any potential gut blockage is an emergency situation – these rabbits need to be seen as soon as possible as treatment for gastrointestinal blockage often requires surgery.

The rabbit is dependent on the efficient functioning of its gut to be able to obtain energy and nutrients from a relatively poor diet. The gut volume is large compared to the body size, and the caecum acts as a fermentation vat that allows the smaller particles from the diet to undergo bacterial digestion. This means that if the gut is distended or painful, then there is a significant impact on the rabbit in terms of ability to adequately digest food. As soon as the gut motility is reduced, the composition of the bacteria in the caecum rapidly changes, meaning that the ability to digest food is altered.

Often, when the gut is not normally motile, food matter that would ordinarily be sent to the caecum for additional fermentation is lost as diarrhoea. Therefore, when the gut is not moving normally, the rabbit patient can very rapidly experience significant shifting of fluid into the gut, electrolyte changes (calcium, sodium, potassium and chloride are all electrolyte molecules that can be affected by gut stasis) and negative energy balance (because little energy is being extracted from what little food is being taken in).

Where an obstruction is suspected, it is useful to check a blood glucose level. Rabbits that have very high blood
glucose when in gut stasis are more likely to have a gut obstruction, although this is not diagnostic. If the blood glucose is high, then X-rays (Figures 1 to 3) or ultrasound should be used to further rule in or out an obstruction.

In most cases, however, where there is no evidence of a blockage, analgesia, prokinetics, fluid therapy and supported feeding are appropriate. Most rabbits are less stressed and more likely to eat voluntarily at home, although this depends on owner compliance. If a rabbit on treatment has not started eating within 24 hours, or if it is getting worse, becoming more lethargic or is painful, than a repeat examination is needed. A failure to improve with medications may be a sign that there is something going on that hasn’t yet been identified and addressed.

A rabbit diagnosed with a gut blockage usually requires surgical intervention or euthanasia. The reality is that this condition will worsen rapidly with very little potential for it to correct itself without intervention. This means that the animal in question is likely to suffer significantly. Gut surgery, particularly if the rabbit has not been eating for a couple of days, carries a significant risk. Gut stasis medications (the prokinetics) are contraindicated where there is a gut blockage, as they can lead to rupture of the gut. With stabilisation, fluids, good pain relief and good nursing care, rabbits with gut blockages can survive and go on to thrive, so surgery is definitely worth considering.

Gut stasis is a potentially serious condition; however, with appropriate interventions and particularly nursing support and feedback, good outcomes can be achieved.

MEDICATIONS COMMONLY USED IN GUT STASIS

- Metoclopramide – a prokinetic that encourages stomach emptying; tends to encourage more normal movement of food through the gut
- Ranitidine – an antacid that also has prokinetic properties
- Cisapride – a prokinetic that encourages gut motility in the upper gut; usually reserved for more serious cases
- Domperidone – a prokinetic that works on more of the gut, encouraging normal peristalsis
- Meloxicam – can be useful for mild abdominal pain
- Opioids – indicated for severe abdominal pain. Contrary to popular belief, these drugs do not cause gut stasis when used appropriately and can be very useful to treat gut stasis when severe pain is the cause

FURTHER READING


Green, H. (2017) Factors contributing to fatalities in hospitalised rabbits. The Veterinary Nurse (online) Available at: magonlinelibrary.com/doi/abs/10.12968/vetn.2018.9.2.92
A new way to boost compliance

Hiding tablets in a mouldable product may improve the lives of the many pets that don't receive their medication as prescribed

Over their lifetime, most dogs are likely to need medication in some form or other, which might be in capsules, tablets or liquid form and could be for preventative treatments such as parasite control or for prescription medications. An internal study by Royal Canin (2018) revealed that one in four owners will leave the veterinary clinic with oral medication after a consultation.

In terms of owner compliance (the percentage of owners receiving a treatment, screening or procedure in accordance with accepted veterinary healthcare recommendations), a study by Albers and Hardesty (2009) showed that only 76 percent of owners were compliant in giving the medication as prescribed, which means that around a quarter of pets didn’t receive their medication. For pets with certain conditions, such as cardiac disease, this could pose a significant risk to their health and welfare. In the same study, 60 percent of owners were so frustrated by the difficulty of giving tablets that they stated they would be willing to pay up to three times more if the tablets were more palatable or easier to give.

Methods used by owners include hiding the medication in the dog's usual food (which is not ideal as it could potentially trigger food aversion) or hiding it in human foods such as sausages, cheese and pâté. As noted by veterinary nutritionist Lisa Freeman on her blog (Petfoodology, 2018), many of the human foods used by pet owners for this purpose could pose a risk for dogs with certain conditions. The high salt content of cheese, peanut butter or cold meats could pose a problem in cardiac patients, and fat levels in cream cheese or pâté may be problematic in patients with pancreatitis. Other unsuitable foods might also be used, such as chocolate cake or grapes. The author once witnessed a dog owner hiding a tablet in half a chocolate Swiss roll and subsequently spent a good deal of time worrying about how much more weight this already-obese dog would gain during the 10-day course of antibiotic treatment. Even when tablets are hidden in human foods, there is still no guarantee that the pet will not detect it and therefore still not receive their medication, and just receive additional calories for no good reason.

The ideal solution, then, would be to lower calories, hide the flavour of the medication and be palatable enough to ensure ready acceptance by the patient.

This is where new Pill Assist by Royal Canin comes in. This is a new, mouldable product which comes in two sizes specifically designed to aid compliance when giving medication to dogs. As with all Royal Canin products, it underwent rigorous palatability trials, with 31 dogs (17 small and 14 medium to large) given a bitter-tasting placebo hidden within, twice a day for five days. The dogs had 310 exposures to 610 Pill Assist products and study rules stated that these must be offered from a bowl to ensure that dogs were not compelled to eat to appease their handler.

The results of the study were very positive, with over 97 percent acceptance by both sizes of dog. An additional trial was then run on dogs already receiving medication, in which they were given their usual medication but inside the Pill Assist. In this trial, there was 99 percent acceptance with only one dog (a dog that was normally pilled by hand) refusing on only three occasions. Additionally, faecal quality was monitored during both trials and no problems were seen with either quality of faeces or frequency of defecation.

The key to completely hiding the taste of the medication lies in the preparation. The tablet should be inserted into the Pill Assist and then moulded closed with the hand that hasn’t touched the medication. Both small and large Pill Assist products have a moderate calorie level at 10 kcals and 25 kcals respectively; lower than the average slice of ham and significantly lower than a similar sized piece of cheese or pâté.

A more recent study by Talamonti et al. (2015) concluded that ease of applying treatments, including the giving of medications, has a positive effect on owner adherence to treatment protocols. This new product is expected to be very beneficial to the lives of pets in need of medication.

References


Royal Canin (2018) Internal data from a study carried out with 1,800 pet owners in US (not publicly available).

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Diagnosing and treating feline demodicosis

What to look for in demodicosis cases to ensure you are effectively eliminating the right mite

Feline demodicosis is a disease associated with three Demodex mites. These are Demodex cati, Demodex gatoi and a third unnamed Demodex species.

Demodex cati

This is a long-bodied mite (Figure 1) found in the hair follicles and ears. Disease may be localised or generalised.

Clinical signs

Localised disease involves the eyelids, periocular area, head or neck, and lesions consist of localised alopecia, variable pruritus and erythema. Lesions in generalised disease are multifocal patchy alopecia, with in some cases erythema, scaling, crusts, macules, lichenification and hyperpigmentation (Figure 2) (Hnilica and Patterson, 2017).

Ceruminous otitis externa alone is also possible. Disease can occur in any age, breed or sex and is not contagious. It may be idiopathic or associated with an underlying immunosuppressive or metabolic disease such as feline immunodeficiency virus (FIV), feline leukaemia virus (FeLV), toxoplasmosis, systemic lupus erythematosus, hyperthyroidism (Figure 2), neoplasia or diabetes mellitus (Hnilica and Patterson, 2017).

Differential diagnosis

In the differential diagnosis, Hnilica and Patterson (2017) include:

- Dermatophytosis
- Cheyletiella
- Otodectes cynotis
- Other causes of otitis externa

Diagnosis

- Skin scrapings. The mite is easier to find than D. gatoi
- Tape strips

FIGURE (1) Long-bodied Demodex cati (image courtesy David Scarff)

FIGURE (2) In generalised D. cati, there may be scaling, erythema, crusting and lichenification. In this case, there was an underlying hyperthyroidism (image courtesy of Anita Patel)

FIGURE (3) The lesions seen in Figure 2 were resolved following thyroidectomy and topical treatment with fluralaner spot on (image courtesy of Anita Patel)
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Histopathological examination. Mites may be seen in the stratum corneum or within hair follicles with an associated perifolliculitis and suppurative perivascular dermatitis. Negative findings are not conclusive to rule out the diagnosis.

**Treatment**
- No specific licence exists for feline demodicosis treatment, therefore informed consent is required.
- Lime sulphur 2 percent dips should be applied weekly for four to eight weeks.
- Isoxazolines (fluralaner, sarolaner; as with *D. gatoi*).
- Amitraz dips (0.0125 to 0.025 percent) applied to the whole body weekly to every two weeks (Hnilica and Patterson, 2017). Although reportedly effective, cats are sensitive to the use of amitraz and it is contraindicated in diabetic cats.
- Prognosis is variable depending on the underlying cause.

**Demodex gatoi**
This is a short-bodied mite (Figure 4) found in the stratum corneum. Predisposed breeds are Burmese, Maine Coons, Bengals and multi-cat household cats. It is poorly responsive to routine flea treatments, with the exception of the isoxazolines (Matricoti and Maina, 2015).

**Clinical signs**
Signs include mild erythema and scaling, which is often generalised. Pruritus is commonly seen and likely due to hypersensitivity to the mite. Signs may be severe and poorly responsive to anti-inflammatory doses of glucocorticoids. Self-induced inflammatory lesions and symmetrical alopecia (Figure 5) may also be seen. Be aware that unlike *D. cati*, *D. gatoi* is contagious.

**Differential diagnosis**
In the differential diagnosis, Hnilica and Patterson (2017) include:
- Dermatophytosis
- Hypersensitivity (*Cheyletiella*, *Otodectes*, fleas, food, atopy)
- Psychogenic alopecia

**Diagnosis**
- Due to excessive licking, the mite may be difficult to find. If there is more than one cat in the household, consider sampling all cats because the mite is easier to find in non-pruritic carrier cats.
- Skin scrapings (multiple)
- Tape strips
- Faecal flotation
- Trial therapy is often required

**Treatment**
- All in-contact cats need treatment.
- Fluralaner spot on can be used for cats.
- Selamectin and sarolaner spot on (Walker, 2018).
- 2 percent lime sulphur dips. Clinical improvement is often seen within three to four weeks, with a total treatment time of six to eight weeks suggested (Hnilica and Patterson, 2017).
- Prognosis is good

**Unnamed Demodex mite**
This mite is found in the hair follicles and, in some cases, concurrently with *D. cati*. It is a distinct species (Ferriera et al., 2015). It has a blunted abdomen and is associated with immunosuppression. The clinical signs and treatment options are similar to those described above for *D. cati*.

**References**


We are living in a prolonged period of political uncertainty, the scale of which many of us have never experienced before. Within our industry, the potential wide-reaching implications include effects on jobs, food and medical supply chains, animal welfare legislation, pet travel, research, biosecurity and more. It is reassuring, however, that since the result of the referendum was announced, the veterinary profession has united and lobbied with a clear and prominent voice in the political arena.

Uncertainty puts pressure on individuals, businesses and industries, which are having to second guess the political landscape and plan for every possible outcome. Whether you are a non-UK EU national vet living in the UK or a research institute looking to recruit EU staff, the exact future is difficult to predict and based upon reassurances, rather than concrete and legislated certainty.

In a profession which relies heavily upon the talents of non-UK EU colleagues in every area, from Official Veterinarian (OV) work to specialist referrals, the profession’s priority has been to ensure their rights are protected and that they feel welcome in both their profession and community. The veterinary family is diverse and we want to nurture and protect this proud heritage. It is estimated that 95 percent of vets working in abattoirs graduated overseas, and members with EU qualifications totalled 22.5 percent of RCVS membership in 2017.

Even in the early days following the referendum, there were industry reports of a negative impact on recruitment in the OV sector. The RCVS reported that leading experts from overseas were turning down offers from top UK institutions, and others considered leaving as the atmosphere became less welcoming to foreign workers. Despite consistent pressure from both the RCVS and BVA, we are still waiting for the government to add veterinary surgeons to the shortage occupation list. This endangers the ease of movement of highly qualified colleagues into the UK to meet the demands of the veterinary recruitment crisis.

Brexit does present opportunity, and where we have enjoyed the luxury of movement with our pets across the borders, we have also had to deal with the consequences of abuse of the system. Irresponsible breeders have capitalised, importing puppies of questionable age and vaccination status. There are reports of imported puppies being diagnosed with distemper and parvovirus in the Veterinary Record, and four cases of babesiosis were reported by the Big Tick Project in dogs which had never travelled, indicating a possible risk that the disease could become established in the UK. With tighter control over pet travel, it will be possible to ensure more rigorous checks are made, reinstate tick treatment as compulsory prior to entry into the UK and reintroduce more rigorous rabies controls.

Under the existing Mutual Recognition of Professional Qualifications Directive (MRPQ), applicants from the EEA and Swiss nationals can automatically join the RCVS register. In the event of a no-deal Brexit, which could mean that MRPQ no longer applies, the recently passed Statutory Instrument (The Veterinary Surgeons and Animal Welfare (Amendment) (EU Exit) Regulations 2019) will allow the RCVS to continue to register degrees obtained at EEA institutions, provided the degree meets the RCVS educational requirements and standards. If these standards are not met then the Statutory Examination will need to be passed to obtain membership of the RCVS. This is an important step in ensuring we maintain high standards of care and welfare.

One thing is for certain: nothing is for certain. However, we are fortunate to have a profession united in passion for protecting welfare of animals, and rich in diversity with overseas colleagues from across the globe. Rather than engaging in the political posturing, we have representatives who speak a loud, clear and consistent message on behalf of the profession. We all have to lend weight to the voice to ensure it is loud enough to break through the noise in Westminster.

For those wanting to understand more about Brexit, the BVA has produced two informative reports that are worth a read: “Brexit and the veterinary profession” and “No deal Brexit and the veterinary profession”.

"Uncertainty puts pressure on individuals, businesses and industries"
Managing humeral intracondylar fissure

Though the aetiopathogenesis of the condition is debated and treatment can be challenging, it is important to diagnose HIF as soon as possible.

Humeral intracondylar fissure (HIF) is a condition that is most often seen in Spaniel breeds, particularly the English Springer Spaniel, although other breeds can also be affected. It is estimated to have a prevalence of 14 percent within English Springer Spaniels in the UK (Moores et al., 2012). HIF may cause thoracic limb lameness and pain on elbow manipulation, or it may be identified as an incidental finding. HIF can exist alongside other developmental elbow disease such as medial coronoid disease, OCD and radio-ulnar incongruence. Importantly, a dog with HIF is at risk of going on to develop intercondylar fracture, so there is benefit in the early recognition of the disease.

Aetiopathogenesis

The aetiopathogenesis of HIF is debated, but two main theories predominate. The first theory is that it is due to a failure of endochondral ossification (leading to the term incomplete ossification of the humeral condyle, IOHC) and the second is that it is caused by a stress fracture.

During canine growth, the distal aspect of the humeral condyle arises from two separate centres of ossification. The dividing cartilaginous plate ossifies by 8 to 12 weeks of age in a normal dog. If the cartilaginous plate were to fail to ossify, it could potentially lead to a fissure developing. In a humerus affected by HIF, the fissure develops at the site of the cartilaginous plate, providing strong evidence for a failure of endochondral ossification. One report of the histopathology of the intercondylar region of a single clinically affected patient supported this mechanism. However, other histological studies have provided conflicting evidence, as lesions have lacked the proliferative or hypertrophic cartilage that would be expected in a case of failure of endochondral ossification.

The second theory is that the fissure is a type of stress fracture. Computed tomography (CT) has revealed sclerotic bone being commonly found in the area immediately adjacent to the intracondylar fissure (Figure 1). This bone reaction, typical of a stress-type injury, is consistent with an adaptive biological response to repetitive loading, or a failure of bone repair in an unfavourable mechanical or biological environment. CT has also demonstrated the development of a fissure in a previously normal humeral condyle, as well as the progression of a partial to a complete fissure, suggesting that the lesion is one that develops with time rather than with skeletal development.

It may be that elbow incongruency, especially radio-ulnar incongruency, plays a role in the development of an HIF, either by placing uneven stress on the humeral condyle during development resulting in a failure of ossification, or during activity resulting in a stress fracture. There is limited evidence to support the role of incongruency.

As the aetiopathogenesis of this condition is uncertain, and with the possibility that more than one mechanism may contribute to the formation of such lesions, the term humeral intracondylar fissure has become more widely adopted.

The presentation of a Spaniel with thoracic limb lameness should always encourage a clinician to carefully image the distal humerus.
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known follow-up (variable time post-surgery), 34 elbows

were subjectively sound and 19 were still showing lameness (Hattersley, 2011). Due to this very high complication rate, mediolateral screw placement has been proposed, but this is more demanding as the safe corridor is smaller in this direction due to the shape of the humeral condyle. There are various techniques to place screws accurately, such as using specialised drill guides and fluoroscopic guidance, but no technique is foolproof!

Historically, HIF was most commonly treated with the transcondylar screw placed as a lag screw. (Hattersley’s study showed a lower SSI rate for screws placed in lag fashion.) Many surgeons now consider that placing a positional screw is less likely to cause ongoing lameness after surgery, and there is still a disparity of opinion on this matter.

Not uncommonly, dogs return months or years after transcondylar screw placement with a recurrent lameness, and the screw is found to have broken at the site of the fissure. It has become apparent that the vast majority of these lesions do not heal but persist as stable non-unions. For this reason, drilling small bone tunnels across the fissure site has been reported as a treatment of HIF, both with and without concurrent placement of a transcondylar screw. A more recent report has described placing an autogenous bone graft into a transcondylar humeral bone core, mostly in combination with metallic implants. Lameness was improved and some bony bridging was observed via CT examination in this latter study.

Larger diameter bone screws are usually placed, in an attempt to limit the risk of fatigue failure of the screw (Figure 3). Use of a shaft screw with a large unthreaded portion and a negative profile thread engaging in the transcortex has also been reported, as these screws also offer increased resistance to fatigue failure. However, healing of the fissure has again been reported to be inconsistent.

Recently, a HIF-specific implant has been marketed. It is a titanium screw which is self-compressing, with a bone void around the central non-threaded mid-portion, which is filled at surgery with demineralised bone matrix. Outcomes after placement of this screw are unknown at this time.

Summary

HIF is a condition that clinicians should keep in mind when examining dogs with thoracic limb lameness. It can be successfully treated, but this is not without its challenges.

References


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A look through the latest literature

Absorbable staples for skin closure after tibial plateau levelling osteotomy
Fraje Watson and others, Fitzpatrick Referrals, Godalming, Surrey

Tibial plateau levelling osteotomy is a routine treatment for cranial cruciate ligament disease in dogs. However, wound site complications such as swelling, irritation and bruising may contribute substantially to patient morbidity, causing pain and lameness. The authors investigated the risks of complications in cases where the wound site was closed with absorbable staples made from a polylactic acid/polyglycolic acid copolymer compared with conventional steel staples. Their findings showed no differences between the two groups in the incidence of inflammation or infection. It is suggested that absorbable staples may be useful in cases where subsequent suture removal may be impractical.

Veterinary Surgery, 48, 35-41.

A self-retaining distractor for hip joint arthroscopy in toy breed dogs
Jihye Kim and others, Chungnam National University, Daejeon, South Korea

Arthroscopy is a useful option in evaluating the hip joint during investigations into conditions such as hip dysplasia, fractures and osteoarthritis. However, these examinations may be difficult in toy breeds because of the relatively small joint space. An additional problem for the surgeon can be fatigue due to the strain involved in maintaining consistent pressure over long periods using a manual distractor. Self-retaining distractor devices have been developed for human surgery to overcome the latter problem. The authors investigated the value of these devices during arthroscopy in 20 toy breed dogs, comparing the safety and accuracy of the procedure with another group undergoing external manipulation. Their findings suggest that using the distractor device can significantly improve the surgeon’s performance without surgical assistance and can reduce the risk of iatrogenic cartilage damage.

BMC Veterinary Research, 15, 35 (Open Access).

Comparison of unilateral and single session bilateral surgery for medial patellar luxation
Lauren Sanders and John Bevan, Central Texas Specialty Hospital, Austin, Texas

Medial patellar luxation is one of the most frequently reported canine orthopaedic conditions and is a particularly common finding in toy and small breed dogs. The condition often appears bilaterally and the attending surgeon will then have to decide whether to treat both joints at the same time or in separate procedures. The authors reviewed the records of 251 dogs and found less improvement in patellar luxation grade and a higher incidence of complications in those dogs receiving single-session bilateral surgery.


Physeal acetabular fracture in a dog treated with external fixation
Taylor Graville and others, Mississippi State University

A 13-week-old female Labrador Retriever puppy was referred after falling off, and then being run over by, an all-terrain vehicle. The patient was found to have an acetabular fracture with an open ilioschial physis. Open fixation was performed using Kirschner wire cross pins and a four-pin type 1A external fixator which resulted in successful healing of the fracture. At a subsequent examination three years post-operatively, the patient was found to have marked osteoarthrosis of the affected hip but the clinical function of the joint was still good.


Effect of body condition on recovery in Dachshunds with intervertebral disc disease
Wanda Gordon-Evans and others, University of Illinois, Urbana-Champaign

Dachshunds have an estimated 10- to 12-fold greater risk of developing intervertebral disc disease than dogs from breeds with a more conventional conformation. The authors examined the impact of obesity on post-operative recovery in 32 Dachshunds following thoracolumbar hemilaminectomy and post-operative physical rehabilitation. Their findings show that preoperative disability was a risk factor for a slow recovery following surgery but body condition score did not appear to influence the outcome.

Veterinary Surgery, 48, 159-163.
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Tackling mastitis in Africa

The problems encountered with milking in developing African countries are very different to those we’re used to in the UK.

At the British Mastitis Conference, Peter Edmondson, who runs UdderWise, gave a sobering and amusing account of work in developing countries in Africa. Veterinary surgeons from the UK have been involved in supporting local initiatives to provide training and support for cow keepers. It was Peter’s comments, aside from the formal presentation, that gave an interesting insight into human factors that may not be immediately apparent to those of us enjoying the benefits of living in the UK.

Peter outlined that in 2012, Mike Thorne from Rutland Veterinary Group began an initiative that has now involved 36 UK veterinary surgeons in a six-year project. For the project, two vets travel to Africa for two weeks at a time, three times a year. The flights are paid for, accommodation provided in the project compound and each vet gives their time. The speaker commented that we take things very much for granted in the UK and that involvement in the project provides a different perspective; each vet is taken way out of their comfort zone. For many, it proves to be a life-changing experience. There are a few who find it too difficult, and vets who volunteer are initially encouraged not to travel. The project provides an essential infrastructure that allows a safe working environment.

In introducing the mastitis aspect, Peter pointed out that developing countries in Africa do not have a history of dairy farming and the keeping of indigenous cattle is a sign of wealth. The price of milk is very variable and although the nutritional value is recognised, production is limited by the local conditions and infrastructure. He noted that in Malawi, the minimum daily wage of $1 is equivalent to four litres of milk. Planted crops often fail if the expected rains do not arrive in time for germination, and growth is dependent on further rain at the right time. Feed for the cows is cut and carried every day. Water has to be fetched from a well, with 100 to 125 litres of water needed per cow per day. Milk is taken to a collection centre on foot or by bicycle, donkey or maybe motorbike. Small-scale farmers with 1 to 10 cows utilise lots of people on a daily basis.

One cow will provide for the needs of a family and a dead calf is a complete catastrophe. Tick-borne diseases from the bush are a real threat and so there is no grazing. Hand milking is the norm with Staphylococcus aureus infections commonplace. Muck and dirt in the milk requires the removal of physical contamination by straining through a sieve; somatic cell counts and total bacterial counts are likely to be high.

Many small-scale farmers keep their cows in a corral by their home to avoid theft or wild animals attacking their stock. In the rainy season, there is very high humidity and temperatures of over 35 degrees centigrade, with cows suffering heat stress. Corrals become very muddy with six inches of rain in a day and so environmental clinical mastitis is a problem. Cows will literally bury themselves in mud and manure to stay cool, Peter said.

Veterinary surgeons are few and there is limited availability of extension advisory services. The supply of medicines is intermittent, and this includes the availability of vaccines for important African diseases including Rift Valley fever, lumpy skin disease and foot and mouth disease. Local cattle wander around and act as a vector for many diseases. Post-milking teat dips can be difficult to obtain, are of poor quality and are little used, and antibiotic dry cow tubes are expensive and come from dubious sources containing low levels of antibiotic. The social and economic implications of culling are massive if the farmer only has three cows, especially considering the cost of a replacement heifer.

A notable comment was that in developing Africa, mastitis is treated with people rather than drugs. Prevention of disease is essential, with clinical mastitis cases being hand stripped. Some of the more progressive dairy companies have persuaded farmers to pre-dip with hypochlorite and wipe it off with newspaper, wash and dry their hands between cows and apply iodine teat dip after milking.

For the visiting veterinary surgeon providing basic information to farmers in the bush, it is necessary to develop

The social and economic implications of culling are massive if the farmer only has three cows, especially considering the cost of a replacement heifer.
imaginative ways to deliver animal husbandry and welfare messages that are easy to understand and realistic to implement. On Peter’s first visit, chairs were set out under a tree in the shade, where initial prayers and speeches were led by the chief. The chairs were for invited dignitaries and the planned one-hour training session, through an interpreter, was reduced to less than half. However, the people have had a “tremendous willingness to learn” and once farmers grasp the need and benefits, they have been meticulous about applying the milking routine. There is also a strong tradition of storytelling and oral communication. Individuals attending a training session are unlikely to take notes, but they can repeat verbatim what has been said, Peter explained. Increasingly today the farmers have smartphones and contact is maintained with individuals when the vet returns to the UK.

There are some commercial herds with up to 2,000 cows (with milking parlours, tractors and full mechanisation), and they employ as many as 200 people who are totally dependent on the farmer. Generating electricity and a supply of clean water is essential but the availability of raw ingredients to include in rations can change overnight and ration formulation, with subsequent rumen issues, is a regular problem. The text of the paper “Mastitis in developing Africa” can be found in the proceedings of the British Mastitis Conference (britishmastitisconference.org.uk).

XL Vets and Send a Cow are currently involved in Farm Skills Africa. Working in Rwanda, Uganda and Burundi, two veterinary surgeons are supporting local staff twice a year. The sixth programme is due to be completed this spring and then a review will assess how best to proceed. Increasingly, there is veterinary involvement with Send a Cow and an initiative to enable veterinary practices to engage with the programmes and support veterinary trainers is available. BVA President Simon Doherty has been appointed to the Board of Trustees. When the review has taken place, the lessons learned and future intention will be widely shared. Information and contact details are available via sendacow.org.
In June 2018, a veterinary-led compulsory health plan and performance review was introduced for Red Tractor Farm Assurance clients. This presented an opportunity, and a challenge, for the production animal veterinary surgeon to rationalise and promote proactive health planning in a way that engages with and motivates clients in what has, historically, been an area with minimal veterinary input.

Profitable beef cow production is a challenge – in part due to the relative inefficiency of the system, as a result of high maintenance cost per kilogram in the breeding herd together with long gestation time and the long period from birth to slaughter relative to sheep, pig and poultry meat. Recent trends in reduction in red meat consumption (perhaps reflecting increased consumer concerns regarding animal welfare, antimicrobial use and greenhouse gas emissions) together with a reduction in the direct headage payments available in the 1980s and 1990s have further stretched producers.

While many intensive farming systems have for a long while adopted a planned approach to managing animal health and productivity, the beef sector has lagged behind. Perhaps as a result, only the top third of producers are likely to be making a significant net profit from their beef enterprise.

Currently, the UK is a net importer of beef. But it appears that with efficient production, the UK beef breeding herd has a place within sustainable agriculture.

The Red Tractor Farm Assurance requires beef herds to complete a Farm Health Plan and Health and Performance Review, either alone or in conjunction with the farm’s veterinary surgeon. This is then scrutinised and used to compile a Veterinary Health and Performance Review, which comments on antimicrobial use (including high priority critically important antibiotics) and puts forward recommendations for improvements to be made over the coming 12 months.

Whilst this has undoubtedly increased farmer engagement with vets, this approach may have limitations unless it is viewed and managed as a dynamic process rather than a static document. There is also little encouragement within
this framework to address and analyse production targets as they relate to animal health and welfare, rather than focusing on individual disease management and therefore a danger that the producer treats the health planning exercise as a static yearly task rather than an ongoing flexible blueprint. It is easy to understand why some farmers fail to see the value in going through the motions since little emphasis is placed on the fact that a working health plan aims to maximise net profit whilst safeguarding the health and welfare of the stock.

Veterinary surgeons have scope to play a pivotal role in improving efficiency within the beef system as a whole and the suckler cow herd in particular. Vets have a working knowledge of nutrition, biosecurity, endemic disease risks, fertility and welfare together with an ability to provide unbiased advice and often outstanding regional knowledge. This is an area with huge scope for innovative and practical collaboration with potential for quantifiable increases in productivity for farmers and providing an income stream for veterinary practices as well as subsequent job satisfaction for the farm vet.

Delivering influential health planning relies on developing simple and practical systems for data recording – collecting appropriate data in a way that is tailored to the individual farm. It builds in the ability to analyse this in a way that highlights easy gains, allows benchmarking, tracks progress year on year and allows efficacy of advice to be demonstrated on-farm, promoting increased engagement. Risk assessment based on the individual unit will help to detect potential problem areas and allow proactive health management practices to be put in place to safeguard herd productivity, setting realistic targets and allowing year on year recognition of improvements to be made.

**Approaching health planning**

There are two initial questions to ask:

1. Where is this herd now?
2. What are the standard operating procedures currently in place?

Analysing the answers to these questions will enable the veterinary surgeon to formulate an action plan, develop targets and generate a health plan. Often, the first question is the most challenging to answer and the first step is to encourage simple and practical record keeping of the important key performance indicators (KPIs). The points below summarise the five areas where the largest gains may be made.

**Fertility**

Reproductive efficiency is key and can be monitored by setting targets during the production cycle:

- Heifer management – early breeding and target growth rates
- Bulls – soundness and fertility; genetics and breeding soundness examinations

- Cow condition and nutrition – using target condition scores during the production cycle and, in particular, managing condition to minimise winter feed use and maximise fertility
- Calving ease – promoting easy calvings, using bull estimated breeding values (EBVs), taking into account both direct (paternal) and indirect (maternal) calving ease and monitoring cow condition
- Maintaining herd health – by herd health planning and biosecurity management/risk assessment; this can be challenging in the current stratified system

**Choosing the correct breed and system for the farm**

It’s important to choose the correct breed (Figure 1). The increasing trend towards very large suckler cows has led to a concomitant decrease in percentage production efficiency.
Managing to minimise wintering costs
Body condition scoring post-calving, one month pre-weaning and prior to last trimester of pregnancy, and feeding thin and young animals separately to ensure they reach target condition score.

Producing high value cattle
Using creep feed (Figure 2) to minimise performance checks at weaning – aiming for daily live weight gains of approximately 1kg/day.

Finishing weaned cattle
Using efficient short duration finishing systems (Figure 3) and matching these cattle to the market requirements.

In terms adapted from Health Planning for the Beef Cow Herd by SAC consulting services:
In order to monitor and interpret performance, quality data at key points in the production cycle is required, together with a standardised system to measure performance and compare with other similar units (benchmarking). The next requirement is the ability and willingness to intervene if necessary in a way that is proactive rather than reactive and in a way that is sensitive to the individual needs of the client. The key in many herds is to start with simple and easily obtained data and to put in place a recording system that is practical and user friendly.

Data from the client
- Cows/heifers put to the bull
- Number of cows PD positive
- Bulling period for both cows and heifers
- Number of cows that calve in the first three weeks (include cows calving up to 10 days before their due date)
- Number of calves that die between birth and weaning (ideally broken down to perceived stillborn, birth to 48 hours and 48 hours to weaning)
- Number of assisted calvings
- Number of calves weaned/sold and weight if possible

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
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<tbody>
<tr>
<td>Calves born alive</td>
<td>Cows mated</td>
</tr>
<tr>
<td>Calves weaned</td>
<td>Cows mated</td>
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<tr>
<td>Cows calved in three-week period</td>
<td>Cows calving</td>
</tr>
<tr>
<td>Number of stillbirths</td>
<td>All calves born</td>
</tr>
<tr>
<td>Number dead in 48 hours</td>
<td>All calves born</td>
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<tr>
<td>Number dead in &gt;48 hours</td>
<td>All calves born</td>
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The above figures, while not difficult to collect, will start to give a picture of the calving year and can be standardised.

Standardised data
The results can be used to indicate problem areas and allow intervention – as well as allowing benchmarking.

Simple production targets
- Each cow to produce one calf per year
- Maximise kg calf sold per kg cow mated
- Average calving interval of 365 days

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<table>
<thead>
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<tbody>
<tr>
<td>Calvings per cow and heifer put to the bull</td>
<td>≥95%</td>
</tr>
<tr>
<td>Barren cows</td>
<td>&lt; 6%</td>
</tr>
<tr>
<td>Cows calving in first three weeks</td>
<td>&gt; 65%</td>
</tr>
<tr>
<td>Bulling period for cows and heifers</td>
<td>9 weeks</td>
</tr>
<tr>
<td>Calf mortality birth to weaning</td>
<td>&lt;3%</td>
</tr>
<tr>
<td>Number of assisted calvings adult cows</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Calves reared/sold</td>
<td>≥94%</td>
</tr>
</tbody>
</table>

Utilising the data
Perhaps the crucial point and the stumbling block for traditional health planning is that once data are available, they need to be utilised in real time in order to make changes, rather than to act as a historical record of success and failure.

A simple planned review at scanning, weaning and pre-calving may be enough on some farms. On others, the use of online systems such as the Scottish Agricultural College SHAPS (which will soon be available for smartphone users) and My Healthy Herd enables the producer and vet to interact in real time and allows problem areas to be targeted early. Many practices are successfully running herd health groups, where small groups of producers with similar systems are encouraged to record and share data, with a vet as facilitator.

Summary
Farm health planning is not new, but the introduction of compulsory veterinary-led planning for many producers has opened a window of opportunity for practices to encourage engagement with these clients. It allows them to provide a service that goes beyond the concept many farmers have of a health plan produced simply to satisfy regulatory bodies and then returned to the shelf until the following year.

Farm health planning goes beyond animal health and biosecurity – although these remain important components. Health planning has the potential to also improve profitability and sustainability of an enterprise, by developing an understanding of how efficiency may be improved by looking at the system with a broad understanding and encouraging regular reviews.
early two decades into the new millennium and my kids have dragged me into the 21st century by buying me an iPhone for Christmas and helping me set up an Instagram account. (Follow me, if you feel the urge, at bow_teye.) I am now a player in the social media game! My aim is to provide one case every day, from aberrant eyelashes in a dog, through the eyelid lesions of puppy strangles, to lens luxation in a cat, just to describe the first three posts.

The joy of ophthalmology being such a visual discipline – if you’ll excuse the pun – is that if you see a case of distichia or meibomitis or anterior lens displacement, you will hopefully never forget it. That said, if you haven’t, it can be pretty tricky to interpret what you are seeing. Such cases happen on a daily basis for me, but maybe once in a blue moon in a general practice setting. By putting a new case up every day, with any luck, in a year you’ll have built up a real library of examples that will help in evaluating any eye that comes along.

Putting cases online has been eye-opening for me already. It has to be said, I have only been a little active online up until now – spending an hour or so each evening answering questions posed via my website. But not until I began this Instagram account did I realise quite how all-encompassing the virtual world can be.

Of course, I’ve seen people walking along glued to their devices. But only now have I realised that if you pay attention to every Instagram upload or every tweet that comes your way, your whole life very soon becomes immersed in this virtual world. And the number of followers you have and number of likes you get on a post could quite easily become a real fixation.

I guess many of you will be saying “welcome to our world” but it concerns me that in January 2019, the Royal College of Paediatrics and Child Health said that “evidence is weak for a threshold to guide children and parents to the appropriate level of screen time, and [that they] are unable to recommend a cut-off for children’s screen time overall.”

It was Hesiod, more than 2,500 years ago, who first said “Moderation in all things.” I suppose anything that is addictive (as the virtual world can easily become, seeing how much time Instagram has taken up recently for me!) is difficult to hold in moderation.

Hold on for a moment though – is “moderation in all things” really the right way to go? Is it reasonable just to be moderate in helping people or in telling the truth? No, of course it isn’t – in doing good, surely, we want to “go the extra mile”, as Jesus said, not just be moderate. Along similar lines, another word that concerns me is “tolerate”. When we tolerate a person or a situation, we agree to put up with them rather than to welcome them with open arms.

Maybe our patients can teach us a lesson or two. I think perhaps we need to have a terrier-ish attitude in life, bouncing up with tail a-wagging rather than being a lugubrious Bassett Hound dragging ourselves along as if the world was about to end.

In a recent university meeting, a colleague, upon seeing my enthusiasm, asked me what I was on and whether he could have some of it. I don’t think that seeing the positive side of life could be put in a pill, but seeing the bright side of the world isn’t something that should ever be pursued merely in moderation. As for social media, I’m all for snapping up every opportunity to enthuse you all with the wonders of ophthalmology!
Keeping horses safe

Are all horse owners paying their share to help keep the UK equine population healthy?

In my piece last month, I looked at the equine influenza outbreak and posed the question: should it be considered a dress rehearsal for something more serious? It would seem logical that it will only be a matter of time before there is either another outbreak of equine “flu” or an outbreak of a virus hitherto unseen in the UK. Whilst never an easy question to ask, deciding who should pay for the costs of investigating and dealing with such an outbreak is a very real issue.

Taking the recent and still ongoing equine influenza outbreak as an example, we do not know for sure what percentage of the UK horse population is vaccinated. A straw poll I conducted amongst half a dozen equine medicine specialists found they believed 60 to 70 percent of UK horses are not vaccinated for equine influenza. In many parts of the country, large percentages of the equine population are not vaccinated.

There is a significant potential for contact, direct or indirect, between most horses – whether they are involved in competition, leisure riding or are simply pets. Is this a problem? and if so, whose problem is it? This raises the question as to what economic price should be paid by individual horse owners for ensuring the UK horse population is as protected as possible against the range of infectious diseases they are potentially exposed to.

The recent outbreak has shown that there is inequality in who bears the costs of investigating, and monitoring the situation is necessary to provide the most effective control of the outbreak. There is no doubt that much of the financial burden of surveillance and the resources such as the Animal Health Trust (AHT) are taken by the racing industry via funding from the Horserace Betting Levy Board (HBLB). The AHT and their hardworking staff are continuing to do an amazing job in limiting the impact of the outbreak through their detailed advice to the equine industry, allowing them to set up protocols designed to control the disease effectively. Countless samples have been analysed and their staff have been available to provide information at all times. However, whilst the capacity of the AHT to respond to the outbreak of a contagious disease is one thing, the science which allows them to perform this role is another important consideration.

For many years, countless colleagues at the AHT have studied the epidemiology of various infectious diseases and how they may involve the global and UK equid population. As raised in my article last month, this places them in the ideal position to feed into the various regulatory authorities, allowing them to come up with the most effective control measures.

In a recent posting from Celia Marr on the informative Equinevetsuk (EVG-UK) discussion group, the point was made that by 2016, the HBLB had invested around £20 million on infectious disease programmes, research and scholarships, and infectious disease is the largest single area of investment (around 40 percent of budget). Preventing and improving outcomes in musculoskeletal disease and injury is second on the list (at 20 percent). Celia explained that the outputs we are familiar with, such as the HBLB codes and the Equibiosafe app, are a tiny fraction of the work that is done. As horse vets, we need to think about where these helpful tools come from. The scientific basis of current advice on management of equine influenza can be traced directly to HBLB investment in surveillance and modelling in the 1990s and early 2000s.

Sterling efforts are also being made by the British Equestrian Federation (BEF) to draw together the various sporting bodies and regulatory authorities of the non-racing equestrian sporting disciplines. The BEF is the national governing body of equestrian sport in Great Britain and deserves great credit for attempting to work out a fair way for the non-Thoroughbred owner to contribute to the apparatus and resources that will help keep their horse safe in the future. I certainly applaud the BEF and the other organisations involved in this initiative and wish them every success.

Of course, going back to the horses that are not vaccinated, in many cases they may be owned by owners who are not involved actively with any particular equestrian discipline. Ultimately, they may prove the major challenge for us as vets in trying to get the message across that diseases such as influenza are a problem for every single horse owner; the mechanism by which we protect the horse population needs to be considered by all of us, not just those at the upper economic end of the spectrum.

The system should be fair, but we all need to pay something in if we are to continue to be effective in protecting the UK horse population. 
The last two articles have discussed the most common aetiologies and treatment options for the causes of diarrhoea in the mature equine patient. This article will discuss the infectious aetiologies that can occur in the UK adult equine population with an overview of biosecurity protocols when infectious causes are suspected.

**Clostridial enterocolitis**

Clostridium difficile and Clostridium perfringens can both be associated with enterocolitis in horses. For the clinical signs associated with clostridial enterocolitis to occur, the normal gastrointestinal microbiome will have to become disrupted, allowing overgrowth of the clostridial species and subsequent toxin production.

*C. difficile* is a Gram-positive, rod-shaped, obligate anaerobe that requires oral transmission of the bacteria or its spores, whether this is via faeces, contaminated soil or fomite. The vegetative form of the bacteria does not survive for prolonged periods, but the spore is highly resistant to changes in environmental pressures.

*C. difficile* is found in the intestinal tract of normal horses to varying degrees and therefore culture does not confirm an infection. It appears that overgrowth of the bacteria is frequently associated with antibiotic (particularly cephalosporins) use and therefore should always be considered a possibility in antibiotic-induced diarrhoea. An overgrowth is also highly associated with hospitalisation, likely due to disruption of the normal microbiome.

*C. difficile* produces three toxins: toxin A (enterotoxin), toxin B (cytotoxin) and CDT (binary toxin). When testing, the most appropriate diagnostic modality is an ELISA for toxins A and B. It is possible to perform a PCR looking for the toxin genes, but this does not confirm a pathogenic *C. difficile* infection, just the presence of the bacteria containing the genes that code for the toxins.

*C. perfringens* is frequently found in the gastrointestinal tract of adult horses, with one study finding 35 percent of horses have *C. perfringens* in their intestine (Tillotson et al., 2002). That said, the production of their toxins (enterotoxin, α, β-1 and β-2) appears to be higher in horses affected with diarrhoea. Diagnosis must be made based on a faecal ELISA for enterotoxin due to the relatively ubiquitous nature of the bacteria in the equine population.

Clinical signs of clostridial enterocolitis will vary depending on the severity of the infection and toxin production but the disease is characterised by an increased permeability of the intestinal epithelial cells, cell lysis, mucosal inflammation and subsequent fluid and electrolyte secretion into the GI tract.

These changes can lead to a severe diarrhoea and endotoxaemia secondary to translocation of both bacteria and their toxins into the systemic circulation. Haematology and biochemistry can reveal systemic inflammatory response related signs including hypovolaemia, hypoalbuminaemia, neutropenia, elevated inflammatory proteins and even multi-organ failure.

Pathologically, the lesions appear to be distributed dependant on age, with foals less than one month old showing most signs in the small intestine compared with the colon and caecum in older animals. Histopathologically, there will often be a haemorrhagic, coagulative mucosal necrosis associated with oedema and congestion. There will also frequently be thrombosis of many of the blood vessels with subsequent autolysis.

Treatment of these cases should be based upon the severity of clinical signs and will often entail intensive fluid therapy with plasma transfusions to replenish albumin and prevent low colloidal oncotic pressures. Other treatments can include di-tri-octahedral smectite (Biosponge) (Lawler et al., 2008) as well as an appropriate antimicrobial choice including metronidazole. Faecal transfaunation is a frequently used technique in chronic *C. difficile* infections in humans with excellent outcomes. The technique may well play a role in these cases but with a dearth of clinical research in the equine patient its use is anecdotal at best.

The prognosis of these cases is dependant on the severity of the clinical signs, duration of signs prior to instigation of therapy and, frequently, availability of finances.
Salmonella

*Salmonella* is a Gram-negative, facultative anaerobe with multiple subspecies and thousands of serotypes. *S. enterica var. typhimurium* is considered the most pathogenic serotype and is associated with a higher case fatality than the other serotypes. Many other serotypes will infect horses leading to clinical disease of varying severity.

Diagnosis of salmonellosis can be made using either culture or polymerase chain reaction (PCR). The former will allow typing of the bacteria but can take up to 72 hours to confirm the diagnosis. The latter will confirm the presence of the bacteria and has been shown to be as sensitive as culture with a rapid turnaround making it helpful in acute cases of diarrhoea (Pusterla et al., 2010). Due to the variable pathogenicity of each serotype it is advisable to type any positive results. When trying to confirm a negative diagnosis, it is recommended that multiple samples are taken, ideally three to five samples on consecutive days that are then submitted for either culture or PCR.

Many horses will be carriers of the bacteria with the suspected prevalence in the normal population ranging from 2 to 20 percent, with the lower end being more likely. Shedding from carriers will increase when hospitalised, colicking or during exceptionally hot periods. Increased duration of starvation prior to anaesthesia has also been linked with increased shedding of the bacteria. The increased susceptibility of some patients to *Salmonella* is not well defined but appears to occur with antibiotic administration, surgery, pre-existing GI disease and diet changes (Kim et al., 2001).

*Salmonella* primarily affects the caecum and proximal colon in adults, leading to an enterocolitis with limited systemic translocation, although in foals it is frequently associated with septicaemia. *Salmonella* is an intracellular pathogen with uptake into the epithelial cells of the GI tract being required for pathogenesis. Once within the cells, it will cause a severe inflammatory response and increased secretion of fluids into the lumen of the GI tract. Another cytotoxin leads to morphological damage of the cells and altered permeability of the epithelium, allowing translocation of bacteria as well as ongoing inflammation and mucosal damage.

Just as for clostridiosis, the signs can vary dramatically from a non-clinical carrier to a fulminant, fatal diarrhoea with SIRS and multiple organ failure. Acute enterocolitis is characterised by severe fibrinonecrotic typhlocolitis, intestinal oedema and intramural thrombosis. There will also be severe ulceration of the mucosa. Horses will often present with fever, anorexia and colic, which will then progress to diarrhoea and associated signs of sepsis and shock.

Treatment is mostly symptomatic with requirement for fluid therapy and plasma transfusions. Oral treatment with di-tri-octahedral smectite is recommended. Antimicrobial therapy, as with all diarrhoea, is controversial and should be based on the clinical impression of the case. The author regularly uses gentamicin to reduce the possible risk of translocation and subsequent septicaemia.

Thankfully, *Salmonella* remains a rare infectious agent in the UK, but it should be tested for in any acute onset diarrhoea with clinically ill horses.

Coronavirus

Equine coronavirus (ECoV) is a betacoronavirus that has been shown to be associated with outbreaks of diarrhoea, anorexia, lethargy, pyrexia and even neurological signs in the USA and Japan. Recently, ECoV was found to be present in the UK equine population at a rate of 2.6 percent of samples that were submitted for symptoms consistent with coronavirus (Bryan et al., 2018) or other infectious diarrhoeas.

Diagnosis is based on qPCR of faeces with clinically affected horses shedding the virus for up to 11 days during infection. qPCR is a highly sensitive diagnostic method with faecal ELISA no longer being an appropriate method due to the poor sensitivity. Haematologically, there will be a marked leucopenia due to a pancytopenia and frequently signs of hypovolaemia. Those patients showing neurological deficits also have hyperammonaemia.

Treatment of these cases is symptomatic and, due to the viral nature of the disease, antibiotics should only be considered if there is concern regarding translocation of bacteria due to increased GI permeability. Many of these horses will require plasma to alleviate the hypalbuminaemia.

Parasitism

Due to the high level of anthelmintic use in the UK, GI disease associated with large strongyles is rare and therefore only cyathostomins will be discussed. With an ever-increasing resistance to anthelmintics being seen in the UK equine population (Matthews, 2014), it is imperative that targeted protocols with appropriate anthelmintic choice are performed, which requires the input of the veterinary surgeon and knowledge of the property and horses present.
Recent studies have assessed the resistance of cyathostomins to multiple drugs in both England and Scotland where every property had resistance to fenbendazole, 70 percent of studs had resistance to pyrantel and 17 percent of livers in England had resistance to pyrantel (0 percent in Scotland) as well as some evidence of reduced efficacy of ivermectin (Molento et al., 2012).

During the life cycle, the L3 larvae is ingested orally and will then penetrate the epithelial cells of the caecum and colon. Following penetration, the larvae will become encysted in a fibrous capsule where they will gradually mature to an L4 stage. The encysted stage can be as short as six weeks or can be prolonged over several years. When L4 larvae emerge, they enter the lumen of the intestine to continue the reproductive cycle. The mass emergence of the encysted population during late winter or spring is associated with the most severe clinical signs and disease. That said, just the presence of the encysted cyathostomins leads to an inflammatory response in the local area, leading to further fibrosis, oedema, haemorrhage and occasionally ulceration. These changes alone can lead to altered permeability of the intestine.

Clinical signs are again on a spectrum ranging from lethargy and weight loss to severe diarrhoea, hypoalbuminemia and death. It is more frequently seen in younger horses, particularly under the age of five, but can, theoretically, be seen in any age of horse. It should be noted that there is an increased susceptibility seen in aged horses, particularly those affected by pituitary pars intermedia dysfunction.

Diagnosis is based on clinical signs, haematological/biochemical changes and ultrasonography as the mass emergence of encysted larvae is not associated with egg production. Haematological and biochemical analysis is essential as there will often be a marked hypoalbuminemia, neutrophilia and inflammatory marker elevation. Ultrasonography of the abdomen will likely show a thickening of the colon and caecum, but this is not pathognomonic of the disease.

Luminal cyathostomins are relatively easy to kill with most anthelmintics but the encysted cyathostomins are a challenge. Moxidectin is the most efficacious of treatments whilst ivermectin maintains some activity against encysted cyathostomins and therefore the former is used in most clinical cases. If the disease is severe then concurrent treatment with glucocorticoids is recommended and supportive care should be considered including plasma transfusions. It should be noted that in some severe cases, the damage to the intestinal mucosa is irreparable and treatment can therefore fail.

Biosecurity

If an infectious aetiology is considered likely in any case of diarrhoea, strict biosecurity measures should be put in place to protect not only the other horses but also any humans, due to the zoonotic potential of the clostridial diseases and Salmonella. As such, all horses should be isolated with separate equipment used to muck out and clean the horse and ideally a different muckheap. When in hospital, it is recommended that any bedding is destroyed as clinical waste to reduce the risk of spread.

All personnel entering the stable should wear personal protective equipment including overalls, boot covers and gloves. When transitioning out of the stable these garments should be removed carefully (if overtly contaminated washed immediately), and then feet should be dipped in disinfectant and hands washed prior to leaving the area. It should be noted that alcohol gels alone are not suitable for reducing the spread of clostridial spores and therefore should not be relied upon. Foot dips can be made with either bleach or products such as Virkon. The former must be changed as soon as there is any gross contamination as organic material deactivates bleach.

When the horse is no longer shedding the infectious agent, it is advisable to strip the stable of all bedding, wash down the stable and walls to remove organic material and clean with a product such as Virkon. Clostridial spores and Salmonella are highly resistant to cleaning but in undertaking a simple protocol, the number of spores or bacteria contaminating the stable will be reduced dramatically.

If the affected horse has been in a field, the field should ideally be left empty for as long as possible. UV light will kill the spores and bacteria but, with limited extended periods of strong sunshine, this is impossible to quantify in the UK.

Conclusions

Infectious diarrhoea, although not common in the UK, can frequently be fatal and therefore must be considered in any diarrhoea case. C. difficile appears to be the most common in the author’s experience both clinically and in the faecal samples seen in the laboratory at Liphook Equine Hospital. Salmonella thankfully is infrequent in samples submitted to the laboratory but must be considered a possible aetiology in all cases.

References


Introducing the Good Work Plan

Though plans have changed due to Brexit, practices still need to prepare for changes to tax systems from April 2019

Wile 2019 is likely to be dominated by Brexit developments, it is also set to be an eventful year for employment law as the government enacts its recently announced Good Work Plan. Hailed by the government as "the biggest package of workplace reforms for over 20 years", it is described as "the culmination of the Taylor Review into working practices in the modern economy which made key recommendations to promote 'good work'".

Background
In July 2017, Matthew Taylor published the independent Taylor Review of Modern Working Practices, which looked into the issues in the UK labour market such as the implications of new forms of work, the rise of digital platforms and the impact of new working models.

The review made 53 recommendations to the government. In February 2018, the government published a full response, accepting a vast majority of the recommendations.

Alongside the response, the government also launched four consultations to seek stakeholder views on the approach to implementing changes to the law employment status, agency worker rights, increasing transparency in the labour market and enforcement of employment rights recommendations.

The Good Work Plan draws on the feedback from these consultations and sets out the government’s commitments to improve working conditions for agency workers, zero-hour workers and other atypical workers in the UK economy. As the Taylor Review identified, the British model of flexibility works well. However, the plan states that as well as benefiting from the rise in more flexible and varied ways of working, it is imperative that the government prevents erosion of the key protections workers should expect to rely on.

The timetable for implementation of all aspects of the plan is not yet laid out but, as 2019 progresses, we expect to see more draft legislation being published, and it is likely that most of the changes will take effect in 2020. The measures in the Good Work Plan are broken down below.

A commitment to improve the clarity of the employment status tests
There is no question that the existing employment status tests have contributed to a lack of clarity faced by individuals and employers. Recent cases on worker status involving "gig" employers such as Uber, Citysprint and Deliveroo only serve to illustrate this point.

The government has recognised in the Good Work Plan that having a separate framework for determining employment status for the purposes of employment rights and tax makes it very confusing for individuals and employers – locums and practices included. It comments that it can drive behaviour detrimental to workers and that is also more likely to result in non-compliance from a tax perspective. Matthew Taylor had recommended in his review that renewed effort should be made to align the employment status frameworks for the purposes of employment rights and tax to ensure that the differences between the two systems are reduced to an absolute minimum.

The government agrees that this is the right ambition and has said that it will bring forward detailed proposals on how the frameworks could be aligned and do more to help individuals and businesses understand their rights and tax obligations in light of emerging business models.

This is an area that employers will be monitoring very closely. As recent case law has shown, it can be notoriously difficult to determine whether an individual or self-employed contractor is a worker or an employee and this can lead to significant business risk and exposure to claims for back payment of wages.
Do you trust your home insurer to pay a claim?

I should hope so
No idea at all
No, they never do
Hmm ... maybe

If you don’t think your insurer would pay your claim, what are you paying for?

If your house is worth insuring, it’s worth insuring properly. To settle any doubts, you have a couple of options: study insurance so you know what is and isn’t covered, or seek advice from professionals who can help you get it right.

Either way, we can help.

Learn more by reading our online guide: www.lloydwhyte.com/bvahomeclaim

or receive further guidance by calling: 01823 250 700
A right to request a more stable and predictable contract after 26 weeks
There will be a right for workers to request a more stable and predictable contract after 26 weeks in post. It is likely that this will be similar to the current right to request flexible working and this will be clarified in future draft legislation. There is, however, no proposal to ban the use of zero-hours contracts.

An increase in the time period required to break continuity of employment
This will be increased from (the current) one week to four weeks. Effectively, this could mean that someone intermittently working for an employer once a month could gain continuous service.

Continuous service is important because many employment rights are earned over time (for example, the right to claim unfair dismissal or a statutory redundancy payment). This can mean that those who work intermittently for the same employer can find it difficult to gain or access some of these rights because they may struggle to build up continuous service. Currently, a gap of one week in employment with the same employer can break what counts towards continuous service for calculating employment rights. The government has said that, to reflect the changing world of work, it will legislate to extend this break to four weeks, allowing more employees to gain access to employment rights.

A reduction in the threshold to request information and consultation arrangements
The government wishes to encourage higher levels of employee engagement in business and has issued draft legislation reducing the threshold required to request information and consultation arrangements from 10 percent to 2 percent of the workforce, with effect from April 2020.

The government has stated that lowering the threshold required to set up information and consultation arrangements from 10 percent to 2 percent of employees is an important step in improving voice in the workplace. The 15-employee minimum threshold for initiation of proceedings will remain in place.

To complement these legislative measures, the government has also committed to work with Investors in People, Acas, trade unions and other experts to promote the development of better employee engagement with a particular focus on sectors with high levels of casual employment and smaller businesses.

Ending the “Swedish derogation” in the Agency Workers Regulations 2010
The “Swedish derogation” excludes agency workers from the right to equal pay with permanent employees in the same role if they have an employment contract which guarantees pay between assignments.

The draft Agency Workers (Amendment) Regulations 2019 are due to come into force on 6 April 2020 and will remove this derogation from the Agency Workers Regulations 2010 to give agency workers a right to pay parity with permanent comparable employees after 12 weeks.

Extending the right to a written statement of terms to workers
The Employment Rights (Employment Particulars and Paid Annual Leave) (Amendment) Regulations 2018 are due to come into force on 6 April 2020. This brings in a right to be provided with a written statement of terms on the first day of employment, rather than within the first two months as required by the Employment Rights Act 1996, adds to the amount of prescribed information which a written statement must contain; and amends the Working Time Regulations 1998 to increase the reference period for determining an average week’s pay (for the purposes of calculating statutory holiday pay) from 12 weeks to 52 weeks. This will protect workers with no normal working hours whose pay fluctuates.

In addition, all workers must be provided with an itemised pay statement from April 2019. The Employment Rights Act 1996 (Itemised Pay Statement) (Amendment) Order 2018 will also require itemised payslips to contain the number of hours paid for where a worker is paid hourly.

Improved enforcement measures
The Good Work Plan proposes new measures designed to improve enforcement, including a process for publishing the names of employers who fail to pay tribunal awards on time and an increase (from £5,000 to £20,000) to the financial penalties for employers who commit an “aggravated breach” of employment rights.

What next?
As the government firms up its timetable for implementing the Good Work Plan, now is a good time to identify which of the various measures will most impact the veterinary profession. By keeping an ear to the ground and an eye to the future, management will be in a good position to plan ahead and carry out any preparatory work to enable a practice to meet any challenges that arise.
Dealing with absence due to mental health issues

How to manage cases of post-traumatic stress disorder, which seems to be an increasingly cited reason for absence

Managing sickness, especially mental health issues such as anxiety and depression, is often a difficult situation at work and it can add considerable strain to your practice management. Seeing the term “post-traumatic stress disorder” (PTSD) on a GP’s fit note can be even more alarming.

Fit notes from GPs commonly cite stress, anxiety, depression and low mood as reasons for sickness absence. However, recently we have seen a growing trend for PTSD being stated as the reason for absence.

In speaking with occupational health sources, they are witnessing an increase in GPs stating PTSD as the reason for absence as opposed to stress or other mental health problems. They believe that this is to ensure that employers take heed of the seriousness of the ill health and are spurred into action.

What should you do if you receive a fit note stating PTSD?

First of all, don’t panic. As with any good absence management process, you should:

1. Keep a record of the absence including dates and times and the reason
2. Ensure you have a clear policy which includes how the absence should be reported, the purpose of “return to work interviews” and details of how absences are managed – including any triggers which may lead to a formal process

Many fit notes stating mental health as the reason for the absence tend to be long term: four weeks or longer. It is advisable to take action immediately. Arrange to meet the employee to discuss their absence and what support they are currently receiving and refer them for an occupational health assessment, if appropriate.

If you do refer them for an occupational health assessment, following receipt of the report, meet the employee again to discuss the report and identify whether any steps are needed to support the employee’s return to work.

Where this is not possible, explore whether it is necessary to consider a further review period. In some cases, it may be appropriate to consider whether a managed exit from the practice is required.

Maintaining contact with an employee

If the employee is unable to return to work, they may feel isolated and miss the social contact work provides. Take positive steps to keep in touch so that the employee knows that the practice is interested in their health and well-being, and that support is available.

As part of the well-being meeting, confirm that the practice wishes to maintain contact and ask the employee whether they would prefer telephone contact, email communication or a combination.

Clarify that the contact is due to concern about their welfare and progress and to offer any support that is reasonable and practicable. Keeping in touch personally will also allow the practice to keep up to date with the individual’s state of health and progress, and their perspective on the likelihood of a return to work. This in turn will allow the practice to organise and maintain temporary cover more effectively.

Managing the return to work

Once occupational health has indicated the employee can return to work, it is recommended that you consider the following:

- A phased return to work and discussion of any recommendations from occupational health, such as whether they are fit to perform all their duties or if any adjustments are needed
- If they are taking any medication, whether there are any side effects, such as tiredness
- The support available during the first weeks or months after their return, and how progress will be monitored
- Actively monitoring the situation for a period of time once they are back to work to make sure that they are coping adequately with the day-to-day work and its associated pressures

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Patient care is uppermost in our minds when at work; it is what we are all about and why we go to work. Our practices have advanced in kit and facilities over the years and veterinary surgeon and nurse training and skills have advanced massively in the last few decades. However, for all our patients, there comes a time when they need to leave the clinic. We can’t keep them in forever, although some practices give that approach a pretty good go! When they do leave, we entrust them to the care of the owners (and then the fallback of out of hours provision, should anything deteriorate).

Owners are sometimes extremely competent at patient management, but often are not so good. We will all have experienced explaining everything in great detail in the consult room (for example at a post-op discharge or a new diabetes, Addison’s, thyroid or heart case) and then hearing the client ask half a dozen questions at the desk on the way out – all things you had just told them.

The printed post-op form is some help but there is no guarantee that it will be read and understood by the client. (There was a story in today’s paper about a US insurance firm that buried a statement in the small print to the effect that anyone who read it and emailed a certain address would get $10,000. A schoolteacher won it, eventually.) The client usually leaves the practice in a highly charged emotional state with a load of instructions they probably don’t fully understand or remember and is left to get on with it.

What if there was some way of making the home care aspect more supported by the veterinary profession? Something other than recourse to out-of-hours emergency cover which, if not by the client’s own vets, has its own limitations for continuity of care. For practices that have to empty out all patients overnight, there is also a difficult decision to be made: send them home or transport them to an out-of-hours clinic (and in some cases, leave them in the clinic unattended).

To help make the cliff edge of patient care more of a gradual transition, we need district veterinary nurses (DVNs). I was made aware of this new role for veterinary nurses recently. It is very much in its infancy, but a few people are doing it and a development group has been set up to grow the idea.

In principal, it seems a very good idea. It would be fantastic, for example, to do your new-diabetic consult and say, “The district nurse will be round tomorrow to see how you are getting on and check the blood glucose.” Or “The nurse will be round in 48 hours to change the bandage.” This is especially true for clients who are less mobile or lack transport to easily move a sick pet around (yes, I know they should have something in place and the RCVS does not require us to be a pet taxi service).

The hurdles to overcome for the DVN role to grow are obvious – namely, funding and regulation. Regulation must make sure that the pet is still under the care of a veterinary surgeon when needed. For example, a DVN can be pretty autonomous in weight clinics, but maybe not when the need may arise to change a diabetes regime.

To generate an income is another hurdle. The idea of going to someone’s home to provide the best of care is great in principle, but extracting the money from people or insurers to fund this is going to be the problem.

In my view, one way round this would be for several practices to employ/subcontract one DVN between them. In anything larger than a small market town, this would be feasible. For a group of four average practices, a quarter of a veterinary nurse salary each could be found without too much difficulty.

The use of an online diary and fair play agreement could see a DVN doing the rounds without the problem of extracting cash on the road. How they build that into their fees would be up to them. But for an average-to-good veterinary nurse salary, that would equate to about £150 per week per practice in a four-practice scenario. To have one-quarter share in a DVN and all the benefits that would bring, I think that sort of figure would be very workable.

I wish the DVN group well and we will all watch developments with interest.

For more information, the DVN group can be contacted at: districtvetnurseDVNcampaign@gmail.com.
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