

Your horse was seen for a wound. During examination the wound was assessed for wound depth and possible synovial structure (joint or tendon sheath) involvement through various modalities. Based on this a treatment plan was discussed and implemented. Once the wound was assessed the surrounding area was clipped of hair and the wound was cleaned with and appropriate cleanser.

A drain may have been placed to allow for fluid to escape any pockets under the skin. This can be removed in 3-4 days by cutting the suture associated with it. The wound may have been sutured closed with non-absorbable suture in the skin. It is possible that these sutures will break down with large amounts of movement, especially over high motion areas such as the limbs or neck. If sutures are present they should not be moved prior to 14 days. In some cases they will need to stay in longer. We recommend sending a picture to our email or cell phone prior to removing so we can help assess if the sutures are ready to come out.

After cleaning and suturing a bandage may have been placed over the wound. If placed the bandage will have been completed starting with a telfa (non-stick pad), cotton gauze and vetrap or lightplast. This bandage should be changed every 24 hours. At every bandage change the wound should be cleaned with a cleanser (recommended by the veterinarian) and dried fully. At this time, note the colour and smell of any discharge present. Also note the extent of any swelling present.

## **Medications:**

<u>Antibiotics:</u> Your horse may have been placed on antibiotics to help clear infection associated with the wound. Please follow the instructions on the dispensed medication closely and make sure to finish the entire course of medication. Please watch for diarrhea, lethargy or colic. If this happens please call the clinic.

<u>Pain medication:</u> Your horse will likely have been placed on a course of anti-inflammatory and analgesic (pain) medication. Please follow the instructions on the dispensed medication closely. Do not use multiple products for this at any given time, unless otherwise instructed. Do not use phenylbutazone (bute), firocoxib (previcox), flunixin meglumine (banamine), meloxicam (metacam) or dexamethasone together.

## Vaccines:

If your horse has not been vaccinated against tetanus in the last year, a vaccine will have been administered. This is due to horses being extremely sensitive to infections from the bacteria that causes tetanus. If your horse has not been vaccinated previously in the last 3 years, a booster vaccine should be administered in the next 3-4 weeks to ensure complete protection.

## Recheck:

For most wounds, pictures are a great way to have us help you with determining if a treatment plan is going well. At any point in the wound healing process you are welcome to take pictures and email them to us or text them to the number above. There are some circumstances where in-person rechecks are needed. These in person rechecks become especially important if your horse becomes suddenly more lame, develops more swelling, has a change in the discharge from the wound or displays any indication of illness (decreased appetite, lethargy or fever >38.5C).

If you have any questions or concerns at any point, please do not hesitate to reach out to us. Please note that our email and text messags are not monitored out of hours.

Sincerely,

The AEVS team