



RW EQUINE VET LTD

# CHOKE

Choke is a relatively common problem affecting horses and it is, by definition an oesophagus blockage.

Horses with choke usually have a frothy discharge from both nostrils – this may be white, green or food coloured (this is a mixture of saliva and food that has not passed down into the stomach). They often make repeated attempts to swallow and may stretch their necks out and/or may appear to have “spasms” of the neck. Some horses with choke may cough (often coughing out saliva). Horses may appear anxious but should not show signs of colic such as rolling.

## CAUSES

The most common cause of choke is swallowing food or other material that is either too dry or coarse (most commonly hay), or that swells rapidly once chewed (typically sugar beet) so that its passage down the oesophagus is slowed or stopped. It can occur if a greedy horse attempts to swallow hay without chewing it thoroughly or in foals who are given access to dry, coarse hay or straw. Any condition that interferes with the horse's ability to swallow (e.g. sedation, trauma (injury) to the neck or oesophagus, grass sickness, botulism, etc.) can predispose to choke.

## **What can you do if you think your horse has Choke?**

- Don't panic as the majority of choke cases self-resolve
- Keep your horse in a relaxed environment
- Walk him for about 30 min as well as massaging the neck from the jaw all the way down.
- Call us if the choke lasts more than 30 minutes
- Remove all food to prevent your horse from eating and worsening the obstruction



## DIAGNOSIS

Diagnosis is usually done by the typical clinical presentation of the horse, but a definitive diagnosis can be reached by passing a stomach tube down the nostril into the oesophagus to confirm the obstruction. This examination will also determine at what level the blockage has occurred, how solid it feels and if it can be gently encouraged to pass on into the stomach.

## POSSIBLE COMPLICATIONS

The most common complication is aspiration pneumonia. Sometimes, when choking horses can aspirate fluid or food material into the trachea and lungs, that can cause an infection.

Another complication, less common, is oesophageal rupture, either as a direct result of the obstruction or following attempts to dislodge it.

IT IS IMPORTANT TO MONITOR HORSES FOR ANY SIGNS OF COUGHING, HIGH TEMPERATURE OR DEPRESSION IN THE DAYS AFTER AN EPISODE OF CHOKE.

In rare cases the oesophagus can also form a permanent narrowing (stricture) after having choke – this may predispose the horse to further choke episodes.

## TREATMENT

If choke does not self-resolve the horse is usually given drugs to relax the oesophagus and/or sedation. Sedation will help them to relax and to keep them calm.

When there are reasons to believe that the risk of developing aspiration pneumonia is high, antibiotics are given to help preventing it.

If the choke fails to clear with drugs, it may sometimes be necessary to pass a stomach tube and attempt to gradually lavage (wash out) the obstruction. This procedure can sometimes be done standing under sedation, but in other cases it may be necessary to perform the lavage under a brief general anaesthetic.

In long standing choke cases it may also be necessary to administer intravenous fluids and electrolytes if the horse is becoming dehydrated.

## PREVENTION

- Provide permanent access to clean water to encourage the horse to drink normally;
- Schedule regular dental exams - Removing sharp points on dental ridges will help prevent choke;
- Slow down feed consumption. If your horse eats his breakfast/dinner fast try to use a flat, shallow feed pan on the ground to slow it down. Smooth rocks or salt blocks can be added to the feeder and deter a horse from getting too much grain at a time as well.
- Make sure the food is well soaked: beet pulp and alfalfa cubes fed above the ground should be soaked for a minimum of 30 minutes prior to feeding.
- Keep it small - horse treats, hay cubes and carrots should be no larger than the size of a thumb.
- Some horses choke on a particular feed and once this is recognized, access should obviously be avoided.

