

CLIENT INFORMATION SHEET

Umbilical Hernia

Why might my foal need a hernia repaired?

Both umbilical and inguinal hernias are common in foals, however, every hernia should be evaluated promptly by your vet as soon as it is noticed. Some hernias require immediate repair, some need elective (scheduled) repair, and some do not require surgical intervention. Whether or not your veterinarian is recommending repair of the hernia, every hernia should be evaluated at least twice daily to ensure it is always reducible (the contents can be pushed back into the abdomen) and not changing in size. If any hernia is not reducible, veterinary intervention must be sought immediately.

Larger hernias or those which are changing require surgical repair as all hernias carry a risk of entrapment of intestine, which is a surgical emergency. Other potential complications include infection, fistula formation and rupture.

How is the hernia assessed?

The hernia will be palpated and your foal's abdomen will be scanned to evaluate the margins of the hernia. The contents of the hernia will also be evaluated to ascertain potential involvement of the intestine.

Your foal's general health will also be evaluated; this may include bloodwork, ultrasonographic evaluation of the thorax and evaluation of the umbilicus (depending on your foal's age). If your foal is very young, your foal's IgG status will be evaluated.



How is my foal be prepared for surgery?

It is not necessary for your foal to stop nursing/eating prior to surgery – they can continue as normal. For scheduled surgeries, we recommend the foal (or mare and foal, depending on the age of the foal) be admitted prior to the day of surgery.

How is the hernia repaired?

The hernia is repaired under general anaesthesia. The body wall is sutured closed with absorbable suture. Although uncommon, due to the weakness of the body wall in young foals, repeat herniation is possible. If your foal is very young and has an umbilical hernia, the umbilicus will be removed at the time of surgery. In older foals with umbilical hernias, the umbilicus will have already regressed.



Will my foal need to be clipped?

The surgical site will be clipped with sufficient margins to allow us to perform the procedure in a sterile manner. This will involve a large clipped area under the abdomen. Your horse will also have an intravenous catheter placed which will require a small clipped patch over the jugular vein.



Does my foal need to be vaccinated for tetanus?

Tetanus is an incredibly serious and often fatal condition which any horse undergoing surgery is at risk from. We recommend all mares are vaccinated for tetanus 4-6 weeks prior to foaling. If this has not occurred, very young foals will receive a tetanus antitoxin. If old enough to be vaccinated, we recommend vaccination for tetanus before elective treatment commences. If this is not possible prior to your appointment, especially if hernia repair is an emergency, your foal will receive a tetanus antitoxin.

How long will my foal be in hospital?

The length of hospitalisation can vary depending on the health status of the foal and the procedure required. However, as a general rule, your horse will be evaluated the day of admission, undergo surgery the day after admission, and will remain in hospital for two to three days post-operatively. Larger hernias or concurrent conditions may necessitate a longer hospitalisation. Emergency hernia repair will be undertaken shortly after admission.

When will I receive updates on my foal's progress?

After your foal's initial evaluation, your resident or surgeon will contact you to discuss the findings and the proposed course of action. Please be advised that this conversation may take place when your foal is admitted, shortly afterwards, or we may contact you in the evening on the day your foal arrives. Any potential risks will be discussed with you at this time.

Please be advised that, due to our evaluations, your foal's treatment protocol may differ from our proposed plan prior to seeing your horse. Any changes will be discussed with you prior to proceeding with treatment.

You will be contacted after your foal's procedure has taken place and once daily, usually in the evening, throughout your foal's stay. Please be assured that if there are any complications with your foal's procedure, you will be contacted during the procedure itself.

Will my foal need a general anaesthetic?

General anaesthesia is essential for safe hernia repair. We will discuss potential risks of general anaesthesia with you prior to your procedure.

Will my foal's sutures require removal?

The surgical site(s) will be sutured closed and if non-absorbable, the sutures will require removal at approximately 14 days post-operatively.



Depending on your foal's age and demeanour, your surgeon may choose to place absorbable sutures, which do not require removal. Regardless of the suture type used, we recommend the surgical site(s) is(are) evaluated by your veterinarian 1 week after discharge.

Do I need to clean the surgical sites?

It is important to monitor the sites visually and assess for increased swelling, discharge, or any evidence of surgical site breakdown. However, please do not touch, scrub, or apply products to the site unless otherwise advised to do so by your veterinarian.

When can my foal be turned out?

The timing of turnout will depend on the size of the original hernia. The majority of foals will require 3-4 weeks box rest. Some light hand walking may be recommended during the later stages of box rest; your surgical team will advise you if this is the case. If your horse requires a longer period of box rest, this will be stated in your discharge instructions. Please be advised that if there are any surgical site complications, your veterinarian may request a longer period of box rest. Once your stated period of box rest has ended, your foal can be turned out in a small paddock for a further 4 weeks prior to turnout in a larger paddock. Please consult with your veterinarian prior to turnout.

When can my foal be hand-walked?

Your horse should be on strict box rest initially. Your surgical team will advise you on when hand walking is permitted. As a general rule, short periods (no more than 3 minutes twice daily) of hand walking are usually permitted after 2 weeks, providing your foal is well behaved and does not become overly exuberant. After a period of 5 weeks, the duration of hand-walking can be gradually increased. Please consult with your veterinarian prior to increasing handwalking.



When should my foal be re-evaluated?

Your horse should be evaluated 1 week after discharge to evaluate the surgical sites. Any non-absorbable suture should be removed 14 days' post-operatively. Your veterinarian may also choose to remove some or all absorbable sutures. We also recommend prompt evaluation if your horse exhibits any colic signs, reduced appetite, change in consistency or quantity of faecal production, any abnormalities of the jugular vein or any swelling, discharge or breakdown of the surgical sites. Foals are particularly prone to adhesion formation in the abdomen and any colic signs should be evaluated promptly by a veterinarian.

My foal is being admitted for a surgical procedure, when will this take place?

Your horse will typically have surgery the day after admission (or sooner if your foal is an emergency admission). This is to allow full evaluation of your foal prior to general anaesthesia.

Will my foal be sent home with medications?

Your horse may be sent home with an oral anti-inflammatory (usually meloxicam (Metacam)) and anti-ulcer medication (usually sucralfate), depending on the age of your foal.

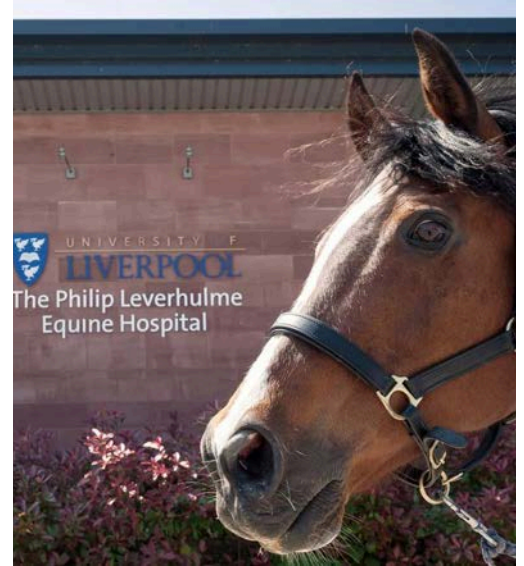


Depending on the nature of the surgery, your foal may require post-operative antimicrobials.

As with all medications, if your foal becomes depressed, exhibits colic signs, has reduced appetite, or has a change in the frequency or consistency of their faeces, please discontinue the medication and contact your veterinarian.

What should I monitor for once my foal is home?

Please monitor your foal to ensure they are defaecating with a normal frequency and consistency. Monitor the catheter site (clipped patch on the neck) for any evidence of swelling, firmness, or discharge. In addition, please monitor the surgical sites for any discharge, swelling or surgical site breakdown. Please monitor the abdomen contour for any evidence of change as this may indicate a recurrence of hernia. Foals are particularly prone to abdominal adhesion formation and any signs of colic should be investigated promptly by your veterinarian. While on medication, monitor your horse's demeanour, appetite and faecal output. Please call your vet in the first instance if you have any concerns.



Can my mare be put back in foal?

Your mare's management regarding breeding can continue as normal, however, please be aware of the fact that the foal should be strictly rested for at least 2-4 weeks' post-operatively to avoid excessive stress on the hernia repair. This may mean additional restraint for the foal, or delaying breeding of the mare until the foal can be more active.

