* No grain is to be fed 24 hours before anesthesia.
* No hay is to be fed 12 hours before anesthesia. Water is OK
* Foals scheduled for general anesthesia are usually allowed to nurse up to 1 hour before scheduled induction time.
* Laboratory evaluation (minimum are PCV, TP, BUN, glucose). Additional tests may be warranted if sick and carries higher risks.
* Review patient’s medical history; check for deworming dates. Wait at least one week, preferably two, following organophosphate treatment.
* Do a physical examination to determine any abnormalities. Auscultate for cardiac dysrhythmias and murmurs, or abnormal lung sounds.
* Stabilize animal’s physiology in debilitated animals (e.g. colic, ruptured bladder) • IV catheterization in place.
* A 12-14 gauge 3 – 5 inch long catheter is used for most horses.
* Pick the feet and clean the debris and dirt or cover the shoes • Rinse the mouth with warm water prior to induction • The mouth is washed out thoroughly using a dose syringe and water. This is done to prevent the endotracheal tube carrying food material into the trachea and lungs.
* The horse should be carefully groomed or bathed to remove gross debris, bedding and hair. Typically, the clipping, primary scrub and local anesthesia are performed under xylazine sedation (0.4-0.5 mg/kg IV. Detomidine (1.5-2.2 mg/100 kg IV) is then administered immediately prior to surgery (usually about 15 minutes after the xylazine was given)
* Non-sterile drapes should be used to cover the horse’s body and neck because minimal headshaking or body movement will result in a surprising amount of “fallout”. The non-sterile drapes should be taped in place so that sterile drapes can be clamped to them.
* Drapes or clean bandage material should be taped securely to the limb proximal to the site of the surgery. It is highly preferable to operate with the horse restrained in stocks, and with its head controlled by an experienced handler. If head ties are used, they should be easily releasable.
* The completeness of the surgeon’s attire depends on the nature of the surgery. For clean procedures, it is helpful to wear a long sterile gown so that the surgeon can kneel on the sterile floor drape. Carpet layer’s knee pads are strongly recommended for the surgeon’s comfort if the surgery is being performed on the distal limb.
* Draping of the surgical site must include a generous impervious covering of the foot and floor surrounding the foot. Adhesive drapes are particularly useful in standing surgery because they tend to minimally obscure the surgical site and are more easily kept in place on the limb.
* Obviously, towel clamps are not useful to hold drapes in place anywhere away from the anesthetized portion of the body.
* Local anesthesia for standing limb surgery must be complete enough to insure the safety of the patient and the surgeon. If possible, however, anesthesia should be minimal enough to preserve some sensation to the limb that might help minimize stumbling under the effects of the sedatives. It also is sometimes helpful if the horse can feel part of its limb so that the limb can be more easily repositioned by the surgeon during the procedure.
* The best example of this is joint surgery which is easily performed by firmly distending the joint with 2% mepivacaine or lidocaine. The skin is anesthetized by local subcutaneous infiltration of anesthetic either directly at the site of the portals or in a hemicircumferential subcutaneous ring proximal to the joint margin.