



# winter newsletter

## Welcome

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Senior Lecturer in Veterinary Ophthalmology

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Dick Vet Equines Director Patrick Pollock models the now "de rigueur" masks beside the horse statue

Welcome to the Dick Vet Equine Winter Newsletter.

It is easy to exaggerate, but we could never have predicted the year that 2020 would become. Dick Vet Equine was the first part of the University to enter Covid-19 restrictions back in March and along with our colleagues in Farm and the Hospital for Small Animals, we have remained open all year. Working in pods, and with special arrangements for admissions, we continued to teach fourth and final year students and to undertake clinical work. Initially this was urgent and emergency cases only, but as restrictions were eased, we have been able to see any and all cases that needed to come in.

There were days when the phone rang off the hook, answered by the reception team working from their living rooms, and the colics, wounds and septic joints lined up in the car park. Our staff and students rose to the challenge with enthusiasm.

We were proud to support our colleagues in the NHS, donating PPE, scrubs, equipment,



Staff and students undertake rounds in person and virtually with those "working from home"

oxygen and more. In the surgery group we returned to cloth gowns and the camaraderie and sense of shared mission made for a great working environment.

Our experience with telemedicine for working horses and donkeys in low and middle income countries and with remote and rural practice left us well placed to support colleagues in practice and this innovation is hopefully here to stay.

With the return of all students in the autumn, we worked to get all of our lectures and tutorials online, leaving us with smaller groups in the clinics, enhancing the student experience and the care for our patients.

Life has more or less returned to normal, albeit we consult from behind masks, and our clinical services are all busy, indeed have just recorded the busiest October ever.

In the meantime, on behalf of everyone at Dick Vet Equine can we wish you all the compliments of the season and all the very best for the coming year. Nollaig chridheil agus bliadhna mhath ùr / A blythe yule and a guid hogmanay.



Dr Caroline Hahn leads a socially distanced neuro exam

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## New in 2021

There is much to look forward to in 2021, with the opening in March 2020 of the Large Animal Research and Imaging Facility, giving us access to high field MRI - the first time this modality has been available in Scotland. This will add to our already impressive imaging facilities of standing MRI, standing CT, and nuclear scintigraphy. Staying with imaging, the newly upgraded cone beam CT, Pegasso, will come online in January, adding to our intraoperative imaging capability.

We are delighted to welcome Dr Ben Blacklock to the team, adding capacity and talent to our Ophthalmology Service and bringing some great new treatments for our equine patients. Our medicine team continue to develop the Interventional Cardiology Service, and the recent addition of the specialist endocrine clinic has proven to be very popular.

We welcome referrals of any and all types from across



*All hands on deck as a horse is prepared for surgery*

Scotland and beyond and we are delighted to provide advice to veterinary surgeons by telephone, e-mail and on our telemedicine platform 24 hours a day, 365 days per year.

## Interns, residents, and nurses – A few changes in the front line!

Our team of interns and residents are the front line in our clinical service and this year has been no different. Our team of 3 interns Bart Obrochta, Chiara Pressanto and Hajar Lakraimi live on site and rotate through the clinical services and out of hours rota. Alongside their critical role in the care of our patients, our intern team provide support and clinical teaching for our on-duty students.

If you have referred a case, then almost certainly you will have had a chat with one of our residents. For internal medicine we have Miranda Dosi, in surgery, Charlotte Hewitt-Dedman and Anhad Bir Singh Sidhu and our Dentistry Resident is Dewi Borkent. In addition, this year we have Marie Schlote working with us for a year on the resident's rota. Residents are experienced veterinary

surgeons working towards a diploma from one of the specialist European colleges and a postgraduate research qualification. They undertake a structured program over a period of 4 years.

Our nursing team has undergone some big changes this year. Linda George has joined Paula Thompson in the Head

Nurse role, and we have some new faces with Laura Wilkie and Muriel Pym who arrived in the summer. Our former dental technician, Kirsty Poll has embarked on veterinary nurse training and is now rotating through all services. Chloe Black has moved from the grooms team to be our technician and as maternity cover for Lisa Henderson. Working across all of our services and out of hours, we simply couldn't manage without our nurses and techs.

## Festive arrangements

The Dick Vet Equine Hospital and Practice will remain open for urgent and emergency cases throughout the festive period. Our teams are also on hand to provide advice to veterinary surgeons by telephone, e-mail and on our telemedicine platform.

In light of the year we have all had, we have decided to reduce our elective service between the 21st of December and the 4th of January. During this time all urgent and emergency cases will be seen but there will be a reduced service for electives, and our advanced imaging service will also run at a reduced capacity. We can, of course, be contacted as usual throughout the winter holiday by calling 0131 650 6253 or by e-mail [eqh@ed.ac.uk](mailto:eqh@ed.ac.uk)



*From left to right, Nurse Laura Wilkie, Head Groom, Michelle Campbell, one of our hard working final year students, Intern Bart Obrochta and Resident, Charlotte Hewitt-Dedman undertake some wound care in a foal.*

## Telemedicine – a new front in virtual health

Telehealth and virtual health are concepts that in terms of veterinary medicine were very much on the fringe for most vets pre-Covid-19. Here at Dick Vet Equine, we have used telemedicine to support our veterinary colleagues in low and middle-income countries, notably in The Gambia, Morocco, Egypt and India for some time. More recently we launched a service for remote and rural practitioners in Scotland.

Using a variety of platforms, we run virtual ward rounds, case discussions and tutorials with the flow of information going in both directions. These have been very rewarding for all and it seems that the veterinary profession is catching up with our medical colleagues in the use of this modality. However, it is fair to say that in March this year everything changed, as this type of consult became mainstream.

Our new platform, VidTu, developed in conjunction with the World Veterinary Service has been tested across the globe and is consequently ideal for the low bandwidth areas which are home to many of our patients and referring vets. The system allows the consultation to be recorded, sharing of documents and clinical pictures and even has a facial recognition system which works on horses.

In the height of the lockdown the system was used for animals for which there was a doubt over whether they were permitted to travel and for re-checks. Since the gradual return to normal service, we have found that this system is ideal for follow-ups, assessment and prognostication of trauma cases and for general advice. If you have a case that you think would benefit from this service, do not hesitate to contact us.

## Incidents involving animals – The rescue initiative update

In the previous newsletter we indicated that training for veterinary practitioners across Scotland and Scottish Fire and Rescue Service (SFRS) crews was underway. Although there has been a slight hiatus due to Covid-19, this training is ongoing with several of the SFRS heavy rescue units and practices local to them, trained and online training ongoing.

We have trialled the plan for trained vets to be registered on the Scottish Governments Community Asset Register using our own farm and equine practices and as well as attending

a large number of incidents, including a major incident, and we have provided direct support to practices attending similar incidents further afield.

Thank you to all the practices that indicated that they were keen to join the initiative and please be assured we will pick this up again as soon as Covid-19 restrictions allow. In the meantime, if you are asked to attend an incident involving horses or large animals and need any help or advice do not hesitate to contact us in the usual manner.

## FreePD and Dick Vet Equine Webinars

Look out for an online spring continuing education meeting and our new Dick Vet Equine Webinars and Podcasts with handy hints for practitioners coming soon!

## The Dick Vet Equine Practice – 2020, a Year Like No Other

In the Dick Vet Equine Practice, we have had a challenging but rewarding year. As a team we have pulled together brilliantly to continue to provide a first class ambulatory equine service throughout this year's unprecedented trials.

Embracing technology, such as our unique telemedicine platform, we were able to triage and treat a host of cases throughout the pandemic where a visit wasn't absolutely necessary, and when there was no substitute for being there in person, we kept our vets on the road.

During lockdown, in conjunction with the Equine Hospital, we ran a popular diet of Facebook Live sessions, which were watched from all over the world, as well as delivering CPD to colleagues on a range of subjects. To accommodate all those whose vaccinations ran out due to Covid-19 restrictions, we ran a well-subscribed vaccination amnesty throughout the summer months, and had a busy, if somewhat later than usual, stud season. Although "on the road" teaching of our final

years students has been suspended for now, our practice vets are heavily involved in the delivery of online course material, which we are delighted to hear the students are finding highly instructive, especially when coupled with their hands-on work in the Equine Hospital. We all hope that it won't be too long before the students are back out on the road.

We were pleased to welcome Tess Fordham back from maternity leave and are fortunate to have had John Pate join the team as an additional vet, which has increased our capacity. Head of Practice, Louise Cornish, is about to embark on her own maternity leave, so for this period Jill Murdoch will be stepping into Louise's shoes as Practice Lead.

There are some exciting new initiatives in the practice, due to be launched in early 2021 - watch this space. Meantime an upcoming virtual client evening is sure to be an informative night, even if the cake will sadly also have to be virtual this time! Although we can't predict exactly when

completely "normal" service will resume we can reassure you that the practice continues to be there 24/7 to support our clients and their horses. Best wishes for a safe 2021!



Louise Cornish, Head of DVEP examines a pony during lockdown

## Introducing Ben Blacklock - Senior Lecturer in Veterinary Ophthalmology



Ben Blacklock

We would like to introduce Ben Blacklock, who recently joined the Dick Vet as a Senior

Lecturer in Veterinary Ophthalmology. Ben is an RCVS and EBVS® Recognised Specialist in Veterinary Ophthalmology, and is happy to offer referrals and advice in all areas of equine ocular disease, working with our highly experience equine referrals team:

"I graduated from the University of Bristol in 2009 and went straight into mixed general practice in Lancashire, where I spent a lot of time on dairy farms and began to get excited about ophthalmology. In 2011 I moved to Newmarket and undertook a rotating internship position at the Animal Health Trust. Following the internship I embarked on a 3 year ECVO residency program with the comparative ophthalmology unit at the Animal Health Trust. Following my training, I moved to a busy small animal private referral hospital in Cambridgeshire, where I worked for 4 years. During this time, I would regularly visit the big equine hospitals in Newmarket to offer specialist ophthalmology

advice. I joined the Dick Vet in 2019 to establish a clinical ophthalmology service and where I hope to be able to help inspire the next generation of veterinary surgeons to find eyes as fascinating as I do!

Equine ophthalmology is a fascinating area of veterinary science – horses arguably need their eyesight more than most companion animal species. They also have a unique set of ocular diseases, such as ERU (equine recurrent uveitis), which presents real treatment and management challenges, and they don't really do things by half measures – whereas a dog may present with a cat scratch to the cornea, a horse may present with a blackthorn penetrating the cornea and lens or having been whacked with a polo stick!"

Visit the Ophthalmology website at [www.DickVet.com](http://www.DickVet.com) to find out more about Ben and the Ophthalmology Service.

## Case Study - The traumatic corneal injury

There are some types of cases that always result in a bit of adrenaline and an increased heart rate, and we mean for the vet, not just the patient. Traumatic corneal lacerations fit into that category. Here at Dick Vet Equine, we treat a reasonable number of these injuries every year, and with prompt attention and collaboration between the medicine and surgery teams, these cases can have an excellent prognosis for saving the eye and the sight.

This is one such case, which presented to Medicine Resident Francesca Worselman and Senior Medicine Clinician Professor Scott Pirie earlier this year. Although the horse was referred as a probable enucleation, it became apparent that there were other options.



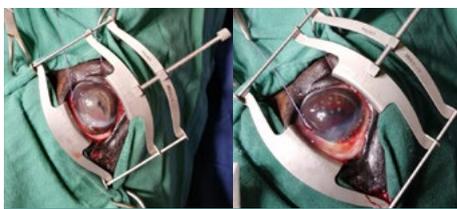
*The eye at presentation – partially closed and clearly painful, examination can be challenging*

Traumatic ocular injuries are a challenge in the horse, as the strong palpebral muscles can make examination of the surface of the eye difficult. Sedation and local nerve blocks facilitated the examination of this eye and it was clear that there was marked blepharospasm, miosis and an area of corneal oedema towards the medial canthus. Examination with a slit lamp revealed a linear corneal laceration and iris prolapse and an ultrasound examination of the eye indicated that the retina was intact along with the lens and other intraocular structures.

In this case, the owner was keen to save the eye and the sight. Don't forget to check for a consensual pupillary light reflex (PLR) in these types of cases by shining a light in the damaged eye and observing the pupil in

the contralateral, normal eye, for evidence of a reduction in diameter indicating that the retina and optic nerve in the damaged eye are still functional and reacting to light.

The horse was subjected to a general anaesthetic and Surgeon Patrick Pollock and Intern Lina Rezgani were able to resect the protruding iris, repair the cornea and place a graft over the defect, before re-inflating the eye with hyaluronic acid (yes the same stuff that we usually put into a joint) and adrenaline to reduce the risk of intraoperative haemorrhage.



*The eye during surgery, with pic two showing part of the brown iris protruding in the bottom of the shot, before and after the corneal injury was repaired*

In cases such as these, the surgery is the easy part with the aftercare perhaps the most critical part of the treatment. A subpalpebral lavage system (SPL) was placed and the eye treated with atropine, antimicrobials, plasma and EDTA and the horse systemically with NSAIDs.



*The eye post-surgery, showing a reduction in inflammation and a large dilated pupil and reducing oedema*

This horse spent around 2 weeks with us, before removal of the SPL and discharge. Aside from a small corneal scar you can see no ill effects



*The horse back at home*

Because horses have a very large field of vision, corneal scars have much less effect on vision than is the case in many other species.

This case demonstrates the types of severe injuries that can be successfully treated. As a guide, many corneal lacerations can be repaired, even up to 14 days after they were sustained (although its always better to see them sooner!). Lacerations of up to 2.5cm in length carry the best prognosis as well as those sustained by sharp rather than blunt trauma (blunt trauma is more likely to lead to collateral damage to other intraocular structures).

We welcome elective and emergency ophthalmology cases and are happy to evaluate pictures and ultrasound images before referral if that is of help. With Dr Ben Blacklock now on the team we have a variety of new treatments available.



*Ben Blacklock*