



Choke

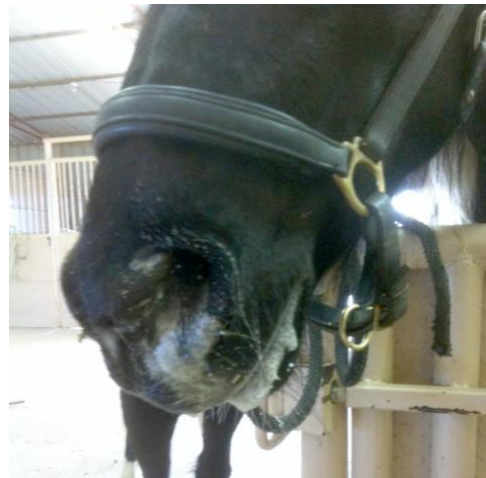
'Choke' is the term used to describe a blockage (usually by food) of the oesophagus. This is the tube that takes food from the mouth down to the stomach. Obstructions of the oesophagus can occur at any point following swallowing, from just beyond the larynx to the opening to the stomach, and in some severe cases, the entire length of the oesophagus itself can be blocked.

In very rare occasions horses may get things obstructing (either partially or completely) their trachea (windpipe) leading to a difficulty breathing, but this is far less common than an oesophageal obstruction.

Choke can look like a very scary problem for your horse to go through, but the vast majority of chokes can be cleared at home with minimal side effects.

What are the signs of choke?

- Signs begin during or immediately after eating, typically their hard feed.
- Stretching out and/or tensing of the neck
- Repeated attempts to swallow
- Vocalising/grunting noises
- Nasal discharge and frothing at the mouth (usually with food contents visible)
- Coughing
- A firm swelling may sometimes be felt in the gullet area of the neck



What causes choke?

Horses are more prone to obstructions of the oesophagus than other animals as their oesophagus is made entirely out of 'smooth muscle' rather than 'skeletal muscle' – therefore they cannot voluntarily contract this muscle to force food down the oesophagus if it becomes wedged.

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The following things can lead to a horse suffering from choke:

- *Dental problems* – these can result in the horse avoiding chewing their food correctly before swallowing. We recommend all horses have their teeth checked regularly by either a vet or a qualified/registered Equine Dental Technician – normally annually, but more frequently if there are problems present.
- *Rushed eating* – again, the horse may also not chew their feed thoroughly if they are rushing to eat it, for example due to stress, bullying by herd mates etc.
- Feeding *inappropriate food* – especially food that requires soaking prior to feeding, e.g. unsoaked sugarbeet or grass nuts, as these will swell in the oesophagus once moistened following swallowing. Other usual culprits include carrots or other fruit/vegetables chopped into rounds or large chunks.
- *Eating bedding* – especially woodchips which will expand once wet.
- Eating too soon following *sedation* – if the horse has been sedated and tries to eat before they have fully ‘come around’ from the sedation then they often will not chew correctly, leading to an increased risk of choke.
- *Gastric ulceration* – in severe cases the oesophagus may become inflamed due to refluxing gastric acid, and this will cause it to ‘tighten’ at the base towards the opening of the stomach.
- *Oesophageal abnormalities* – for example strictures, trauma, growths.



What should I do if my horse has choke?

- *Remove all food and water* from the horse's stable – this is to prevent them from worsening the obstruction by adding more food to it, or inhaling it.
- If possible, *keep the horse's head low* to allow saliva and food from within the mouth to run out of the mouth/nose – if the head is held up this increases the risk of the horse inhaling (aspirating) these things into their trachea and lungs.
- Keep the horse calm.
- *Massage the throat* to try and soften the obstruction – particularly if there is one obvious area of swelling – as this may enable the obstruction to be moved.
- Some chokes will pass very quickly and self resolve; however, the longer the choke persists the more difficult it will be to pass and also the risk of complications increases the longer the horse is choking for. If the horse is still choking after half an hour we recommend *calling your vet*, as further intervention to clear the choke may be required.

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Treatment of choke

All vets will vary in their methods of how to treat any condition, including choke. However, typically they will administer the following:

- Sedation – to calm/relax the horse for tubing, and also make the horse lower its head so any excess saliva/food/water can run out of the nostrils/mouth instead of being inhaled.
- Buscopan – this relaxes the smooth muscle of the oesophagus, meaning it is more comfortable for the horse and also so that the obstruction can be moved.
- Pain relief – in case the oesophagus is sore following the choke and tubing.
- Antibiotics – if the vet is concerned that the horse may have ‘aspirated’ (inhaled) some saliva and/or food/water whilst choking then a course of antibiotics may be given – this is because the horse may develop pneumonia if these get into the lungs.

The vet will then pass a flexible rubber tube up the nostril, through the nasal passages, through the larynx (the horse will need to swallow this) and down the oesophagus to the stomach. In the normal horse this can be passed smoothly and easily. However, in horses with choke the obstruction will prevent the tube from passing, as it acts as a physical blockage. If the obstruction is only just beyond the larynx then the horse may also struggle to initially swallow the tube.

Once the obstruction is reached in the oesophagus, water will be added down the tube to try and soften the obstruction. Some vets will do this using a pump, and others will use a funnel. If warm water is available this should be used as it will soften certain feedstuffs quicker than cold water.

Depending on the amount of food stuck within the oesophagus, the ‘lavaging’ (dissolving) of the choke can take a very long time, as each bit of food has to be dissolved, retrieved via the tube and then the tube advanced a little before further water is added. Once the tube has reached the stomach the horse can be given some fluids, and then the tube may be passed once more to doubly confirm the oesophagus is clear of obstruction.

The horse should then be left without food whilst it recovers from its sedation, and also as the oesophagus will be sore immediately after tubing. After 1-2 hours soft feed may often be given, but the vet will advise you of this at the time. In extremely difficult cases, or those that recur frequently, it may be necessary to pass a flexible camera (endoscope) down the oesophagus to see what is causing the obstruction. Certain chokes (e.g. whole carrots wedged) may not be able to be treated via tubing and may require more invasive treatment.



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What complications can occur following choke?

There are two main complications we worry about following choke:

- Aspiration pneumonia – this can occur if the horse has inhaled saliva/feed/water whilst choking or being treated for choke. Often antibiotics are dispensed at the time of treatment for choke, but if your horse develops a nasal discharge, cough, raised temperature or seems dull in the week(s) following please contact your vet.
- Oesophageal damage – if a choke is particularly long-lasting (e.g. overnight) then there is an increased risk of damage to the oesophagus, as it will become more inflamed. These cases may need to be fed a soft diet over the days following until this settles, and if they have further problems scoping is recommended in case a 'stricture' (constricted ring of oesophagus) has formed.

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