

Avondale Veterinary Group

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Choke in Horses

Choke is a relatively common unpleasant and distressing condition to both horse and owner which often looks worse than it is. It occurs when food gets stuck/catches in the oesophagus between the mouth and the stomach. The oesophagus goes into spasm around the food which causes a vicious circle of muscular spasm holding the obstruction in place initiating further muscular spasm. This blockage between the mouth and the stomach stops the passage of any more food, saliva or fluid which results in this food, saliva and fluid being expelled forcefully out of the horses' mouth/nostrils when they meet the blockage and the horse tries to clear it.

Signs of choke

The most obvious signs are the horse appears to be retching and tenses neck muscles. Saliva, mucus +/- food comes out of its nose and mouth. When first choked some horses become distressed and panic making repeated attempts to swallow, cough and gag. They appear to be trying to dislodge/clear something from the back of the throat, some will even show signs of colic, getting up and down and rolling.

It does often look worse than it is and many cases resolve without treatment within 10-15 minutes of onset.

If it does not clear, goes unnoticed or untreated for hours or days the horse can occasionally develop severe complications:

- Inhalation pneumonia due to inhalation of the saliva, fluid and food materials that are brought back up into the back of the horse's throat being inhaled into the trachea (windpipe).

- Dehydration and severe depression due to being unable to swallow any water/fluid.
- Oesophageal rupture due to the tissue around the blockage dying off (necrosing) and rupturing.
- Death due to shock and infection.

These complications are very uncommon but can occur, if you think your horse has choke contact your veterinary surgeon for advice immediately.

Causes of choke

- Grabbing and swallowing a handful of dry concentrate feed without chewing it and the oesophagus spasms around the bolus of food.
- Eating dry or inadequately soaked feed (e.g. the classic example, sugar beet) which mixes with saliva and swells and gets stuck in the oesophagus.
- Chunks of carrot, apple or vegetables if not chewed properly can get wedged in the oesophagus.
- Sedated animals given food or hay before recovered sufficiently from the sedation because they are not aware enough to chew properly.
- Exhausted horses can also be prone to not chewing properly before swallowing.
- Dental problems, sharp, worn, loose or fractured teeth, severely reducing the ability of the horse to chew food properly before swallowing.
- Greed – certain horses or ponies who just gobble their feed and get it stuck without a medical problem.
- A physical obstruction to the oesophagus preventing the food going down easily – neck deviation, abscess or stricture of the oesophageal muscle which can be congenital or acquired after a previous severe choke episode.

Diagnosis of choke

Based on the very typical clinical signs, sometimes by direct visualisation or palpation of the blockage on the outside of the neck and is confirmed by your veterinary surgeon passing a stomach tube via a nostril into the oesophagus to confirm a blockage and exactly where it is.

Treatment of choke

First aid treatments:

- Remove horse from all food, grass, water and edible bedding (if possible).

- Put in a stable and leave quiet while you contact your veterinary surgeon.
- Keep the horse quiet with its head low and if an obvious lump can be felt on left side of the neck it can be massaged gently to help disperse it.

If the choke is not resolving the veterinary surgeon will attend and administer further treatment.

Veterinary treatments

- Administration of sedatives and a spasmolytic/smooth muscle relaxant to help keep the horse head low and relax the muscle of the oesophagus to help allow the obstruction to pass.
- Pass a stomach tube via the nostril and flush with water to soften, flush out and reduce the obstructive material to allow it to pass down to the stomach – this is done carefully to avoid damage to the oesophagus and is often a slow process that can take a long time if there is a lot of material blocking the oesophagus over a large area or length.
- Administration of anti-inflammatories and antibiotics over the next few days to reduce the risk of recurrence of choke or risk of developing inhalation pneumonia depending on the individual case.
- Administration of large volumes of intravenous fluids, if the blockage takes a long time to clear despite repeated attempts with the stomach tube over days, the horse will require intravenous fluid to maintain hydration.

Once the choke is cleared the horse should only be fed sloppy feeds for the next few days (as directed by your veterinary surgeon) to allow any local swelling around where the blockage was to reduce – reducing the risk of the choke recurring.

How to try and prevent choke

Avoiding an episode of choke is much less distressing for both the horse and the owner therefore it is important to try to find methods to slow down the rate that the horse eats and ensure all feedstuffs are easy to swallow.

- Ensure all feeds are well soaked especially sugar beet pulp.
- Carrots and apples to be chopped lengthways to allow them to be chewed sufficiently before swallowing.
- Regular dental checks, every 6-12 months or as recommended by your veterinary surgeon.
- Feed away from other horses to reduce bolting/gobbling food due to competition.
- Feed smaller amounts more frequently through the day.
- Ensure a plentiful supply of fresh drinking water is always available.

In summary oesophageal choke is a distressing condition caused by a temporary blockage of food passing to the stomach, it often resolves on its own within 30 minutes but can result in severe complications so it is important to contact your veterinary surgeon for advice as soon as you suspect that your horse has 'choke'.