

## About Gastroscopy

Clyde Veterinary Group Equine Hospital offers an in-house and mobile gastroscopy service to first opinion and referral clients.

Gastroscopy is a procedure performed under standing sedation. The equipment is linked to a video monitor which means you will be able to watch images on the screen in front of you.

Gastroscopy involves passing a 3 metre long, flexible endoscope down the horse's oesophagus into the stomach via the nostril. In some horses, the first part of the small intestine (the duodenum) can also be visualised. The most common reason for performing gastroscopy in horses is a suspicion of gastric ulceration.

Mobile gastroscopy can be arranged for 4 or more horses on one yard. Please contact the hospital for more details.

## After Gastroscopy

The horse will be mildly sedated after the procedure but this wears off (Usually within 3060 minutes). Feed and water can be offered.

The horse can travel home once the sedation has worn off.

If your horse is diagnosed with gastric ulcers, the normal course of action would be to prescribe Omeprazole. This is given either as an oral paste treatment or intramuscular injection that is given for a number of weeks dependent upon the severity of the ulcers. Omeprazole effectively blocks the productions of stomach acid to allow ulcers to heal.

## Signs of Stomach Ulcers

Weight loss or failure to maintain condition.

Poor performance.

Poor coat condition.

Changes in behaviour.

Girthing pain.

Colic.

## Prior to Gastrosocopy

The stomach must be empty in order for the stomach lining to be properly assessed, therefore, food should be withheld for at least 16 hours before the examination. Water should be withheld for 8 hours.

Sedation will be administered and the gastroscope passed up one nostril to the oesophagus.

On reaching the stomach air is normally introduced to enable the stomach lining to be seen more easily.

When travelling to the clinic please do not offer your horse a hay net.

## Ulcers

A horse's normal stomach is divided into a pale pink squamous region and a darker pink glandular region. The border between the two regions is called the margo plicatus. This is the region most affected by ulceration.

The appearance of gastric ulcers can be described according to their location and distribution and are graded from 0 to 4 to reflect the severity of ulceration, with grade 0 being a normal healthy stomach and grade 4 demonstrating extensive lesions with areas of apparent deep ulceration.

Gastrosocopy can also be used to monitor the healing of gastric ulcers and determine when to stop therapy.