



## **The Horse Owner's Guide to "Choke"**

Alexandra Urban, DVM

Odds are you have heard of the equine emergency called "choke", or have known a horse that experienced the condition. Equine esophageal obstruction, or "choke," is a physical obstruction of the esophagus, the muscular tube that shuttles food from the mouth to the stomach. The blockage may be composed of feed or a foreign body (apple core, corncob, etc). Specific causes of esophageal obstruction are numerous, including: rapid feed consumption, poor dental condition, poor quality feed, inadequate water intake, eating too early after sedation, stricture (narrowing of the esophagus, perhaps from a past "choke" incident), or mass. Of note in our horse friend is that the first 2/3 of the esophagus is striated muscle (like the biceps muscle), while the lower 1/3 is composed of smooth muscle (like the muscle lining the intestines). This is important because your veterinarian may choose to use different medications in the treatment of "choke" based on where in the esophagus the blockage lies. Although the condition may occur at any age, older horses with poor dentition and foals eating foreign materials are the most likely offenders.

Common signs of esophageal obstruction include nasal discharge composed of feed and saliva, increased salivation or "drooling," coughing, and frequent attempts to swallow. Many horses will also stretch out their neck, sweat a great deal, lay down, or act depressed. Occasionally, a blockage may be seen or felt along the esophagus along the bottom of the neck. If these signs are noted, it is best to immediately remove any remaining feed and water from the stall, and call your veterinarian. The longer a "choke" has been awaiting treatment, the more likely it is the animal will need treatments beyond the initial veterinary call. Oral treatments, such as Banamine or water via syringe, should not be administered as they will not arrive at the stomach for digestion and pose an additional risk for aspiration into the lungs.

When the veterinarian arrives, they will diagnose your horse with "choke" based on the above clinical signs, as well as an inability to completely pass a nasogastric tube from the horse's nostril, down the esophagus, into the stomach. Treatment generally involves a good physical exam followed by any or all of the following: IV (intravenous) sedation, IV administration of banamine and/or other medications, passing a nasogastric tube to the blockage and flushing copiously with water, administration of fluid in the stomach, and administration of IV fluids. After the blockage is relieved, your horse will be held off feed for 12-24 hours to allow the irritated esophagus to recover. This will be followed by slow refeeding, starting with very soft gruels. Some horses may require further treatment with antibiotics (to prevent aspiration pneumonia), anti-inflammatories (to relieve esophageal irritation), and mucosal protectants (to assist in healing of any mucosal injury within the esophagus). Infrequently, a "choke" cannot be relieved with a single visit or may require hospitalization.

In addition to the risk of aspiration pneumonia (illness from inhaling large foreign particles into the lungs), horses that have choked may develop narrowing of the esophagus or scarring at the site of the blockage. This predisposes them to future episodes of "choke." To prevent both initial and repeat episodes of esophageal obstruction, several steps may be taken. If your horse tends to eat its grain rapidly, consider always soaking the meal to a mash or gruel consistency. Another option is to place large stones into the feed bucket to slow down intake, or to feed hay in a hay net. Never feed cubed hay without initially soaking well. Encourage water consumption by offering both a plain bucket of

water and a bucket flavored with Gatorade, a pinch of molasses, or a handful of senior or sweet feed. Drinking can also be increased by adding a sprinkle of salt to the top of a grain meal. Don't forget that routine annual dental examination and equilibration is key!

Contact [Brandon Equine Medical Center](#) at 813-643-7177 or email [info@brandonequine.com](mailto:info@brandonequine.com) with any questions regarding this topic.

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