



Wobbler Surgery – the UK perspective

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Mostly, 'wobbler syndrome' is caused by pathology of the vertebral column that leads to compressions of the spinal cord within the spinal canal of the neck. This in turn leads to neural damage and the classic signs of incoordination (i.e. wobbling). Although probably painless, the condition renders horses at risk of self-injury, and, in all but the mildest of cases, effectively useless.

The aim of wobbler surgery is to decompress sites in the horse's neck where the spinal cord is 'pinched', so enabling neurologic and therefore functional recovery. Metal implants are inserted to span adjacent affected vertebrae, to create their fusion. This stabilises excessive vertebral movement or laxity in the short term, and in the longer term leads to de-bulking of tissue outgrowths, by 'disuse atrophy'.

The procedure is technically quite demanding and has significant risks attached. The recovery period is protracted. The outcome can be very satisfactory or it can be very unsatisfactory. Whilst the former is preferable, either of these scenarios is relatively easy to deal with. Unfortunately most often the procedure results in significant but only partial improvement, wherein lie clinical and ethical questions around whether we can ever achieve (and recognise) post-operative neurological 'normality', and how close to neurologically normal must a horse be to be useful anyway?

Case selection and expectation management are key. Relevant factors in the consideration are a horse's age and type, its size, its severity of signs, its intended use, and the number and sites of spinal cord compressions involved. An important problem in selecting appropriate cases for surgery is that the methods of identifying all sites that might be contributing to spinal compression are flawed and imprecise, although advances in imaging techniques (e.g. CT) should improve this.

Wobbler surgery in horses has a place, but it is not for the faint hearted or for those running in rose-coloured blinkers.