# VNs on safari

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ABSTRACT: On 21 March 2013, a group of veterinary nurses and student nurses from Plumpton College set off for two weeks of conservation study and safari in South Africa. This article describes the team's adventures and experiences, and in so doing, puts into perspective some of the perceived 'trials and tribulations' of everyday veterinary practice in the UK.

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Frances Gaudiano qualified as a veterinary nurse in 1998 while working at the RSPCA Hospital in North London. She has also worked in referral practice and been involved with clinical trials. Currently she is deputy head nurse at Farthings Veterinary Group in Horsham, West Sussex. Frances is author of *Veterinary Dermatology: A Manual for Nurses and Technicians*.

## First impressions

After an 11-hour flight to Johannesburg, a further flight to Port Elizabeth and an extended drive to Grahamanstown in the East Cape, we arrived at Craig Doon Conservation Centre. We were greeted by brilliant sunshine, the hospitable Vos family, two Jack Russell terriers and a dead puff adder!

Our first full day at the centre included an educational hike into the hills above the farm. During our trek we were educated about the flora of the region, learning about the acacia plant (favourite food of the elephant) edible plants and even hallucinogenic flowers! All along our route, we were accompanied by the Jack Russell terriers, who became very excited when we happened upon an enormous leopard tortoise; but they were, however, quite nonplussed by the beautiful impala and blesbok antelope.

That afternoon we assisted with the vaccination of the farm Friesian cattle against the tick-borne disease 'heartwater'. The herd also contained a Jersey cow that one nurse attempted to milk; but unfortunately it defecated during the process, narrowly missing her and contaminating the milk! Needless to say we weren't asked to help with milking after that!

Unsurprisingly, European breeds are more susceptible to tick-borne diseases and it was obvious that the cattle had been infested. The ticks emerge in lesions after a good rain and clinical signs of heartwater include fever, neurological signs such as a high-stepping gait, circling seizures and a high mortality rate.

The treatment was a hefty dose of injectable oxytetracycline. To facilitate this, the 40-strong herd were corralled into stocks. As small animal nurses, we found it a challenge to 'jab' through cow hide and inject 20ml into a less than co-operative cow, whilst balancing on the side of the stocks!

## Out on the wild side

The following day we hiked to a Bushmen cave. The Bushmen were the original people of South Africa and are correctly known as the Koisan. They are a small people and obviously very good at climbing, as their cave was barely accessible to us with our varying levels of fitness. Again, the Jack Russells showed us up by trotting up the rocky landscape at hyper-speed, even setting off an angry burst of calls from a troop of baboons.

We were all terrified that the dogs would get hurt; because baboons can make short work of even large dogs, but these experienced bush dogs were smart enough to keep their distance – something we also chose to do when it came to the spiders.

There were several large webs created by the Golden Orb spider. At one point we had to crawl on our bellies to avoid the rather large arachnid above us. And it rained. A lot. I guess we brought the English weather with us.

During our time at the conservation centre, we received a number of lectures on African conservation, archaeology and history. One of the most moving lectures was given by William Fowlds, a wildlife vet who specialises in rhinos. He told us the story of Thandi and Themba,

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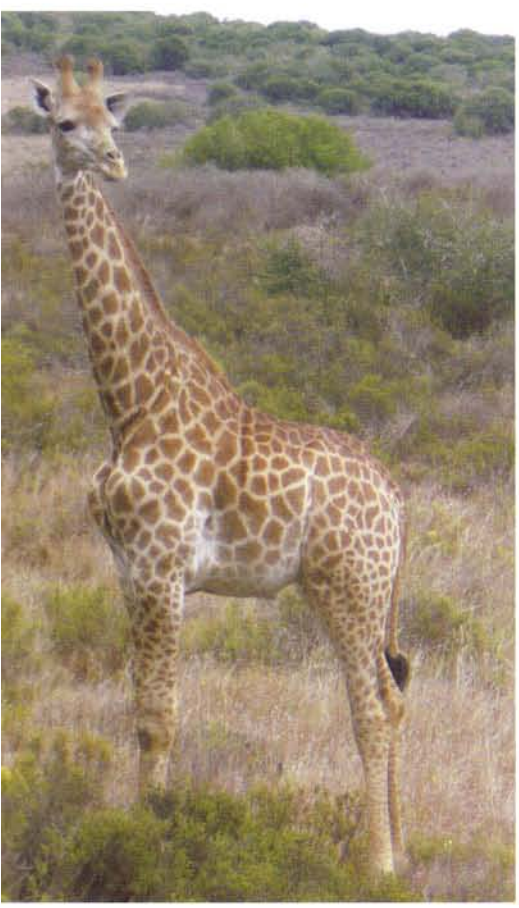
two rhinos that had been attacked by poachers and had their horns removed.

Rhino horns are considered precious elements in oriental medicine and are worth more per gram than gold. Despite vigilance on all the reserves, poaching is still occurring at an exponential rate. As a result, the rhino population is in grave danger of extinction, not just in Africa, but worldwide. Dr Fowlds, utilized all his skills to save the lives of Thandi and Themba, but only Thandi survived. By the end of his DVD, we were all in tears and planning to start fund-raising projects in aid of rhinos.

We were also privileged to be able to attend a few game drives. The most extensive drive we participated in was through Amakala Game Reserve. This reserve was started by a group of farmers who decided they would like to trade in their tractors for four-by-fours and go into eco-tourism. Their lands were amalgamated and stock was purchased.



At this point in time in South Africa, most wild animals are kept on game reserves. This is for the safety of the animals as well as for the safety of villagers. Elephants wandering through the crops don't do much for your harvest. Consequently, game is traded or purchased for reserves, according to the needs of each reserve. Careful calculations are performed to ensure that there is enough foodstuff for each large animal unit and that security is stringent in order to protect the precious game.

It takes an enormous amount of effort to manage a reserve effectively; for example, at Amakala it is necessary to give the elephants birth control injections to avoid over-population as elephants eat a great deal and can make it impossible for other species to subsist in a limited area if numbers aren't controlled.

Although learning about the management of the reserve was fascinating, it couldn't compare to the real-life sighting of some of the most beautiful animals in the world. We had the opportunity to view buffalo, zebra, wildebeest, wart hogs, impala, giraffe, vervet monkeys, eland, red hartebeest and I can't even begin to mention all the species of birds! It was truly an afternoon we will always remember.

## Welfare on a shoestring

It wasn't all fun and games though – we had also come to Africa to contribute, if only in some small way. We visited the Grahamstown SPCA which is funded entirely by donations. In a country where there is much human need, companion animals aren't that high up on the typical donor's list. As a result, there was a lot for us to do.

The centre housed stray dogs, cats, donkeys and cattle. Some would eventually be claimed, but many would need to be rehomed. In the meantime, the residents had to be fed, cleaned, groomed, treated for parasites and socialised. I must admit we may have spent a bit too much time on the socialisation!

In the afternoon, we were taken to the outlying areas of Grahamstown, known as

'The Extensions'. Significant numbers of villagers had migrated into Grahamstown looking for work and had created these 'temporary' dwellings. However, some of the migrants had been living in the make-shift accommodation for many years and the associated poverty was of a level that most of our group had never experienced firsthand. Unfortunately, we were only equipped to help the animals, but they needed a great deal of help.

Parvovirus and distemper were heavily prevalent. None of the student nurses had ever seen distemper as it is now so rare in the UK. The SPCA inspector asked us to look for the early clinical signs of respiratory infection – coughing, ocular and nasal discharge. We also saw dogs in the later stages of the disease who had already reached a point of collapse.

Maloli, the SPCA inspector, was experienced at performing euthanasia



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using a rubber band as a tourniquet, so he found our offering to raise a vein a novelty! We did give injections of amoxicillin and vitamin B to dogs that were only mildly affected, but the epidemic was rampant in the area, largely because it was heavily populated by both owned and stray dogs.

Many dogs were also suffering from babesiosis, which Maloli called biliary fever. The advanced cases were jaundiced and had collapsed, so we were forced to euthanase them; but early cases could be treated with diminazen (Berenil). We also wormed many dogs and applied fipronil of which there was only one size available, so we 'made do' because there was no alternative.

Every time the van stopped, crowds of people ran up with their dogs requesting treatment. One dog had an horrific abscess that we could not treat, so the owners opted for its euthanasia. There is no question of veterinary treatment. All these people had to rely on was what Maloli could provide – a few antibiotics and some parasite treatment. He frequently asked us for advice and we demurred, reminding him we weren't vets; but he said we were the best these pets would get.

Overpopulation is a problem and, occasionally, there are spay/neuter clinics set up by charities. On our second day, Maloli set up a dipping station for ectoparasite treatment so that large numbers could be treated. But it is all a drop in the ocean.

There are nine Grahamstown Extensions, with several hundreds of houses in each extension. Many homes had between three and six dogs, so you could work your way from one end of the town to another and then have to start all over again! We were amazed at how Maloli persevered – it seemed an overwhelming task.

## Practice with a difference

After our experience in the Extensions, we had a day at a veterinary surgery in the town centre. The Grahamstown surgery carried out neutering for the SPCA residents, as well as treating privately owned pet dogs and cats. The practice also undertook farm work, so the two vets were extremely busy.

On the day we visited, a dog had been brought in after being bitten by a puff adder. This is an extremely aggressive snake that can bite three times in one second. Its bite injects a cytotoxin, which slowly breaks down tissues over a period of time. The treatment is anti-venom serum (which is routinely held in veterinary practices) and IV fluids. We were shocked by the dog's appearance but were told by the vet that it would probably survive.

A Border collie came in with generalised lameness and lethargy. It was slightly pyrexic so the vet suspected babesiosis. Most dogs are routinely checked for tick-borne disease so the vet proceeded to take a blood sample from a peripheral vein (the ear is usually used) and make a blood smear.

She asked me to look for the pear-shaped trophozoite, which appears within erythrocytes. I was concerned that I would miss it as I have never seen it before and so was relieved when the vet took over, to find that the dog was not infested. We then took some X-rays with a magnificent digital X-ray machine, although this did not help to determine a diagnosis.

Some of the other nurses assisted with a spay and were surprised to find that anaesthesia was facilitated by means of incremental thiopentone, administered throughout the duration of the surgery. Supplemental oxygen was also administered and all went well.

It was all a bit different, but the end result was the same and the dog was fine. It was excellent experience for the students to have to adapt to alternative procedures and they do now appreciate how advanced the veterinary care of our UK pets is!

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## Big cats up close

We then visited three rehabilitation centres – one for lions, one for cheetahs and one for reptiles. Often big cats are used for 'photo opportunities' while they are cubs or they are kept as pets. While in these captive situations, their diets leave much to be desired. We met a lion that had subsisted on macaroni and cheese – and needless to say, had suffered deformities.

We were able to get right up the electric fence and take some amazing photographs. None of us had been this close to a big cat before and we were a bit shocked when one lioness assumed a pounce pose. It was lunch time after all!

We completed our trip by visiting Addo Elephant Park. We had the incredible experience of viewing a young elephant calf less than one month old. It walked right past our jeep, flapping its little pink ears. We also got to ride an elephant, which takes a lot more flexibility than riding a horse – we all came off walking like John Wayne!

## Final take

The trip was educational on an emotional as well as intellectual level. It was also really good fun! I am so grateful I was allowed to be a part of this group and would like to thank everyone that helped to make our visit such a marvellous experience.

For further information about the SPCA and to make donations visit www.Grahamstownspca.co.za There is also a list of items that they need.

And please do visit www.Kariega.co.za to help the rhinos!

# NEWS REVIEW by Jean Turner

## Overheard at BSAVA Congress

Returning from a very stimulating and informative congress, I thought the following remarks were worth repeating. They certainly made me feel even prouder of the veterinary nursing profession!

- "The VN is *the most important*…"
- "No equipment is superior to the attendant VN during anaesthesia."
- From a Canadian speaker: "The presence of the animal health technician is excellent."
- From a cardiologist speaker: "Nurses save lives, more than vets!"

## Compulsory dog microchipping welcomed

The British Veterinary Association (BVA) has warmly welcomed the Welsh Government announcement that all dogs in Wales must be microchipped from 1 March 2015. The decision follows compulsory microchipping legislation coming into force in Northern Ireland last year and a Defra decision to introduce the policy in England from April 2016.

The BVA is a founding member of the Microchipping Alliance – a group of vets, welfare charities, and enforcement bodies campaigning for compulsory dog microchipping across the UK and chaired by the Dogs Trust.

## Poison plant warning

The white and purple heliotrope *(heliotropium arborescens)* has been found to be highly toxic. Dogs nibble on the leaves and this can cause liver damage.

For full information or advice on any cases of suspected poisoning, contact the Veterinary Poisons Information Service (VPIS) on 0207 188 0200 FREE end_of_the_skype_highlightingor visit www.vpisuk.co.uk

## Jilly's jolly jaunt

Jilly, the delightful Petit Basset Griffon Vendeen, who won Best in Show at Cruft's this year is proving how fit and well pedigree dogs can be by undertaking a sponsored walk with her handler, Gavin Robertson. They will be walking the 130 miles from the NEC, Birmingham, to the Great Ormond Street hospital in London between 10 - 14 June.



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