

CORNEAL ULCER TREATMENT CONSENT FORM

Background Information

The horse's eye is a delicate and highly specialised organ that is easily injured by trauma, foreign material, or infection. A corneal ulcer occurs when the clear outer layer of the eye (the cornea) becomes scratched, infected, or eroded. Even small ulcers can progress rapidly in horses due to their strong inflammatory response and the potential involvement of bacteria and/or fungi.

Because of this, corneal ulcers are considered emergencies in equine medicine and require prompt, consistent, and often intensive treatment. Without appropriate care, they can result in severe pain, infection, or even loss of the eye.

Treatment can range from frequent application of topical medication to advanced surgical intervention. Healing times vary greatly, from several days in mild cases to several weeks or longer in complex or deep ulcers. Daily re-evaluation by a veterinarian may be necessary to monitor progress and adjust therapy.

Diagnosis

Your horse has been diagnosed with a corneal ulcer, an injury to the surface of the cornea. The depth, cause, and severity of the lesion influence both the healing time and the response to treatment. Management of this condition is often intensive and prolonged, and close monitoring is essential for a successful outcome.

Purpose of Treatment

The goals of therapy are to:

- Control or prevent bacterial and/or fungal infection
- Reduce inflammation and manage pain
- Protect the eye and promote corneal healing
- Minimise the risk of complications such as corneal rupture or vision loss

Treatment Plan

1. Medical Therapy

- **Topical antibiotics:** to prevent or treat bacterial infection (e.g. tobramycin, chloramphenicol, gentamycin, ciprofloxacin).
- **Topical antifungals:** used when fungal infection is suspected or confirmed.
- **Pain management:**
 - *Atropine* to dilate the pupil and relieve pain from ciliary muscle spasm.
 - *Oral non-steroidal anti-inflammatory drugs (NSAIDs)* such as flunixin meglumine to reduce inflammation and discomfort.
- **Protective eye mask:** might be necessary to prevent rubbing or contamination of the affected eye.

2. Surgical or Advanced Interventions

- **Manual debridement:** Removal of dead or thickened corneal tissue to promote healing, performed under sedation and topical anesthesia if indicated.

- **Subpalpebral lavage system (SPL):** may be surgically placed to allow accurate and frequent administration of eye medications, or in cases of non-cooperative patients.
- **Conjunctival graft or other surgical procedures:** in deep or non-healing ulcers, surgery may be required to preserve the eye and vision.

Treatment Intensity

Severe ulcers often require very frequent medication, sometimes every 1–2 hours, including overnight. The frequency will be reduced as healing progresses. Strict adherence to the prescribed treatment schedule is vital to achieve the best possible outcome.

Anesthesia and Restraint Authorisation

I authorise the use of sedation, local anesthesia, or other forms of restraint necessary for the safe examination and treatment of my horse.

Risks and Limitations

I understand that:

- No treatment or surgery can guarantee full recovery or restoration of vision.
- **Complications** may include worsening of the infection, corneal rupture, scarring, recurrence or permanent blindness.
- Despite all reasonable care, the condition can worsen or require surgical removal of the eye (*enucleation*) in rare cases.

Owner Responsibilities - Aftercare

I understand and agree to:

- Follow all medication and follow-up instructions as directed.
- Keep the horse in a safe, clean, and calm environment (often in a shaded or dark stall if treated with atropine).
- Avoid exercise, riding, or transport until cleared by the veterinarian.
- Observe the eye closely and report any changes or worsening immediately.

Consent and Authorisation

I hereby authorise the attending veterinarian and their staff to perform all necessary as described above. I confirm that I have had the opportunity to discuss my horse's condition, treatment options, and associated risks, and that all my questions have been answered to my satisfaction.

I acknowledge that no guarantees have been made regarding the outcome of this procedure.

- Name of the owner: _____
- Name of the horse: _____
- Microchip number: _____
- Owner signature: _____
- Date: _____
- Veterinarian: _____

