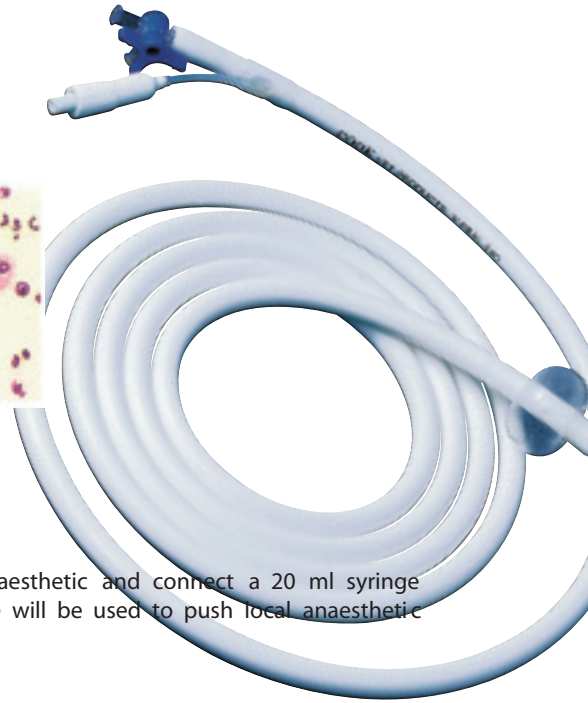
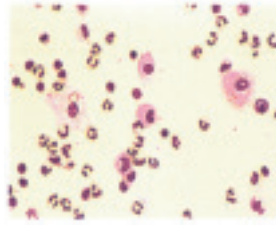


PRACTICAL TIPS

BRONCHO-ALVEOLAR LAVAGE TECHNIQUE



Step One

Sedate the horse.

Step Two

Fill the lumen of the catheter with 20 ml local anaesthetic and connect a 20 ml syringe containing sterile saline to the catheter. The saline will be used to push local anaesthetic ahead of the catheter.

Step Three

Advance the catheter along the ventral meatus until the larynx is reached. Keep the horse's head extended and advance into the trachea on inspiration. There should be no resistance to passage of the catheter if it is in the trachea, but there will be resistance if it is in the oesophagus. Be careful to ensure that the catheter is advancing along the trachea and is not balling-up in the nasopharynx: the silicone catheter is soft. The horse will usually cough and become agitated if this is happening. If you continue, the catheter will be coughed out of the mouth and the horse will chew the end off.

Step Four

Advance along the trachea. Usually there is no coughing until the carina is reached. When the horse starts to cough push local anaesthetic (2-4 ml) out of the end of the catheter and wait for coughing to subside (a few seconds), then continue advancing the catheter along the airway.

Step Five

Continue advancing in this fashion until the catheter becomes wedged in the bronchial tree (you feel resistance).

Step Six

Inflate the air cuff at the distal end of the catheter to wedge the catheter in position and seal the bronchus.

Step Seven

Infuse 180-240 ml of sterile saline.

Step Eight

Gently aspirate the instilled saline back into the catheter. The first 20 ml is the dead space volume of the catheter. It is usually possible to aspirate 50-70 ml. The B.A.L. is frothy due to surfactant from the alveoli.

Step Nine

Transfer an aliquot into EDTA for cytology and into a sterile container for bacteriology.

REFERENCES

Dr Josh Slater, Cambridge University, UK.