

A Guide to Guttural Pouch Lavage

Given that the primary site for persistent *S. equi* infection is within the guttural pouches, it is logical to assume that a greater diagnostic sensitivity for detecting carriers will result from sampling this site. A guttural pouch wash is easy to perform as long as a few key parts to the procedure are remembered (*):

- Equipment:
 - endoscope ≥ 1.0 m long and ≤ 9 mm
 - guide wire
 - sterile catheter
 - sterile saline
- Sedate the horse
- * Pass the endoscope via the ventral meatus (entry into the guttural pouches is very difficult via the middle meatus)
- * Pass the guide wire via the biopsy channel of the endoscope and enter the guttural pouch ostium at its most dorsal extremity
- * Rotate the guide wire if necessary so that it is on the pharyngeal luminal aspect of the endoscope in order to open the ostium and allow entry (entry will not be possible with the guidewire on the pharyngeal mural aspect of the endoscope)
- Advance the endoscope into the guttural pouch, remove the wire and replace with sterile catheter
- Ensure the horse's head is not hanging down and instil 30 mL sterile saline into guttural pouch
- The majority of the saline will accumulate in the large medial compartment and can be aspirated from there
- Place some fluid in a sterile container and some in EDTA or cytopsin