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 $\geq 1.0$ m long and $\leq 9$ 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 cytospin**