

**THE SANDHILL EQUINE CENTER
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Dr. George Petito
The Hymed Group, Inc.
1890 Bucknell Drive
Bethlehem, PA 18015

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Dear Dr. Petito

I have enclosed two reports on the treatment of horse wounds with SilvaKollagen gel. I am impressed that the product was effective in two very different situations: one field case in less than optimum conditions and the other in the clinic in which the collagen gel stimulated healing of a previously treated wound that was no longer responsive.

I am certain that there will be more injured horses that we will see.

I have sent the invoices of charges to Dr. Nickelson at VPL.

Sincerely,

Thomas R. Bello, DVM

VPL -101-SILVAKOLLAGEN GEL TRIAL

On 8-16-08 a 13-year-old Quarter Horse lacerated the lateral heel bulb of the right hind leg on a sharp metal barn door. The laceration produced a gaping wound 10cm long and 2.5cm deep, opening due to the pressure of standing (Figs 1,2). Major digital vessels were avoided, but the wound presented copious capillary bleeding. The mare did not want to move.

Treatment was begun within one hour of injury. As the mare could not be trailored, we had no option but to treat her in her paddock. She was given 2ml Xylazine intravenously (IV) for restraint. The foot was placed on a folded drape. The area around the wound was scrubbed and the wound then flushed with an antimicrobial wound cleaner for debridement. The area around the wound was dried with a towel. Silver collagen gel (about ¼ of a 42Gm tube of SilvaKollagen Gel product) was applied deep into the open wound (Fig 3), and then covered by one 10 x 10cm sterile hydrogel dressing. Pressure was applied by 10cm wide elastic tape over the leg with a strong pull of tape over the heel. This stabilized the foot as the mare took careful but full steps as she grazed.

The bandage was examined 2 days later and appeared to be in good condition without stretching.

By 12 days after injury, the mare was walking freely without apparent pain. Restraint was given as 2.5ml Xylazine IV. The area around the wound was scrubbed with dilute chlorhexidene solution and dried by towel. The defect was about 50% filled with normal appearing immature granulation tissue (Fig 4). Silver collagen gel (about ¼

tube) was applied filling the defect. This was covered by hydrogel dressing and elastic tape as before.

By 17 days after injury, the owner described the mare trotting freely. The bandage was pulled above the heel by the increased movement. Xylazine restraint of 2ml IV was given as before followed by a dilute chlorhexidene flush. Granulation was continuing to fill the defect so that the opening was only $\frac{1}{4}$ of the original defect. Silver collagen gel was applied and covered as before. The foot was taped specifically to increase pressure on the heel by pulling the tape around the tip of the toe, extending to midpastern.

The final examination was done 27 days after injury. The bandage had protected the laceration as the mare was active in her paddock. The heel bulb was firmly attached and not painful. The smooth granulation bed at skin level was then covered by cyanoacrylate liquid as a final treatment (Fig 5). Approximately $\frac{3}{4}$ of a 42Gm tube of silver collagen gel was used in these treatments.

FIGURE 1



FIGURE 2



FIGURE 3



FIGURE 4



FIGURE 5

