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RHINO IMMOBILIZATION, ORPHAN HANDREARING, DEHORNING AND TREATING POACHING VICTIMS – RECENT DEVELOPMENTS

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With the current rhino poaching epidemic, a lot of work has been done on improving techniques involved in rhino anaesthesia, the hand rearing of orphaned rhino calves, and the treating of injured rhino poaching victims.

As far as rhino anaesthesia is concerned, the original drug, etorphine hydrochloride is still the drug of choice. It is, however, a severe cardiorespiratory depressant – the symptoms of which are alleviated using butorphanol together with oxygen supplementation. The hypertension associated with opioids is remedied to a large extent using azaperone in the cocktail. Hyaluronidase is added to decrease the induction period. Recent research has shown that a sternal recumbency anaesthetic is far superior and safer than an anaesthetic in lateral recumbency.

One of the rhino poaching consequences is that many rhino calves are orphaned. Here I usually use a butorphanol, azaperone and hyalase combination or miniscule amounts of etorphine, azaperone and hyalase in order to immobilize them. Dehydration, hypothermia and digestive issues are common place. The administration of rhino plasma to calves showing clinical signs associated with a low immunity can be a vital tool. Antibiotics and anti-inflammatories are also used when indicated.

The only effective and practical proactive measure at the moment as far as rhino poaching is concerned, is dehorning. The treatment of poaching survivors is now common place. It is virtually impossible to remove the bullet so the wound needs to be flushed out with antiseptics and the animal treated with antibiotics and anti-inflammatories. More recently, I have had to treat rhinos that have been poached using etorphine and darts – the survivors are then left walking around with huge holes extending into their paranasal sinuses. The holes are closed using a plastic type prosthesis and allowed to granulate underneath.