

Complications After Egg Binding

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Isn't it interesting how your perceptions change with time! Once upon a time, when treating egg bound birds my first consideration was to get the egg out of the bird - the reasoning being that the egg was the cause of the problem and once removed the problem disappeared.

During many years of treating egg bound birds I have come to realise that the egg is not the only consideration when dealing with these birds.

The first thing to assess when you find a "bound bird" is whether it is actually egg bound! Often people jump to conclusions when they find a hen on the floor with a swollen abdomen - not all these are egg bound. You should be able to feel the hard egg in the lower abdomen.

Catching up birds that are in the process of laying may actually cause the egg to stop moving and then they become bound!! Be careful that you do not overly interfere with the egg laying process.

The next important consideration is the well being of the hen. If the bird has been bound for some time she may well be in a critical condition because of changes to blood flow to the kidneys. Birds that are bright and happy, but have an egg stuck should be *treated conservatively* (that's vet speak for do nothing). Many of these birds will pass the egg in due course. Often the larger the bird the more tolerant they are of egg binding. Many of the Ostrich we dealt with in the past few years would have a uterus full of old eggs that did not pass yet they appeared very normal, yet a finch that is truly egg bound is an emergency.

Once the egg is removed the bird may not necessarily be cured. Many of these birds have underlying conditions that need treatment if the bird is to breed again (and that is generally the aim).

Getting the Egg Out

Removing the egg may be difficult or at worst life threatening to the bird. Applying oil to the vent is about as useful as applying it to the birds left ear. The egg will be lodged in the uterus or shell gland, oil on the vent only makes you feel better it does nothing for the bird apart from give it an oily vent!

The general approach is:

- Get the bird in a warm environment - about 28 - 30 °C
- Raise the humidity to greater than 80% relative humidity
- Crop needle the bird with a dose of Poly Aid Plus with some Calcivet added
- Keep Spark Electrovet in the drinking water.
- Monitor the bird for 24 hours. If there is no improvement then get help.

When we have the egg out we must then think about what else could be happening in those birds. Often they have a severe uterine infection. Proving this in the live bird is difficult, so you should treat them all as if they have an infection. Give them either injectable antibiotics (Psittavet) or twice daily doses of Amtyl for three days. Eliminating uterine infections will improve the birds chance of laying normally.

The other medical problem these birds suffer is acute, severe inflammation of the uterus or shell gland. This may lead to scar or adhesion formation. I always give a large dose of potent anti inflammatory (Avigesic) when treating these birds.

Prevention is always more economical than treatment. Be prepared to change things in your aviary (or for individual hens) if you have a recurrent problem.

1 - over fat hens will bind more frequently than fit hens.

2 - birds that lack adequate calcium or Vitamin D3 will bind because their muscles are not strong enough to expel the egg. A bird that binds with a soft shelled egg generally has a calcium/D3 deficiency. Breeders should be on a Calcium /Vit D3 supplement (Calcivet) during the egg laying period.

3 - a multitude of diet factors can cause egg laying problems. Reassess your diet with someone who has knowledge of avian nutritional needs.

4 - recurrent infections (misshapen, malformed eggs are often due to uterine infections) - you need veterinary advice. Just as "oils ain't oils", antibiotics ain't antibiotics, some are better at penetrating into the uterus than others.

5 - if a hen egg binds in two successive seasons, she should be culled from your breeding programme.

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