

Transcript of Press Conference on the condition of Barbaro

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**David Nunamaker:** Good morning. I'm Dr. David Nunamaker. I'm an orthopedic surgeon here in the New Bolton Center. I'd like to welcome you all here to New Bolton Center. This morning, we have some people on the line, as well, for this press conference. And I'd like to thank the National Thoroughbred Racing Association for making this available, this phone connection.

The purpose of the press conference is to talk about Barbaro. I'd like to introduce Dr. Dean Richardson, whom you all know, and Dean will give you an update on what's happened.

**Dean Richardson:** Thanks, Dave. The reason that I agreed to do this has mostly to do with the concern about the sort of excessive speculation that's going on about the horse's condition.

We all know that there's tremendous interest in Barbaro's condition. We have been trying to be very straightforward with the public about what's going on with the horse. We've pointed out that the horse had some major complications in the last week and the reason that I wanted to address a larger group is because he's had even more serious complications in the last couple of days.

The most feared complication from the outset for this horse was that he would develop laminitis in his good foot. And the horse has suffered an acute, rather severe bout of laminitis in his left hind foot.

And that is one of the most difficult things from the outset to explain to people that we knew that this was a risk. We're doing everything possible to try to avoid it. The horse had no real problems with the left hind foot until he started to have some problems in terms of comfort in his right hind at about seven weeks. And then, as is the case with laminitis, he developed acute, severe problems in the left hind [foot] the other night.

The consequence of that is that he has had what's called a hoof wall resection, a partial hoof wall resection, of his left hind foot. This was done only after extensive discussion with the Jacksons.

We discussed at length the fact that his prognosis is considerably for life and comfort. Long-term comfort has been both significantly diminished by this particular complication.

I know there's a lot of wild speculation that the reason we were doing this is because the horse is being put down, humanely destroyed, euthanized, whatever word you choose to use, right at the moment that's not the case.

Again, after long discussion with the owners as well as the trainer, who observe the horse daily as do our staff and myself, the reality is that, although this is a major complication, it is really quite serious. There's no way to overstate it.

The reality is that when you come in and see this horse everyday, he nickers to you. He is still eating well. He has excellent G.I. function. He is capable of walking around the stall. He is maintaining his weight well. His heart rate is low and his temperature's back to normal after the previous surgery. His stability on his right hind leg, the one that we redid last weekend, is good. We have follow-up [radiographs] on that, and everything looks to be doing well on the right hind [foot]. We think that we have things under reasonable control in the right hind, but it's still too soon to say that everything is going to heal there. I certainly can't claim that.

The big problem that we have right now is that we must deal with this catastrophic problem of laminitis in the opposite foot. As far as how we're managing it, we have the horse really in an intensive pain management regimen. He is, I think, the Jackson's absolute concern. They're only concern—and I think this is very important [point] to make—the Jackson's only concern, is the horse's comfort.

We are only going to go on in this horse, as long as everyone involved is convinced that they can come in every day, look at this horse and be convinced that on that day and the next day that he is going to be acceptably comfortable.

Now, that doesn't mean that the horse is not having any discomfort at any time. That is the nature of the disease. But the fact is that the horse is within our understanding of his well-being is that if he's eating, drinking, reasonable heart rate, able to get up and down, move around the stall, act like a normal horse, then I think that we're going to go on until everyone is convinced that the horse shouldn't have any additional effort made to save its life.

It's a very bad situation right now for the Jacksons. And I want to emphasize that this is hard for us, but it's much worse for them. I get second-guessed all the time about how we've done everything. That's understandable. That's the nature of what I do. But the Jacksons are going to be second-guessed because if we quit now, people are going to say that we quit too early. If we quit later, people are going to say we quit too late.

The reality is that we are doing the best we can to make the appropriate judgments. And that's really, it is subjective. But there's a lot of people involved in making this decision. And literally every single person involved in making this decision cares only for the well-being of this horse.

So, I will answer some questions. I do have another horse—several other I have to do surgery today—so I won't be here forever.

I'm sorry; we have to do the phone first.

**Operator:** And we're going to ask the phone audience if you'd please restrict yourself to one question. If we have time later, we'll get it back to you.

Denise Steffanus at *Thoroughbred Times*, you're up.

**Denise Steffanus:** Yes. How bad is the laminitis in his hind foot? Has the coffin bone rotated? And what is the condition of the front feet since he is...

**Dean Richardson:** OK. The question was how severe is the laminitis in the left hind foot and what the condition of the front feet. Left hind foot is basically as bad a laminitis as you can have. The horse is—it is as bad as it gets.

I emphasized that we did a hoof wall resection, which basically means that we removed a large portion of his hoof wall because it wasn't connected to his coffin bone.

So, he is in a foot cast at this moment. He probably only has about 20 percent of his hoof wall that's still attached to his coffin bone. So it's a very severe case of laminitis.

At the same time, he is reasonably comfortable; he's in a foot cast with foam padding and antiseptic dressings. And, you know, they can be managed for a while like this to see if we can essentially re-grow his hoof. We're talking about months and months and months. And even then it's a – it is absolutely you talk to anybody – and I'm sure all of you will go out there and talk to people throughout the country. You're going to find that what we're doing on this horse is absolutely unusual but it's not unheard of.

And it's not the typical treatment for a horse with this severe laminitis. But keep in mind that we do have options here in terms of pain management that aren't present everywhere. Plus the other day we spent three hours recovering him, training him, to adapt to a sling. So he spends part of the day in a sling which he is very good at, so that we can un-weight him for several hours a day. And he seems to like that.

Plus, like I said, the epidurals, the other pain management techniques, are working well so far. If they stop working, we're going to quit on the horse. It's as simple as that.

The answer to your question about the front feet is that his front feet are fine at this time.

**Operator:** We'll go to Pat Forde, ESPN.com.

**Pat Forde:** Doctor, from your experience what are the, I guess, the percentage chances of a horse recovering from laminitis this acute?

**Dean Richardson:** The question was what are the chances of recovering at this point. And again, I don't want to put a percentage on it. I would say poor. I'd be lying if I said anything other than poor. Very guarded at this point.

But it's not—I mean, it isn't unheard of and it's also not—as long as the horse is not suffering, we're going to continue to try. We think that if we can keep him comfortable, it's worth the effort.

We're putting a lot of work into this horse. Everyone is, so I think that might make a difference.

**Operator:** We have Debbie Arrington, *Sacramento Bee*.

**Debbie Arrington:** Hi, Dr. Richardson. Thank you very much for coming on here. Have you ever seen a horse recover from a case of laminitis like this?

**Dean Richardson:** Yes. The question was have we seen horses recover from cases like this, and the answer is yes. And I think if you check throughout the country you will find other cases that have survived.

Now, again, it's still a long shot. Again, I'm not going to try to sugarcoat this. This is still a long shot. And the factor that's involved here is, as long as he stays comfortable, we will try. If we can't keep him comfortable, we will not continue.

**Male:** OK. I think we'll open it up to the floor now.

**Male:** Dr. Richardson...

**Dean Richardson:** I heard your question. The question was can I describe laminitis, for roughly the 20th time, to the lay audience. I will do my best.

A horse walks on the tip of its middle digit. Evolutionary speaking, they adapted to walk on the tip of their middle digit. And you'll excuse me if I don't gesture.

So, they're essentially walking on the nail of their middle finger. And really what you're talking about is the bone inside of the hoof has to be attached to that nail, what's called the keratinized tissue, the hard tissue of the hoof. The bone is attached to that by tissue called lamina. They are inter-digitating pieces of tissue where the hard tissue goes to the—basically inanimate tissue goes to the animate tissue, if you want to look at it that way.

That tissue, if it becomes damaged, which is what happens in laminitis, separates, and then you lose the connection between the bone and the hoof. And if the horse loses the connection between the bone and the hoof, it's exquisitely painful to the horse because the horse needs that connection to walk around.

So, the only way you can cure it once it's at this point is many, many months of the horse actually growing a new hoof wall that extends down from the top, just the way you would re-

grow a nail if you had your nail essentially pulled out, which I think everyone recognizes to be very painful.

So, it's a painful condition. It's a serious condition. And it's a very difficult, long-standing problem to deal with.

**Female:** Is he likely to get this in the right foot or later develop it in the front (based) on his balancing?

**Dean Richardson:** It's possible, absolutely. And if he were to develop it in another foot, we will not continue.

**Female:** Can you just explain why you cut away the hoof wall and what that means?

**Dean Richardson:** The reason we cut away the hoof wall was because the hoof wall is not connected. It's essentially no different than, again, if you had a broken, if you had a nail that was separated from that, you'd pull it off. It's dead tissue that is in the way of living tissue.

**Male:** So what would you attribute to this condition's development?

**Dean Richardson:** It's a problem in horses due to excessive weight bearing and inflammation. If I knew the answer of how to prevent this, I guarantee I would be giving this conference from my mansion somewhere. It's a devastating problem in horses that nobody has a solution to.

**Male:** Was this exacerbated by Barbaro putting too much weight on...?

**Dean Richardson:** Yes. Yes.

**Male:** So there's no more surgeries that can take place regarding the laminitis...?

**Dean Richardson:** No. Laminitis is not a true surgical condition. That's correct.

**Male:** How often will you monitor his progress? Is it hour to hour, minute to minute?

**Dean Richardson:** He's in an intensive care unit. There's people up there all the time watching this horse. ...but we're not talking about an animal that's—you know, I don't want people thinking Terri Schiavo here or something like that. This horse is—you know, you look at him in the stall and his ears are up, he's bright, you know, he's looking around. He's spending some time in the sling, as I mentioned. This other time he's out of the sling.

And we are not torturing this horse. I guarantee there's no veterinarian out there whose goal in life is to inflict pain on animals. We're trying to save his life.

**Male:** You've got him on extensive pain medication. At what point would you determine that he may be feeling pain despite the medication or if the medication's possibly masking something more serious that you're unaware of?

**Dean Richardson:** We're not anesthetizing his leg. We're giving him pain [medication] the same way that if you were in the hospital and you had a painful condition you would be managed for your pain. They sometimes do it with people, that's true.

But we can't do that in horses because if we were to block him, you know, that would be a big problem. He wouldn't be able to move his legs, move around. So we're managing the pain.

His pain management involves a number of different techniques, including opiates, same thing that you would use, again, if you were in chronic pain. I'm not going to get into all of the specific techniques of managing pain. But we will try all reasonable avenues, and if they don't work, we will quit.

**Female:** Is he able to lie down and get up or is the sling now taking that...

**Dean Richardson:** No. The sling is only on some of the day and is taken off. When it's off, he can lie down at his own discretion.

**Female:** Tell us when you first noticed (or found regarding) and when you did the resection.

**Dean Richardson:** The resection was done yesterday morning. And there...

**Male:** Doctor, is there a reasonable time table when we'll know whether what is, what (treatments) you're taking and what's working?

**Dean Richardson:** No. There actually isn't. It's a reasonable question but I don't have a reasonable answer. It literally – I mean, you guys would all, you know, be very, very tired of this story. I mean, it's very tedious, long-standing kind of a problem at this point. Actually, when I gave you that information previously about how good things take a long, long time to occur and bad things happen very quickly, that's even more so with laminitis.

**Female:** Without the laminitis and just the leg you repaired, what would you have assessed his ongoing chances to be?

**Dean Richardson:** If you had asked me two weeks ago, I really thought we were going to make it two weeks ago.

**Female:** Today, even now?

**Dean Richardson:** Today, I am not as confident...which is, for me, unusual.

**Male:** You and your team have put so much into this. How exhausted are you and your group that have been with this horse forever?

**Dean Richardson:** I'm tired. I'm not too tired to give up. First, I mean, it's not just me. I mean, there's a huge crew of people doing most of the work. I mean, really, most of the work. The

nursing staff, my residents, you know, the barn personnel, everybody involved. So, that's not an issue. I mean, that's not an issue.

**Male:** What's involved in actually monitoring...

**Dean Richardson:** It's comfort. It's strictly comfort. We have to look at the foot on a regular basis to see if it – what we want to see is if the foot starts to essentially dry out and start to form this hard tissue on its surface. That's what we're waiting to happen because as that happens, we hope that he gets progressively more comfortable in the left hind.

This is, again, a very slow progress. I mean, if we were to get through the other end of this, it'd be crazy to think it would be anything less than five or six months. I mean, that would be a rapid recovery for this problem.

**Female:** Are you using standard treatment or on the cutting edge...

**Dean Richardson:** It's a good question and, again, it would be inappropriate, in my opinion, to discuss every single treatment that is being done on him.

**Female:** Overall are you using the standard...

**Dean Richardson:** No, I don't know the answer to that, exactly. There is no standard. There's no book you go to and it says, "Yes, here's Laminitis 101. Follow, you know, put (calve) A in (slot) B." It really isn't that simple. We're not doing anything outrageously experimental on this horse. At the same time, we will try many different things; anything that I think is scientifically reasonable, we will certainly try.

I guess, if you don't mind, I'll digress momentarily. If people are listening out there, literally we have been besieged with offers of help, as you can imagine. I don't begrudge these offers of help, but if we were to use every single modality and every treatment that's been offered, I mean, we wouldn't have enough room in the stall, probably, for the horse.

So, I take suggestions seriously. We seek consultation with experts in the field, but I am not going to get into the details of every single treatment. I just think that would be highly inappropriate.

**Female:** [How do you] diagnose the laminitis. Is it an MRI?

**Dean Richardson:** No, you don't need an MRI for this severe laminitis. You can diagnose it with your hand.

**Male:** Was the abscess a forerunner to the laminitis?

**Dean Richardson:** It's likely. Well, first, the first abscess that he had was not in any way in a typical location to be associated with the laminitis. But when you have a problem in the foot, it certainly didn't help things in the left hind foot.

We had (radiographs). We had what's called a venogram. A venogram is where you inject a contrast agent and take x-rays showing where the blood flow is in the bone, to the bone and the lamina. We had that earlier on. Everything looked good.

So, there are other ways that you look for an imminent problem. And I know there will be second-guessing on this. I can assure you of that. But I can tell you that as far as the catastrophic type of laminitis that he developed, it was very rapid.

**Male:** How was the infection in the passive joint on the other leg?

**Dean Richardson:** I guess everyone heard the question. It's difficult to assess it other than through his comfort, his fever, whether or not things are changing on (radiographs), because he's under a cast. So I can't put my hands on it. We can get moderate-quality (radiographs) with a cast on. Can't get great-quality (radiographs). So, my impression is that it's doing well. We are continuing to treat it very aggressively.

**Female:** If he's not up to ...

**Dean Richardson:** If he's not comfortable, horses tell you. You look in their eye. You look for whether or not they're eating. You see if he wants to spend more time down, whether or not he's sagging. Right now, when I say he's in a sling, he's really not even resting in the sling most of the time. What we put the sling on, in case he wants to shift and he feels uncomfortable, it lets him kind of put his butt back into it a little bit, rest a hair and then stand up again.

People don't understand. He's not sagging in sling. It's not like a limp noodle in a sling. It's just a way of giving him just a little bit of support and relief. But if he starts acting like he just doesn't want to stand on the leg, that's it, because that will be when we call it quits.

**Male:** We only have time for a few more questions. Does anyone have—I know Dr. Richardson has to get back to surgery.

**Female:** Doctor, how are you (using) that to (happen)? I know it's an hour to hour ...

**Dean Richardson:** It could happen, I think, within 24 hours. It wouldn't happen minute to minute because it's a judgment that you look at the horse over a period of time. But it could certainly happen within a day or two. I mean, today the horse looks very good. You know, like I said, he's bright and eating very well.

The horse has a very strong constitution. He's got a great appetite. This is one of the reasons that the Jacksons and Mr. Matz and I all decided to go a little farther, even though we know this is serious. It's because if you look at this horse, it'd be hard to put him down.

**Male:** No other questions. Thank you very much for coming. We'll be issuing updates as they come along.



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