



Research Focus: Veterinary care of rabbits

Sally Everitt BVSc PhD MRCVS

Matt Rendle RVN

Sally Everitt:

Hello and welcome to this Research Focus podcast from RCVS Knowledge. During these podcasts, we'll be covering all aspects of veterinary clinical research, from getting involved in research and practice to discussing published papers and evidence, with particular emphasis on how we can integrate them into our clinical practice.

Welcome to this RCVS Knowledge podcast. My name is Sally Everitt, and today I'm talking to Matt Rendle about how we can improve the care of rabbits in veterinary practice, make best use of the evidence that we have, and develop further evidence for the future. Matt is a veterinary nurse and has experience of nursing many species, both in the UK and abroad. He has been a member of BVNA Council and is a VN member of the RCVS Council, and chairs the RCVS Veterinary Nurses Council. Welcome, Matt, and thank you for joining us today.

Matt Rendle:

Thank you, Sally.

Sally Everitt:

Perhaps I can start by asking you about how you think the keeping of pet rabbits is changing?

Matt Rendle:

Yeah, I think it's really evolved quite quickly. We have quite a knowledge base within owners now, owners know a lot more about the anatomy and physiology of their rabbits, they're much more cued in with their wellbeing, and they're very good at spotting the signs. So that makes them a bit of a blessing and a curse, because they often come with lots of information, but they're very, very aware of what their rabbits need, and they do understand the urgency of some of the situations that rabbits find themselves in though. Their husbandry is getting better, their nutrition, the owners are really upping their game generally. Obviously, there's outliers to that. But the care they're getting, which means they're living longer, which means we have more geriatric issues that we have to look out for as well.

Sally Everitt:

Yeah, as a vet working in practice, I would certainly agree with that. I think perhaps though there's a slight divergence in owners. There's still the people who buy a pet rabbit for their children and don't necessarily know a lot about it. Although, I have to say it's a very long time since I've seen a single rabbit, most people have got the message about pairs, but not necessarily all of them having the same levels of knowledge about.

Matt Rendle:

Yeah. I think there's still a lot of client education stuff we can do, for sure, and I think nurses are really well placed for that. We can fill those knowledge gaps for people and manage their expectations. If you get to speak to a client before they buy a rabbit, often that's the best part of call, which sometimes we do now.

Sally Everitt:

Yeah. Rabbits are now the third most commonly presented species in small animal veterinary practice, but I think it's fair to say that they receive far less attention in the veterinary, and probably veterinary nursing, curriculum, and that expectations for their veterinary care have historically been rather different to that that we provide for dogs and cats. Why do you think that is?

Matt Rendle:

Yeah, it's a really interesting one. I think it is a mindset. I think they are very different, they're not predators, they're this odd prey species that we have hanging around in our clinics, and they react to lots of stressors very differently. Their ability to cope with pain is very different, they don't cope with pain at all compared to our cats and dogs. And they are very, very stressy, so they really will cause... Stress is always a funny term for me, but being put in situations that they find stressful will cause them to get disease. So the most common presentation we get other than dental disease is gastric stasis. Gastric stasis is something that, even in veterinary professionals, we just need to change our mindset that it's not a disease in itself, it's a symptom of something else.

Sally Everitt:

[inaudible 00:04:06], yeah.

Matt Rendle:

And often, with some good detective work by the vets and nurses, you can drill down on this and find out and remove that cause. I had one recently where the rabbit was getting gastric stasis in correlation with the gardener coming and mowing the lawn. The rabbit obviously found this incredibly stressful and then just went into to gastric stasis. So I think it is just a change of mindset. We're very lucky with cats and dogs that we can swap round our knowledge and understanding between those two species. But we can't with rabbits, we need to challenge a little bit about their natural behavior, which is interesting.

Sally Everitt:

It's a slightly facetious comment, but I spent part of my time working in a small animal and equine practice, and my attitude was always actually that the rabbits were much closer to the horses in many ways than the dogs and the cats.

Matt Rendle:

Yeah, I think that's true. They definitely have that predictable unpredictableness that horses have in their response to stressors for sure.

Sally Everitt:

But I certainly think that taking on board the idea that gut stasis is often not a disease, but a symptom of something else, and particularly stress related causes, is something really important. What other things do you think we can do to improve our mindset about how we approach rabbits in practice?

Matt Rendle:

Yeah, I think we just need to remove the fear factor with them really. You can give them fluids, you can put catheters in them. They are very rewarding cases, but in my experience, what they don't do well with is providing basic care. They often need quite a bit of intervention to get them through that chronic period of time. And we still aren't really cued in with their pain, we don't seem to be so aware and sensitized to them being in pain. That's often because they do strange behaviors, they don't react like a cat or a dog, they don't show those very, very clear behaviors. And if you're not used to working with them, you can very much miss them.

Sally Everitt:

Yeah.

Matt Rendle:

And they are very, very good at hiding being ill, for obvious reasons, they don't want to get eaten by predators. But that is a mindset change.

Sally Everitt:

Yeah. Putting you on the spot, but from practical experience, do you find that using the pain scales are helpful? Any of the rabbit pain scales that are available.

Matt Rendle:

Yeah, we use them and I think they are a good building block for looking at that pain scale within that individual. All I would say is that I don't think that they're the stopping point. I work with lots of vets that are very keen that if it looks painful, it probably is, even if the rabbit is not particularly showing signs.

I think, also, response to giving painkillers is really important to monitor. We see lots of rabbits with gastric stasis, where you have to go through that cascade of different types of opioid till you get to the one where all of a sudden the rabbit's demeanor completely changes, and it starts to eat and it's wandering around and doing more natural behavior. So I think being very observant, and also quantifying those observations, is really important as a way of picking up on that pain. And documenting it as well, because often having those experiences is really good to share, because the amount of vets and nurses that don't know rabbits pretend to eat. Like a lot of hoof stock, they will pick up a piece of food and move it around in their mouth-

Sally Everitt:

Just play with it.

Matt Rendle:

... and then just drop it on the floor. And the amount of veterinary professionals and owners that completely miss that, and think that that's them eating. Again, very clever evolutionary behavior from the rabbits, but confusing for us carers.

Sally Everitt:

Yeah. Are there any particular resources you'd particularly recommend that vets and nurses refer to when treating rabbits? What are your favorites?

Matt Rendle:

I think we're really lucky that we have some great publications now. Sadly, some of the information on the internet is not particularly useful. I'm a great fan of the BSAVA manuals, and the rabbit one,

done by Molly Varga, is excellent and something I refer to all the time. I think also a book to have in practice is the Carpenter's Formulary.

Sally Everitt:

[inaudible 00:08:27], yeah.

Matt Rendle:

Such a useful reassurance comfort blanket that you can go to it, and it's got very good reference medications across the board for rabbits. And certainly-

Sally Everitt:

And other species.

Matt Rendle:

Yeah, exactly, everything, so they've done a really good job of it. In the new edition, they've even included blood test results and normals as well, and it's only about £50. That to me is a book that I carry around and look in a lot, because I think it allows us to follow things carefully. But I think there's a lot of known unknowns in rabbits, and I think we just need to, as vets and nurses, just try and publish as much data as we can, try and explore even case studies, if we do a case and it goes particularly well, they're so useful to publish.

Sally Everitt:

Yeah. Also, sometimes it's much harder perhaps to publish the things that don't go well, but there's often a lot of learning there. And I think people feel a bit unsure about sharing that information, but you can learn a lot from the cases that don't go well as well-

Matt Rendle:

Yeah, absolutely.

Sally Everitt:

... and reflect on what could be done better.

Matt Rendle:

Yeah, I think you're absolutely right. I think publishing failures is important, but I think they don't represent the vast majority of rabbit cases. I would say in the practice I work in now, we see probably four or five rabbits a day, and they're normally fairly sick by the time they get to us, and I would say most of those end up going home. It is about being proactive, and often you can't just manage them conservatively, we need to be proactive. We have care bundles for rabbits, which work really well. The treatments for gastric stasis is a well trodden, well-known path now, so we should be able to create, essentially, a what we do when we intervene with those animals. So yeah, I think all of those things help.

Sally Everitt:

And I think we need to share those more, because care packages are a really nice way of bringing together all the different little bits of information that we have.

Matt Rendle:

And we also, we price point ours as well, which I think, again, avoids that awkward conversation with owners. The care that you need to provide for rabbits is not cheap, it's not basic, it's the same as you would for a cat and a dog, at that level cost wise. And I think we make a point of explaining to owners that this is what your first 24 hours of your rabbit is going to cost you. I think owners really appreciate that, and it takes a little bit of the pressure off the vets and nurses.

There are a large percentage of the rabbit community now that are insured and very happy to spend funds on their rabbits. We CT rabbits a lot now for dental disease. And owners come to us with that suggestion, we are not having to say, "Well, actually this would be the best thing." They're coming and saying, "Actually, I've researched, I've looked on forums, I've discussed with lots of people, and actually, I believe CT is the way to go." So I think anything we can do to make it more accessible, and perhaps slightly easier for our veterinary colleagues, I think, the better. They can be daunting cases if you're not particularly experienced with them.

Sally Everitt:

And just because I think this is probably one that people in practice really would like to know about, is the top tips when you've got hospitalized rabbits, because that is often not very easy in a veterinary practice. If it's a multi species practice, and even if it's a separate ward, you've still got barking dogs, and noise, and activity around. Would you have a couple of top tips for how to care for-

Matt Rendle:

I think, always bring the colleague that that rabbit lives with in with them. That's gold in my opinion, it makes so much difference to them mentally, and can really improve them. And they keep each other warm, and often it really, really does make a huge difference. We tend to use our isolation ward when it's empty. We have an exotics ward as well, but we tend to use our isolation ward. It's tucked away and it's nice for the rabbits as well.

Really go into the owners exactly what that rabbit's day looks like. That can cause so many positives for us when we're hospitalizing rabbits. So does it drink from a certain type of bottle? Does it use a certain type of bowl? What type of food does it have? I always ask owners to bring in a lunchbox with their rabbits, and it's a little bit cheeky, because sometimes it can tell you if the rabbit owner's not been telling you the truth. Because they often will tell you that they're definitely using the best pellet, and they definitely don't feed banana, and then you come in and there's a whole swathe of things. So that's a nice tool. But obviously, when they're sick that's not the time to be altering their diets. But things like that are very, very useful. And have an honest conversation with the owners that you don't keep every variety of vegetable and pellet in stock, that's absolutely fine. Who would? It only goes off and it oxidizes and becomes rubbish anyway, so owners are quite understanding about that.

We do our best to try and provide good quality, warm environments for the rabbits, where it can be as quiet as possible. And accept your compromises. You can't always mitigate the noise, you can't always get rid of these things, but you can tick most of the boxes in practice. And we often will send them home and get them back the next day as well. If they're bonded with an individual that comes in with them as well, often sending them home overnight is fine.

Sally Everitt:

What do you think are our biggest gaps in our knowledge about looking after rabbits?

Matt Rendle:

Yeah, sadly that's an easy one to answer. I think analgesia and fluid therapy. We shy away from giving them good analgesia, we are nervous of opioids. I think we all got taught, the stuff that I got

taught earlier on in my career, is that you mustn't give opioids to rabbit because it slows up all of their gastric motility, and all those kind of things. I think being in agony generally slows them up a lot more than giving them opioids, so we do use a lot of opioids now with good success. So I think it is something that I would like to encourage all veterinary professionals to try, and they will see the reward in front of their eyes, which is lovely. Often, these rabbits, even the synthetic opioids will make such a difference to these rabbits. And also, knowing how to use your non-steroidals, they should be twice a day and the dose is very different. All of these things need to be done.

And we talk a lot about multimodal analgesia in cats and dogs now, and it's become the byword really, and I think we need to think about it in rabbits as well. We use drugs that perhaps we don't associate with being analgesics, but just really good agents are available, and are published as well. So I think that's our first one.

And I think just giving fluids, people are fearful of giving rabbits fluids. There's some previously published papers about how you mustn't ever give a rabbit more than five mls of intravenous fluids or, I don't know what's meant to happen. These things stick in people's minds so they don't give them enough fluids. So we are putting catheters in. In my opinion, subcut fluids is fine, but if you can get a catheter in, and the owners can afford it, then that that's good to do as well. We are really using our packed cell volumes and our quick total proteins to see how that fluid therapy is working, and we get very good success. But that fluid therapy needs to be fairly aggressive.

What's interesting is we don't put lines on them, we don't connect them up to giving sets, because they just tend to tangle up in them and pull them out. So we're giving them as nice warm boluses, and again, not having them on a bag means you can give those fluids warmed each time you give them. I find some vets and nurses that don't like doing intravenous fluids in rabbits, it's because they've tried to use a giving set.

Sally Everitt:

Yeah.

Matt Rendle:

Then they've come in and there's been blood everywhere because it's pulled out. So I think using that is a really good technique. And you can see the response, you can see those rabbits rehydrate, and that cecum, that seems to be incredibly delicate, repopulate with fluids, and then feces starts to come through, and these animals start to really, really improve.

Really interestingly, and completely unscientific, I was talking to a colleague recently about if they've ever seen pulmonary edema in rabbits. I've been giving rabbits fairly aggressive fluid therapy with vets around the world for years and I've never seen it happen, so it'd be really interesting to see if anybody has.

Sally Everitt:

No. Yeah.

Matt Rendle:

But they seem to push that fluid into their hind gut, which is actually great because that's where you want it.

Sally Everitt:

Where you [inaudible 00:17:03].

Matt Rendle:

So I think you could work on those two things, that would be great. I think they really will improve our case success.

Sally Everitt:

Brilliant, thank you very much indeed.

I think it's important that we continue to develop and use the evidence base about the care of rabbits, so that we continue to improve the quality of care we can give them and to offer to the owners. In support of this, at RCVS Knowledge, we've developed what we call a spotlight feature on rabbits, which brings together in one place links to published papers, review articles and guidance, allowing practitioners to evidence all the latest evidence, and therefore make evidence-based decisions. The spotlight feature on rabbits can be found on the RCVS Knowledge website, along with spotlight features on a range of other topical and important subjects, which includes one on quality of life, which has the different pain assessment scales for different species, including in there on rabbits.

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