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FOOT ABSCESSSES

Most foot abscesses are caused by bacteria that have gained access to the deep, sensitive areas of the foot. A cracked sole, bar, or hoof wall, a puncture wound, history of laminitis, or a seedy toe are the most common avenues for entry into these deep areas. The usual treatment of these involves opening the abscess to allow drainage to occur and treating or poulticing the foot to encourage further drainage. Rarely are antibiotics necessary.

Soaking the foot up to three times daily for 30 minutes in a very warm Epsom salt solution works well to encourage drainage. Keep the water as warm as possible without making it scalding.

Use 2 cups of Epsom salts per gallon of warm water, squirt betadine solution. Continue for 3 days after pain resolved.

After soaking the foot, dry the foot. Apply poultice (e.g. ichthammol, Magnapaste, sugar type etc.) liberally to the abscess site and sole, roll a tube sock onto the limb, apply and tighten the boot, then pull the top of sock over the top of the boot and anchor it with tape if necessary.

Alternatively use diaper, duct tape and elastikon bandage as demonstrated until a boot can be obtained. Depending on severity of abscess, the foot should stay clean, covered and dry for the next 1-6 weeks.