

Injured Native Skinks



Photo: R. Westcott



Photo: A. Fowler

Species:

The most common species of skinks found in South Australia are the “stumpy tail”, aka the shingleback, or “sleepy lizard” (*above left*) and blue tongue lizard (*above right*). These are the most common species to enter care.

Handling:

Blue tongue lizards can bite painfully through human skin. Restrain by grasping behind the head and supporting the legs. Do not grasp the tail, as it may fall off.

Examination:

To assess body condition, palpate tissue over the pelvis, note the diameter of the tail base (skinks store fat in their tails), and weigh. Check mouth, head & back for trauma and puncture wounds. Check limbs for normal ambulation, and scales for parasites, wounds & retained scales. Check cloaca for bleeding or redness (trauma, infection).



Handling & restraint. Photo: Dr Anne Fowler

Radiographs:

Place on or tape directly to plate, or between 2 pieces of foam if restraint is necessary. Place in a box for further immobilisation & use horizontal beam laterals. Check for pregnancy (live young are independent from birth).

Anaesthesia:

Induction Alfaxan® IV (ventral coccygeal vein), or IM (triceps); Propofol IV, mask or induction box with Isoflurane. Intubate with large bore catheters. Maintain anaesthesia with isoflurane/oxygen. Monitor with pulse oximeter or Doppler over the heart apex. Maintain body temperature between 31-32°C.



Restraint for radiography.

Photo: Dr Anne Fowler

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Housing and feeding skinks in hospital:

Inpatients require a cardboard box to hide in, and newspaper as flooring. A heat source should maintain temperature at 28 to 32°C, offered from above and below, covering half the cage. Provide access to outdoor sunshine if possible. Wombaroo® Reptile Supplement can be mixed with wet dog food & boiled egg, and with vegetable mix of squash, zucchini, broccoli, peas, bok choy, & sprouts. Fruit (banana, apple, strawberries, grapes) can be offered, with snails, crickets & mealworms every second day.



Feeding in hospital.

Photo: Dr Anne Fowler

Common presentations to the vet clinic:

Predation

Bite wounds (cat & dog) present commonly. Examine closely for puncture wounds, and XR to rule out rib, spine or limb fractures. Flush wounds with 0.9% saline (but beware exposed lung tissue) & suture the body wall if required. Provide Antibiotic cover (see below). Give warmed fluids (0.9% saline, Hartmanns) at 1% bwt, 10 ml/kg either SC (painful) or IC in ventrocaudal coelom (with patient upside down, direct needle along body wall to avoid lungs & other viscera; patient can drown if given too cranially). Treat reptiles with minor wounds for 14 days. An animal with fractures &/or sutures requires care for at least three weeks. Release only in warm weather.

Loss of tail: The tail can be lost without harm to the animal unless loss extends to the cloaca, which carries a poor prognosis due to damage to the sexual organs. Do not suture the tail, but release the lizard when scar tissue is present. **Vehicle trauma** with severe crush wounds to the skull and trunk have a poor prognosis. **Accidental trauma** from lawnmowers may cause wounds to the abdomen or damage the spine. Assess with radiographs and treat as indicated.

Release:

Do not release a heated and treated lizard until suitably warm weather. Respiratory infections may not resolve until summer. Skinks are highly territorial. The size of their territory may only be the size of one suburban backyard. The animal **MUST** be returned to its original location. It will know the sources of shelter and food. Males have larger territories, & many lizards presenting for care may be juveniles in dispersal. Females have much smaller home ranges.

Drugs:

Enrofloxacin: oral formulation preferred as injectable may cause sterile abscesses. Dilute injectable form if used. For other than very small reptiles use **Gentamicin** or **Trim/Sulphur** if ABx are indicated. Gentamicin is nephrotoxic, use concurrent fluids routinely. Use *mu* agonists (**Buprenorphine, Morphine**) in preference to Butorphanol, but beware respiratory depression.

Drug	Dose mg/kg	Route	Frequency
Buprenorphine	0.4-1.0	IM, IV, SC	q24h
Morphine	1.0 - 5.0	IM	q24h
Butorphanol	0.1-1.0	IM	q24h
Carprofen	2.0-4.0 followed by 1.0-2.0	IM, IV, SC	q24h
Meloxicam	0.1-0.2	IM, IV, SC, PO	q24h
Tolfenamic acid	4.0	IM, SC	q24-72h
Enrofloxacin	5-10	IM, SC, PO	q24h
Ceftazidime	20	IM	q72h
Gentamicin	5	IM with fluids	q72-96h
Trimeth/Sulphur	30	IM, SC, PO	q24-48h
Alfaxalone/Alphadolone	8.0-10.0	IV	
Propofol	3-5	IV	

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This Treatment Sheet (First Edition May 2011) has been compiled by the SA Veterinary Wildlife Advisory Group and is published by SAVEM Inc. It is intended to assist veterinarians in the assessment and treatment of injured native lizards.



When is euthanasia indicated?

This is a clinical judgement, but could include:

- Jaw fracture
- Spinal fractures with no sensation in legs, or not toileting
- Full loss of tail
- Loss of vision in both eyes
- Full leg amputation required
- Eventration of abdominal contents with contamination