

# Cinder Hill Equine Clinic



## Colic

### **How to recognise it and what to do**

Colic is a term used to describe abdominal pain and can vary from being mild and short lived to severe and life threatening. Colic symptoms usually indicate a problem with the gastrointestinal system, however, other abdominal organs such as liver, kidneys, spleen or urogenital tract can be involved.

### **Why is colic so common in horses?**

Whilst the management and feeding of horses has evolved, the intestinal system of the domesticated horse has not, and consequently horses are prone to digestive upset. Horses are designed to be constantly on the move and graze as they go along. This allows them to eat large quantities of low energy feed for up to 16 hours a day.

### **What can you do to minimise the risk of your horse developing colic?**

Studies have shown that colic has many contributing causes. Some risks can be reduced with such measures as good endoparasite control and providing regular dental care. Other risk factors are less easily mitigated but by identifying certain horses as high-risk individuals, vets can assist owners. Horses which have coliced previously are also at greater risk of future colic episodes.

Minimising colic risks:

- Ensure a constant supply of fresh water.
- Keep your horses feeding routines consistent.
- Introduce dietary changes gradually over a 2-3 week period.
- Maintain consistent turnout routines where possible.
- Ration lush spring grass – treat this as a diet change to your horse.
- If box-rest is required due to injury, water & food intake and faecal output should be carefully monitored and water intake increased. Soaking hay and making feeds a broth-like consistency can help to keep the guts moving.
- Set a regular exercise programme.
- Regular faecal worm egg counts and worming, as required, to keep gastrointestinal parasites at a low level.
- Regular dental care which should be performed at least every 12 months by a veterinary surgeon or suitably qualified dental technician.

### **How to recognise colic in your horse?**

Recognising a horse with colic is not always straightforward. Clinical signs of colic vary greatly depending on the nature of the problem and on the individual itself.

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The list of commonly seen signs of colic may include one or several of the following:

- Pawing at the ground
- Flank watching
- Kicking at belly
- Rolling
- Getting up and down
- Sweating
- Teeth grinding
- Depression

The horse that is constantly rolling and sweating up is an obvious example. However, the horse that is depressed and off feed, and perhaps occasionally grinding teeth or lying down is far less obvious.

Even if the colic is very mild, or you are not sure if the horse is colicing, it is better to call your vet as soon as possible. Your vet can then give you telephone advice and make their way to you if a visit is required. If in any doubt, horses with colic are always better to be seen sooner rather than later.

## **Colic - what to do after you've called the vet**

- Remove all feed.
- If possible move the horse to a flat, enclosed area. An arena or dry paddock is ideal.
- If the horse is stabled, make sure there is plenty of bedding to prevent injury.
- Walking the horse can be useful for some types of mild colics but is of no use in severe colics and can be dangerous for the handler. If in doubt, the horse is best moved to a safe area away from obstacles and left until the vet arrives.
- Trying to stop the horse rolling rarely achieves anything and can be dangerous.
- Do not administer any treatment or medication.
- Arrange access to transport for your horse just in case your horse need to be referred to an Equine Referral Hospital.
- Be careful, horses in severe pain do not respond normally to people/handling. Wear a hard hat and if you are unsure whether it is safe to handle your horse, put them in a safe area and wait for the vet to arrive.

## **The Veterinary Examination**

Once the vet arrives, they will examine your horse. When examining a horse with colic, several factors will influence your vet's decision-making process:

- History – is the horse prone to colic? Has he had previous colic surgery? Have there been any recent changes in management/feeding? How many droppings have been passed in the last 12 hours?
- Type of horse – age, sex, breed.

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- Severity of signs – observe the horse first, what colic signs are being displayed?

The above questions are usually asked whilst observing the horse prior to examination. If the colic is particularly severe, the vet may deal with the horse first and ask the relevant questions later!

Clinical examination:

- Heart rate (very important indicator of severity, over 60bpm usually indicates a more severe form of colic)
- Breathing rate
- Rectal temperature
- Abdominal sounds
- Mucous membrane (gum) colour
- Hydration status

In severe colics, sedation may be required for a clinical examination to be safely performed. In most cases, the vet will try and obtain a heart rate first prior to sedation.

Further tests may include:

- Rectal palpation (often most important test)
- Passing a stomach tube (reflux of fluid from stomach indicates blockage and therefore a more severe colic)
- Belly tap (useful if peritonitis suspected)
- Blood sample
- Abdominal ultrasound (can be very useful, especially in small breeds or youngstock where rectal palpation is not possible)

The information obtained from the history, examination and further tests all provide invaluable clues for the veterinary surgeon. Once this process has been completed, the veterinary surgeon must make an informed decision about what to do next:

## 1. Medical Treatment

Simple colics will often resolve with medical treatment. This may include painkillers, sedation and spasmolytics. For some medical colics, fluids may be given by either stomach tube or intravenously. Stomach tubing is the mainstay of treatment for impaction colics, and often needs to be repeated several times.

## 2. Surgery

Some types of colic are immediate candidates for surgery. In cases where medical treatment alone is unlikely to be successful, surgery is the only treatment option. This would include strangulating obstructions of the small intestine and severe twists of the large intestine. Modern surgical and anaesthetic techniques have improved success rates with colics. However, a truly

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accurate prognosis cannot be given until the horse is opened up and the cause of the colic can be fully visualised.

### 3. Euthanasia

If surgery is urgently required but not an option, then euthanasia should be advised. Occasionally the colic may be so severe that the prognosis with any treatment, be it medical or surgical, is hopeless. In such cases, it is in the horse's best interest to be put down immediately.

### 4. 'The grey area'

Unfortunately, not all cases of colic fit easily into one of the above categories. Certain types of colic can be managed medically in the initial stages but may need surgery if they do not improve. These cases will require repeat examinations and careful management. An example of a type of colic that would fit this category would be a partial twist, or 'displacement' of the large intestine. Surgery is a big undertaking, both for the horse and financially, and should not be performed without a clear indication to do so.

Having a horse with colic can be very distressing and we hope this information sheet helps you prepare, should you have to deal with it.

This article also appears on our Horse Health Programme website:

<https://www.horsehealthprogramme.co.uk>