

Surgical Colic



Colic is a term used to describe a range of conditions associated with the gastrointestinal tract which present as abdominal pain.

Colic can be classified into three general categories, including: Medical colic, false colic and surgical colic.

Medical colic can be treated conservatively using drug therapies and other non-surgical means, without resorting to surgery. False colic refers to conditions which can appear similar to abdominal discomfort, but are conditions outside of the abdomen (e.g. tying up and laminitis).

Surgical colic refers to those cases of colic which require surgical correction under general anaesthesia. This fact sheet will focus on surgical colic.

Every horse which shows signs of colic should have a veterinary examination to determine a treatment plan.

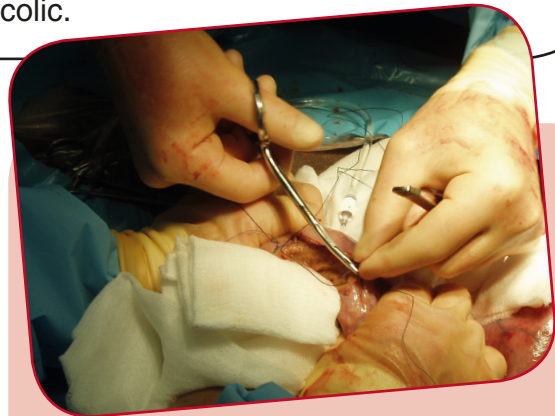
The clinical approach to a horse with any type of colic is similar, initially involving:

1. a full clinical examination
2. appropriate medical treatment
3. identification of markers which indicate possible need for surgery
4. in some cases hospitalisation or referral to a veterinary hospital for further investigation.

Reasons to refer or hospitalise may include:

- severe unrelenting pain with little or no response to drug therapy;
- rapid recurrence of pain after drug administration;
- persistently high heart rate or rising heart rate despite treatment;
- abnormal findings on internal examination;
- abnormal findings on belly tap;
- reflux of large amounts of fluid on passing a stomach tube;
- recurrent bouts of colic especially if increasing severity.

Non-responsive or recurrent cases of colic may require repeat examinations. Survival rates can be improved if surgical cases are treated promptly; therefore some cases are better to be monitored at a surgical facility rather than remaining at home.



Be prepared to provide the vet with a full history including information about the colic episode, previous illnesses and management (worming, nutrition etc). If surgical colic is suspected the vet may perform the following tests on top of the basic clinical examination.

- **Abdominocentesis (Belly Tap).**
Test for inflammation/infection. Introducing a needle into the abdomen to collect a sample of fluid.
- **Rectal examination.**
Examining the gastrointestinal tract via the rectum for signs of enlargement, displacement or twisting.
- **Nasogastric intubation.**
Passing a tube via the nose to check for fluid build-up in the stomach
- **Ultrasound.**
To identify and measure the severity of intestinal distension and wall thickening.
- **Bloods.**
To check for signs of infection, inflammation or toxæmia.

Your veterinarian will arrange any referral or hospitalisation and prepare your horse for transportation.

This may involve:

- painkillers for the journey
- sedation for the journey
- fluid therapy to improve hydration status
- passing a stomach tube to decompress the stomach.

Once hospitalised, a full colic work up will be performed again and the decision for surgery will be based on this and your veterinary surgeon's findings. Prior to surgery, an intravenous catheter will be placed and

pre-anaesthetic analgesia (painkiller) and antibiotics will be administered +/- intravenous fluids.

General anaesthesia carries some risk, which is increased with colic cases compared to non-colic cases. The loss of a horse under anaesthesia is not common, but can occur.

Your horse will normally be hospitalised for 1-2 weeks following colic surgery (provided there are no complications).

Post-operative complications which can occur:

- Failure to recover from general anaesthesia or injury during recovery.

- Ileus (Loss of gastrointestinal motility): presenting as colic when feed is reintroduced following surgery.
- Diarrhoea: note that faeces is often soft/ watery for the first 24 hours post surgery.
- Infection of the abdominal incision site, or wound breakdown.
- Adhesions within the abdomen (Can occur during the months following surgery).
- Further episodes of colic are more likely in horses that have previously had colic surgery.



Your horse will have a dedicated surgical team to perform the colic surgery including an equine anaesthetist. The patient will be moved into the surgical theatre once anaesthetised. They will be placed on their back for the duration of the surgery. You should expect a long incision site extending from the umbilicus forwards. The skin will be closed using sutures or staples.

KEY POINTS

- Colic surgery is expensive (range of approx. £3000-£6000 or more).
- Plan for availability of transport to get your horse to the hospital should it be required. This too can be expensive if you are using a commercial transporter rather than your own.
- The surgeon will give you an idea of prognosis prior to surgery. This will vary a lot between individual cases.
- Your horse will normally take between 3 and 6 months to fully recover. Some of this time may need to be spent on box rest.



XLEquine is a novel and exciting initiative conceived from within the veterinary profession made up of independently owned, progressive veterinary practices located throughout the United Kingdom, members of XLEquine are committed to working together for the benefit of all their clients.
© XLVet UK Ltd.

No part of this publication may be reproduced without prior permission of the publisher.

For further information contact your local XLEquine practice:

www.xlequine.co.uk