

ADMISSION FOR COLIC



What to expect when we admit a horse with colic

We appreciate that having a horse with colic is incredibly stressful and we will do everything we can to put you at ease. Time is everything in dealing with colic so please forgive us if we rush around, as the pieces of the jigsaw come together we will explain what is going on.

When your horse arrives, our primary aim is to determine whether the colic can be treated with medical therapy, or if surgical treatment will be required. This is done by piecing together the results of several tests:

- Physical examination findings; horses with greatly increased heart rates (>60 beats per minute) and abnormal gum colouration are likely to have a more serious type of colic.
- Blood work; sick horses requiring more intensive treatment often have evidence of dehydration and poor organ perfusion
- Nasogastric intubation (stomach tube); especially important in horses with a high heart rate, which may be due to excessive fluid build-up in the stomach with small intestinal obstructions. This fluid must be removed or the stomach may rupture
- Rectal examination; horses with abnormal rectal findings such as distended small intestine are more likely to require surgical treatment. Some lesions, such as large colon impactions are more amenable to medical treatment using fluid therapy
- Abdominal ultrasound; allows general assessment of the abdominal organs and can aid in the diagnosis of a specific type of colic, including certain large colon displacements, and small intestinal obstructions, helping to guide a treatment plan.
- Peritoneal fluid analysis ('belly tap'); a sample of abdominal fluid (that which surrounds the intestines) can be taken and analysed, allowing us to detect inflammation, or the presence of dead or dying intestine. These cases invariably require surgical treatment

Based on the above results, treatment options will be discussed; broadly these are either medical or surgical. Surgical treatment is associated with a higher rate of complications.

Medical therapy (Typical cost £750 – £2000)

Medical treatment typically includes rehydration, either by stomach tube or through an intra-venous drip. Pain relief will also be important. Some horses respond well to medical therapy, others remain persistently painful and may require surgery if they fail to improve. Other specific medical therapies may also be administered; this will be determined by the precise diagnosis.

Surgical treatment (Typical cost £4000 – £6000)

We always try to avoid surgical intervention but there is a trade-off against delaying surgery too long and reducing the chances of success. Surgery requires the horse to undergo a general anaesthetic. The abdomen is opened with an approximately 20cm incision with the horse positioned on its back. Very sick horses have increased anaesthetic risk and up to 2% may have fatal anaesthetic complications. Sadly, some horses have inoperable lesions and will be put to sleep under anaesthesia. Surgery may take in the region of 2-4 hours depending on what needs to be done. The chances of long-term survival after colic surgery vary depending on the nature of the colic but typically we would expect 80% -90% to go home and 60-70% to be alive and doing well at 12 months.

After surgery your horse will be looked after by a large team including recognised specialists in medicine and surgery as well as the interns (more junior vets) and experienced nurses. You should expect your horse to be with us in intensive care for around a week after surgery.

A number of potential complications may occur following surgery:

- Post-operative ileus. The intestine fails to function properly after surgery due to the damage associated with the original colic lesion. This is a serious complication and has a high fatality rate.
- Infection of the incision site. Thankfully this is rarely serious and although it may result in a longer hospital stay it can invariably be managed relatively easily.
- Further episodes of colic. Some horses may be more prone to repeat episodes of colic following abdominal surgery. This is not true for every case, but has been recognised in some horses. It can be due to adhesions formed after the surgery.
- Infection of the catheter site. This can typically be managed but may lengthen the hospital stay.

Once home your horse will require 6 weeks in a stable and a further 6 weeks in a small paddock after which they can be turned out as normal (i.e. from 3 months). From 6 months they can return to work. It may be necessary for your own vets to come and remove abdominal bandages or sutures/staples after your horse returns home. Your horse may require some oral antibiotics or anti-inflammatories once home but typically most of the hard work is done before they return home.