

Any sudden change in management, particularly with reference to diet can trigger a bout of colic; therefore it is very important to make any such changes as gradual as possible. You should also make sure that your horses teeth are in good order and that you have an effective worm programme in use, to keep risk to a minimum.

The term “colic” means abdominal pain. We generally equate the term as involving the gut, but of course other abdominal organs may occasionally be the cause (liver, kidneys, spleen or even the diaphragm or peritoneum (lining of the abdomen).

We all know the signs – obvious discomfort, turning around and looking at the flanks, rolling and sweating, inappetance, elevated pulse rate and respiratory rate, the passage of pockets of gas, or indeed the passage of no droppings at all.

If the signs are very low grade it may be worthwhile waiting to see if they pass over by themselves over a 20-30 minute period, but if they worsen or your horse is at all agitated you should call us immediately. Early diagnosis of a potential surgical colic is vital if your horse is to have the best chance of survival. **Basically if in doubt call the vet!!**

When I examine a colic case, providing the horse is not in too much pain, I always start by checking the pulse and heart rate, the colour of the mucous membranes (lining of the eyes or mouth), the temperature to give me a guideline as to the severity of the problem.

It is a good idea if you can become familiar with the normal for your horse – ask us to show you how on a routine visit. The normal pulse rate should be between approximately 36 and 42 per minute. If the rate is steadily increasing this is cause for concern. Once over 100 per minute I will be seriously concerned, especially if the mucous membrane colour is deteriorating (normal salmon pink colour deteriorating to brick red or brown in colour) and gut sounds are absent, that a life threatening surgical colic has developed. I will also assess the gut sounds and ask if the horse has passed any droppings over the past few hours. Gut sounds should normally be present in all four quadrants of the colon and we can hear these with our stethoscope. They may be elevated or decreased.

In cases of spasmodic colic, the pain comes in intermittent waves and there are usually increased gut sounds audible in certain areas with evidence of gas build up. These cases usually respond well to intravenous painkillers and spasmolytic drugs (e.g. Buscopan). Food should be withheld for 6 hours and that includes not allowing the patient to eat the straw bedding!!!

If the horse is showing signs of dull pain with only a marginally elevated pulse rate and good colour, but gut sounds are absent and no faeces have been passed for several hours, an impaction (constipation!) is the most likely cause of the problem. This may be palpable on rectal examination and will be treated with painkillers and stomach tubing with fluids and liquid paraffin to soften the impaction and allow it to pass. The most common site of this is at the left pelvic flexure. Only very large impactions will not shift and then require surgery to remove them.

If the clinical signs are severe and gut sounds are absent as discussed above and I suspect a surgical colic early referral is very important if your horse is to make a full recovery. The economics of colic surgery sadly also have to be taken into account prior to referral. Colic surgery is very expensive and this can be a real worry if your horse is not insured.

At surgery, the cause of the problem will be found (e.g. tumour blocking the bowel, one piece of gut telescoping into another, pieces of gut becoming entangled and causing what is commonly known as a twist) and rectified if possible. Sometimes a piece of gut will have to be removed. Occasionally, if the gut has ruptured and peritonitis has developed it may be too late to save the horse. If we suspect this stage has been reached when we examine the horse, we may take a tap of abdominal fluid which can help us decide if it is too late for surgery. Surprisingly, the horse is not always in so much pain at this stage so all factors described above are important.

Whilst waiting for the vet, only walk your horse if self trauma is occurring as a result of rolling. Otherwise let him or her rest until help arrives.

If you take the right precautions you will minimise all risks of colic, but if in spite of this you are unlucky, hopefully it will only be a mild attack and respond to medical treatment.