



Waterlane
EQUINE VETS

FACTSHEETS

Colic

Colic, or "abdominal pain", is a common term encompassing an extensive collection of disorders ranging from the mild and inconsequential to those needing immediate surgical intervention. However, because the clinical signs don't always correlate with severity, it is important to treat all colics as medical emergencies and to call your vet as soon as the signs begin.

Clinical signs commonly exhibited:

- Pawing at the ground
- Rolling/laying down and rising often
- General unrest
- Disinterest in food
- Kicking abdomen
- Standing stretched out (as if about to urinate)
- Flank Watching
- Sweating
- Rapid breathing



Why do horses colic?

Horses have a relatively simple but very extensive gastrointestinal tract to aid in their natural grazing lifestyle. In total, the small intestine, caecum and large intestine are nearly 30m in length and have a combined capacity of nearly 130L! With very few fixed areas and multiple bends, the relatively mobile intestines are predisposed to unavoidable displacements, torsions and impactions.

What to do

First thing is to call your vet. Ideally, evaluate your horse's condition with a stethoscope and a thermometer. Taking your horse's heart rate, gut sounds and temperature can help give more information to your vet before arriving. Do not give the horse any medication (unless advised to do so by the vet), nor allow them to eat/drink, but keep him/her walking as you wait for your vet, being careful not to exhaust the horse.

What your vet will assess on arrival

Cardiovascular system: Checking heart rate, respiratory rate, temperature and mucous membranes to ensure the blood is circulating adequately. It is VERY important that this is done before administering any pain relief or sedation which could alter/mask the presenting signs.

Gut sounds: These should be present in a normal horse. In some cases (such as impactions and torsions listed below) gut sounds are not audible, whereas gaseous colics have an over-active and distinct sound on auscultation.





Waterlane
EQUINE VETS

FACTSHEETS

Rectal: This is routinely performed even if the colic signs are mild. It allows the vet to determine if the intestines are in their proper location and feel if there is any impaction or localised pain.

Nasogastric intubation: If an impaction is suspected, a tube will be passed up your horse's nose and down to their stomach to see if there is any reflux. Reflux is normally an indicator for surgery.

Administering pain relief: This usually includes a mild sedation and an NSAID. You should see an immediate improvement, therefore, if your horse continues to show colic signs it is usually an indication for surgery.

Common types of colic

Gasey colic - Occasionally gas builds up in the intestines due to fermentation of feed causing the intestinal walls to stretch, resulting in abdominal pain. This can commonly happen from a mild digestive upset but underlying issues (such as stomach ulcers) may be worth looking into if a particular horse is afflicted multiple times.

Intestinal impaction - With all the twists and turns in the intestines (referred to as flexures), it is easy for a mass of food to cause a blockage. This most commonly occurs in the large intestine and can be easily resolved with appropriate treatment.

Intestinal torsion/displacement/ 'twisted gut' - The large intestine is only attached to the abdomen at two places - the beginning and the end - allowing for the possibility of twisting on itself. When this happens, blood supply becomes cut off to the organ and a blockage occurs.

Acute infection - These horses are usually very dull, not interested in food and have a high temperature. Origin and severity dictate how complicated these cases will be but most can be resolved with appropriate treatment.

Remember:

REACT - look out for these signs which could give early indication that a horse is suffering from colic

- R** Restless or agitated
- E** Eating less or droppings reduced
- A** Abdominal pain
- C** Clinical changes
- T** Tired or lethargic

For more information on the REACT campaign, have a look at bhs.org.uk/colic