



Colic: What will happen when the vet comes

Colic is responsible for 1 in 3 emergency equine veterinary call-outs and is a major cause of death or euthanasia in horses.

How vets assess and manage colic cases

The veterinary approach to a case of colic depends to some extent on how severe the signs are. If it is immediately obvious that the horse requires surgery, intensive care or euthanasia, the assessment of the horse and history-taking will be more rapid than if the horse does not appear to be in imminent danger or severe pain. The vet's approach will therefore be dictated by the horse's condition. In general, however, you can expect some or all of the following to happen:

1. The vet will ask about the horse's history (Figure 1). It's a good idea to keep a record of the horse's de-worming and dentistry history at the yard so that these details are always to hand.

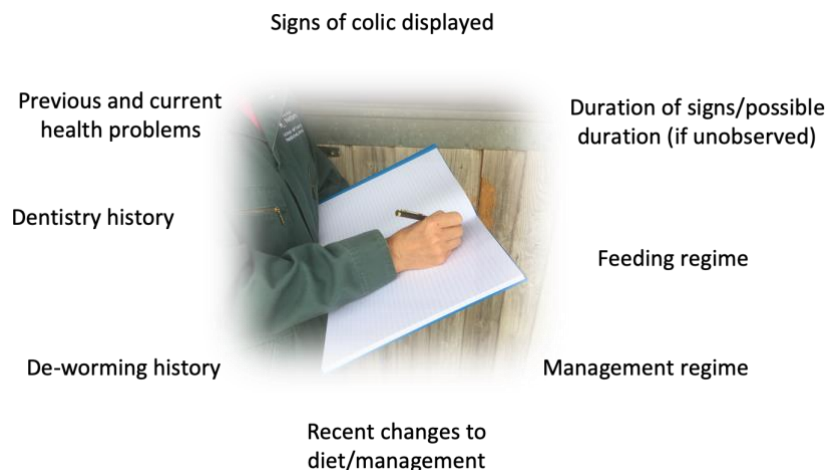


Figure 1. Questions that the vet is likely to ask about your horse

2. The vet will examine the horse, making the assessments shown in Figure 2.

Baseline assessments

- Temperature
- Heart rate
- Respiratory rate
- Gum colour
- Capillary refill time
- Cardiovascular status (dehydration, etc.)
- Intestinal movement and gas



Additional tests

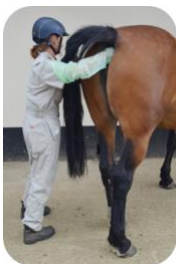
- Rectal examination
- Nasogastric intubation
- Peritoneal tap
- Abdominal ultrasound
- Lactate analysis

Figure 2. Veterinary assessments in cases of colic

The range of tests performed on each case of colic is determined by the horse's condition and the vet's clinical findings – only a small number of cases will have all the additional tests listed above performed at the yard.

Additional tests: Importance and risks

Rectal examination



- Key diagnostic test that involves manual examination of the abdominal contents via the rectum
- May be important to rule in or out various types of colic, and in the identification of critical cases
- Only about 1/3 of the abdomen is within reach so many abnormalities cannot be palpated
- Carries a risk of injury to both vet and horse so may not be performed in all horses

Nasogastric intubation



- Key diagnostic test that involves passing a tube into the stomach via the nostrils
- Because horses cannot vomit, build-up of fluid in the stomach and small intestine can lead to pain and, ultimately, stomach rupture
- Removal of fluid via nasogastric intubation may be essential to relieve fluid build-up
- This procedure is also used to administer treatment
- Nasogastric intubation is resented by most horses

Image: Redwings Horse Sanctuary

- Short-term nosebleeds are common during this technique

Peritoneal (belly) tap



- Involves collection of fluid that surrounds the intestines via a needle or cannula (tube) passed through the skin
- Frequently important to identify critical cases
- Visual inspection can yield important information (i.e., laboratory analysis is not always required), allowing decisions to be made 'horse-side'
- Low risk procedure

Lactate analysis



- Involves measuring lactate levels in samples of blood and/or the fluid that surrounds the intestines (see 'peritoneal [belly] tap')
- Can help to decide whether a case of colic is critical and the chances of survival
- Can be done 'horse-side' by some practices
- Low risk procedure

Abdominal ultrasound



- Involves using ultrasound to image the abdominal contents either through the skin (and abdominal wall) or through a rectal examination
- May be useful to identify type of colic/need for referral
- Risk-free if performed through the abdominal wall or carries the same risk as rectal examination if performed via the rectum

Next steps

Once a thorough assessment of the horse has been made, a treatment plan will be recommended. This may include administering:

- Painkillers
- Drugs that reduce gut motility (anti-spasmodic drugs)
- Fluids (intravenous or into the stomach via nasogastric tube)

Your vet may want to visit the horse again within a few hours to check on progress. Alternatively, they may recommend referral for further assessment, intensive medical care, or surgery. This topic is covered in our article 'Critical colic cases'.

Remember that colic cases often change over time – it may become obvious, as time goes by, that a case that appeared non-critical in the early stages is in fact serious. It is for this reason that you need to be very vigilant in observing a horse with colic until it is completely healthy again, and it is also why your vet may want to revisit the horse on multiple occasions. Your vet will advise you on how to monitor your horse.

What happens when you call us

Your call will be taken by one of our experienced receptionists or by our pager service out of hours, when the emergency vet will call you back. We have a designated team of emergency vets as well as our team of ambulatory clinicians sharing the on call rota, and an Internal Medicine Specialist and Certificate Holder in Equine Soft Tissue Surgery on call at Kent Equine Hospital.

We will attend any potential case of colic on your yard as soon as possible and will perform all necessary examinations and tests on site. If the horse requires hospitalisation, we will discuss this option with you. If this happens, you will need to make a number of decisions, possibly in a short space of time. If you are prepared ahead of time, you will probably find these decisions easier to make. You will probably also make decisions more quickly, which will be of benefit to your horse. This topic is covered in our article 'Colic: The decision to refer' in this series.

If your horse does require hospitalisation, we can provide that here at the practice where our team of vets and nurses are experienced in providing colic surgery, critical care and monitoring.