



# SWANSPOOL VETERINARY CLINIC

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## Colic Warning:

December 2012

Recently we have had a significant increase in the number of colic's.

The problems we are experiencing at the moment are related primarily to changes in management. During cold periods horses tend to drink less water and in combination with less exercise and longer periods stabled eating coarse dry fibre they are at higher risk of developing impactions. Wherever possible please ensure your horses are given some turn-out every day and kept in a regular exercise routine. If turning out on frosted grass is unavoidable then try to give them hay either before turn-out or in the field to help reduce the risk of frost related colic's. Feeding damp hay or haylage is preferable to dry hay, and damping down their feed will also help keep them regular.

'Colic' is a general term meaning 'Belly Ache' but the cause of that pain can be due to anything from a simple build up of gas, spasms in the intestines, peritonitis, an impaction from eating too much dry food or more serious conditions such as twisted and damaged intestines. (Many other medical conditions can also present as colic's.)

Whatever the cause of the pain all these conditions start with the same vague symptoms but the speed at which the horse deteriorates and the response to veterinary medical treatment gives an indication of the severity of the condition.

Typically the horse will initially be quiet, uninterested in its food and occasionally looking round at its sides. Next it might start scraping at the floor and lying down. If the horse starts wanting to roll then you must intervene.

By walking mildly affected horses, some colic's will spontaneously resolve, but those tending to roll can soon deteriorate and so urgent veterinary intervention is essential.

Early veterinary assessment and treatment can dramatically improve the outcome of most cases of colic, whether by the administration of simple anti-spasmodic drugs, fluids or perhaps an early referral for surgery, if indicated.

When examining a horse we take into consideration its pulse rate, gut sounds, respiratory rate, colour of its gums and temperature. In addition we may do an internal examination, take bloods, pass a stomach tube or take a sample of fluids from its belly.

By considering all these parameters together and the horse's response to treatment we can determine the cause, severity and prognosis. The vast majority of cases can be managed medically. Occasionally we may need to repeatedly tube to administer fluids for the treatment of impactions or intravenous fluids for other metabolic diseases but much less commonly the only option available is to refer for surgery (if deemed appropriate).

This is a very simplified over view of the majority of colic cases. The recent evening talk by Richard Payne from Rosssdales concentrated on the surgical aspects of colic but remember surgery only accounts for a very small proportion of cases we deal with.

Remember, please be observant and look out for any slight changes in your horses behaviour that might indicate that it is developing tummy ache. Early intervention can make such a difference to the outcome.

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