

EQUINE COLIC

Colic is the number one killer of horses. The good news is that most cases of colic are mild and resolve with simple medical treatment, and sometimes with no specific treatment at all. Less than 10% of all colic cases are severe enough to require surgery or cause the death of the horse. Nevertheless, **every case of colic should be taken seriously**, because it can be difficult to tell the mild ones from the potentially serious ones in the early stages. Colic is not a disease; it is merely a symptom of disease. Specifically, colic indicates a painful problem in the horse's abdomen (belly). There are dozens of different conditions that can cause a horse to show signs of abdominal pain. Most (but not all) involve the digestive system, most often the stomach or intestines.

RECOGNIZING COLIC

Horses show signs of abdominal pain in a wide variety of ways. Some signs, such as curling the upper lip are subtle and easily overlooked, whereas other signs, such as repeated rolling or violent thrashing, are hard to mistake. Among the more common signs of colic are these:



- Depression
- Disinterest in eating or drinking
- Lack of bowel movements or fewer bowel movements than normal
- Reduced or absent digestive sounds
- Pawing
- Turning the head toward the flank
- Kicking or biting at the belly
- Stretching out as if to urinate, without doing so
- Repeatedly lying down and getting up, or attempting to do so
- Repeated rolling, often with grunting sounds
- Rapid breathing and/or flared nostrils
- Elevated pulse rate (greater than 40 beats per minute)

Usually, a horse shows only a few of these signs during an episode of colic. Seeing *any* of these signs should prompt you to take a closer look and keep a watchful eye on the horse. In general, the more obvious the signs of pain, the more serious the problem. Also, in horses with serious conditions, the signs of pain usually persist and may even worsen with time, whereas in horses with mild colic, the signs of pain may be intermittent or may disappear after a short time.

TAKE IMMEDIATE ACTION

While some cases of colic resolve without medical care, a significant percentage of horses with colic require medical treatment. Time is perhaps the most critical factor if colic is to be successfully treated, particularly if the horse has a condition that requires emergency surgery. If you suspect your horse is suffering from colic, the following action plan is suggested:

1. Call your veterinarian immediately. Most often, we will recommend giving the horse an NSAID such as Banamine (flunixin meglumine) as soon as possible. Average dose is 50 mg per 100 lbs of body weight (ei an 1100 lb horse would receive 11 cc of Banamine 50 mg/ml). This can be given either in the vein or by mouth.
2. Remove all grain and hay from the horse's surroundings, but leave the horse some water.
3. If necessary, move the horse to a small enclosure (e.g., a stall or yard) so you can watch it more closely.
4. Allow the horse to rest if it simply wants to stand or lie quietly; walk the horse around if it is continually rolling or in danger of hurting itself — but do not tire the horse with relentless walking.
5. Keep the horse under close observation until the signs of colic resolve or the veterinarian arrives.

* Alert your veterinarian from the outset that your horse is suffering from colic. The veterinarian may not need to come out and examine the horse immediately if the colic signs are mild, but leave that decision to the veterinarian.

CLASSIFYING COLIC

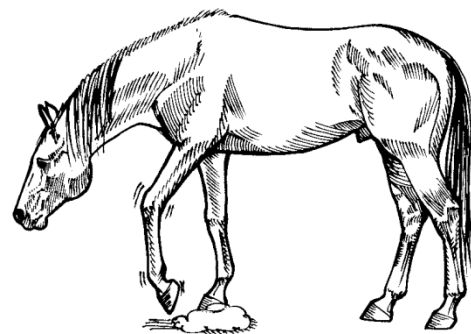
Determining the type of colic is important in deciding how best to treat the horse. Even though there are myriad causes of colic, most cases fall into one of three groups:

- 1. Intestinal Dysfunction.** This is the most common category and simply means that the horse's bowels are not working properly. It includes such things as spasms (disordered motility), gas distention, impaction and decreased motility (ileus). These types of problems usually respond well to medical treatment.
- 2. Intestinal Accidents.** These occur less frequently and include displacements, twists (torsion, volvulus) and entrapment of a section of intestine in a tight space. Some horses seem anatomically predisposed to such problems. Intestinal accidents almost always require emergency surgery.
- 3. Inflammation or Ulceration.** These problems are named according to the bowel segment involved; e.g., gastritis (stomach), enteritis (small intestine) and colitis (large intestine). They can be caused by numerous factors, including stress, medications, infection and parasites. Medical treatment is generally required.

PREVENTING COLIC

Colic is a problem with many potential causes and contributing factors, some of which are beyond our control. However, management plays a key role in most cases of colic, so colic prevention centers on management. Although not every case of colic is avoidable, the following guidelines can maximize your horse's health and reduce the risk of colic:

- Establish a set daily routine (including feeding, exercise and turnout schedules) and stick to it, even on weekends.
- Feed a high-quality diet comprised primarily of high-quality roughage (pasture, hay, hay cubes). Except for young foals, all horses should be fed at least 1% of their body weight (1 lb per 100 lb) of good quality roughage per day.
- Limit the amount of grain-based feeds (grain in any form, sweet feed, pellets). Feed these only as a supplement, and as not more than 50% of the diet.
- Divide the daily concentrate ration into two or more smaller feedings, rather than one large one, to avoid overloading the horse's digestive tract. Hay is best fed free-choice.
- Keep up with your horse's dental care. Each year your horse should have their teeth checked by a veterinarian to ensure proper chewing ability.
- Set up a regular parasite control program with the help of your veterinarian. Use fecal examination to determine its effectiveness.
- Provide exercise and/or turnout every day.
- Make any changes to diet, housing and activity level gradually.
- Provide fresh, clean water at all times.
- Check hay, bedding, pasture and environment for potentially toxic substances, such as blister beetles, noxious weeds and other ingestible foreign matter.
- Avoid putting feed on the ground, especially in sandy soils.
- Reduce stress; horses experiencing changes in environment or workloads are at high risk for intestinal dysfunction.
- Pay special attention to animals when transporting them or changing their surroundings, such as at shows.
- Observe foaling mares pre- and post-foaling for any signs of colic.
- Pay close attention to horses that have had previous bouts of colic, as they are at a greater risk for repeat episodes.
- Maintain accurate records of management, feeding practices and health.



SUMMARY

The key to minimizing the incidence of colic is good management. The key to minimizing the impact of colic (i.e., increasing the chances of a good outcome) is to **identify the problem early and call your veterinarian immediately**. Treat every incident of colic as potentially serious and involve your veterinarian from the outset; try never to jeopardize your horse's health for the sake of a few dollars.

