



# Colic Surgery

### Colic

Signs of colic are most commonly caused by problems in the gastrointestinal tract, and most frequently involve a form of obstruction. A successful outcome will depend on early diagnosis, the type of colic and rapid referral to the hospital. It is important that all horses exhibiting signs of abdominal pain should be examined by a veterinary surgeon as a matter of urgency to allow a prompt diagnosis as some patients deteriorate rapidly. While the majority of colic cases can be treated with pain relief and other medication, some will require referral for more intensive treatment or emergency surgery.



### Emergency colic surgery

The most common surgical approach to the abdomen is a ventral midline incision (underside of the abdomen), and has to be performed under a general anaesthetic with the horse on their back. All cases are given intravenous fluids, antibiotics, non-steroidal anti-inflammatory drugs and, often, intestinal stimulants.

At surgery a variety of problems may be encountered, including 'twists', entrapment of intestines, intussusceptions ('telescoping' of one length of intestine into another), displacements, physical obstruction (impacted material or masses, such as tumours), or functional obstruction (e.g. in 'grass sickness' cases).

Most of these are amenable to correction, although some require removal of diseased intestine and joining ends of healthy intestine together.



### Post-operative intensive care

After surgery, the patients are allowed to recover from anaesthesia and then moved to an intensive care box where around the clock monitoring and intensive support is administered by the nursing team. Most patients are not fed until normal intestinal function has returned (usually within 48 hours), although a small handful of grass often acts as an appetite stimulator and trigger to intestinal motility.

It is necessary to encourage motility by medication, movement, gastric decompression (passing a stomach tube to remove any fluid build up) and by controlling electrolyte levels, assessed by post-operative blood samples.



# Kings Bounty Equine Practice Client Fact Sheet



## Laparoscopic investigation

Laparoscopic (keyhole) investigation of the abdomen can be carried out using local anaesthesia and sedation. This can be useful for investigation of horses which suffer chronic and recurrent bouts of colic, as it allows inspection of a significant part of the abdomen without the need for a midline incision and full 'colic surgery' under general anaesthesia.

## Potential complications

- Post-operative ileus: the intestine fails to function properly after surgery due to the damage associated with the original colic lesion. This is a serious complication and has a high fatality rate
- Infection of the incision site: thankfully this is rarely serious and although it may result in a longer hospital stay it can invariably be managed relatively easily
- Further episodes of colic: some horses may be more prone to repeat episodes of colic following abdominal surgery. This is not true for every case, but has been recognised in some horses. It can be due to adhesions formed after the surgery
- Infection of the catheter site: this can typically be managed but may lengthen the hospital stay

## What happens once your horse is home?

- Once home your horse will require 6 weeks in a stable and a further 6 weeks in a small paddock after which they can be turned out as normal (i.e. from 3 months).
- From 6 months they can return to work. It may be necessary for your vet to come and remove abdominal bandages or sutures/ staples after your horse returns home.
- Your horse may require some oral antibiotics or anti-inflammatories once home but typically most of the hard work is done before they return home.

