

Preventing Colic, Part Two

Diagnosing the Cause

Your equine practitioner will establish the severity of the colic and identify its cause. His or her examination and/or treatment may include the following procedures:

- **Observation:** sweating, bloating, rapid breathing, flared nostrils, and abnormal behavior
- **History**
- Passage of a **stomach tube** to determine presence of excess gas, fluids, and ingesta
- **Vital signs**, including temperature, pulse, respiration (TPR,) color of the mucous membranes, and capillary refill time
- **Rectal palpation** for evidence of intestinal blockage, distension
- **Blood test** for white cell count and other data
- **Abdominal tap**
- Analgesics or sedatives to relieve pain and distress
- **Laxatives** to help re-establish normal intestinal function

Surgery or No Surgery

Some colic(s) cannot be resolved without surgery. The faster the veterinarian can determine that surgery may be required, the greater the chance of success. If surgery requires transport to a university or other surgical facility, it may be advisable to transport the horse before this determination can be made. **However,** each **owner** also has a decision to make. The owner needs to consider all of the factors and costs to determine if surgery is the best course for them.



Preventing Colic

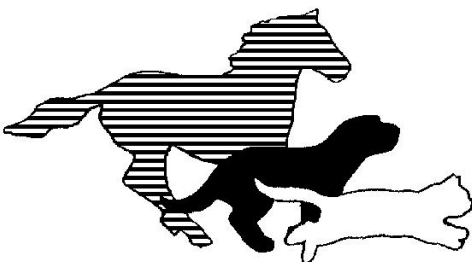
While horses seem predisposed to colic due to the anatomy and function of their digestive tracts, management can play a key role in prevention. Although not every case is avoidable, the following guidelines can maximize the horse's health and reduce the risk of colic:

1. Establish a daily routine – include feeding and exercise schedules – and stick to it.
2. Feed a high quality diet comprised primarily of roughage.
3. Avoid feeding excessive grain and energy-dense supplements. (At least half the horse's energy requirement should be supplied through hay or forage. A better guide is that twice as much energy should be supplied from a roughage source than from concentrates.)
4. Set up a regular parasite control program. Utilize fecal samples to determine its effectiveness.
5. Provide exercise and/or turnout on a daily basis.
6. Provide fresh, clean water at all times.
7. Avoid medications unless they are prescribed by your equine practitioner, especially pain-relief drugs (analgesics), which can cause ulcers.
8. Avoid putting feed on the ground, especially in sandy soils.
9. Check hay, bedding, pasture, and environment for potentially toxic substances, such as blister beetles, noxious weeds, and other ingestible foreign matter.
10. Make dietary and other management changes as gradually as possible.
11. Reduce stress. Pay special attention to horses when transporting them or changing their surroundings, such as at shows.

Summary

Virtually any horse is susceptible to colic. Age, sex, and breed differences in susceptibility seem to be relatively minor. The type of colic seen appears to relate to geographic or regional differences, probably due to environmental factors such as sandy soil or climatic stress. Importantly, what this tells us is that, with conscientious care and management, we have the potential to reduce and control colic, the number one killer of horses.

Information provided by American Association of Equine Practitioners



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