

INFORMATION REGARDING YOUR HORSE, UNDERGOING COLIC SURGERY

TREATMENT OF COLIC

There are many different causes of colic (*and by colic we only mean signs shown by the horse consistent with pain in its abdomen*) and in the majority of cases, an exact diagnosis is not reached; treatment is administered and the horse's response continually assessed. The most important decision to be made by the Veterinary Surgeon is whether the horse requires surgical or medical management.

8-9 out of 10 cases of colic will resolve with medical management (this may include drug administration, intravenous fluids, drugs to alter intestinal motility, stomach tubing the horse and lunging). Colic is dynamic and repeated, careful examinations are required to monitor the horse's progress.

In the cases requiring surgery, those with the highest chance of making a successful recovery are those that are operated on as early as possible in the course of the disease.

COLIC SURGERY

Only a very small percentage of horses are non-responsive to medical management and subsequently require surgical intervention or have specific findings indicating an obvious need for immediate surgery.

Surgical intervention is a major procedure and is never entered into lightly. It involves risks to the horse, a big financial input from the owner and a big commitment from the attending Veterinary Surgeons, nurses and yard staff. In many cases though, it offers the only chance of survival and should be carried out, without delay, once the decision for surgical intervention has been made. Colic surgery is performed with the horse under general anaesthesia. Colic cases carry a higher risk of anaesthetic complications compared to other patients. Throughout the procedure the horse is carefully monitored by a dedicated anaesthetist who will measure the horses' breathing rate, heart rate, blood pressure, electrical activity of the heart, metabolic status, blood gas status and depth of anaesthesia.

The surgeon will open up a horse's abdomen through a midline incision, from which a systemic exploration of the horse's abdomen can be carried out to identify the cause of the colic and take the required corrective action. This may include removing dead bowel and rejoining the healthy ends, removing gas, correcting bowel displacements, removing strangulating lesions and taking biopsy samples for evaluation.

Once the surgical lesion has been corrected the horse's abdomen is closed with sutures, which hold the body wall together. The skin is often closed using staples. This incision is slow to heal and slow to gain strength and needs careful monitoring in the post-operative period.

The horse recovers from the anaesthetic in a special padded box. This is a risky time for the horse and bad recoveries can result in fatal bone fractures.

POST-OPERATIVE COLIC CARE

Horses undergoing colic surgery will not receive food for a minimum of 24 hours following surgery. The horse is then slowly weaned back onto feed, once there is evidence of good intestinal motility. The horse will also receive intravenous fluids, antimicrobials, anti inflammatory, anti endotoxic drugs and drugs to help intestinal motility. Horses are frequently re-examined, initially every two to four hours. Some horse can be very sick post operatively due to the absorption of bacterial toxins into the blood stream and these horses have prolonged recoveries and are more prone to complications (see below).

Healing of the abdominal incision is an important but slow part of recovery. Some horse may require a belly bandage to help this process.

If all goes well, horse are usually eating near full feed by 5 days post surgery with an average stay in the hospital of 7-10 days.

Whilst your horse is in the clinic, you will receive a daily update on the horse's progress. Please remember we are a busy clinic receiving many emergencies and the Veterinary Surgeons cannot always get to the telephone. No news must always be taken as good news, but we will endeavour to contact owners, at least once a day.

POST-OPERATIVE COMPLICATIONS

Complications can and do occur, despite everyone's best efforts.

These may include:

Incisional infection

Incisional breakdown and hernia formation

Jugular vein thrombosis

Ileus (the gastrointestinal system 'grinds' to a halt)

Endotoxaemia

Laminitis

Diarrhoea

The need for a second surgery

Salmonella infection

ONCE THE HORSE COMES HOME

Once your horse leaves the hospital it will need lots of TLC at home. Horses need to remain on strict box rest for a designated period of time to allow the midline incision time to heal and gain strength. They may be walked out in hand during this time but must STRICTLY remain on the lead. If the horse is high spirited and struggles to cope with box rest then certain mild sedatives can be prescribed to help control this. The horse must not be turned out prematurely, as this will increase the risk if incisional problems. The skin staples will need removing by a Veterinary Surgeon 12-14 days after the surgery.

Most horses that recover well enough to return home go on to return to their previous level of athletic ability. There are many elite equine athletes that have undergone colic surgery. It is safe to worm your horse 4 weeks after colic surgery. A few horses may require special worming protocols, if worms have been involved in the cause of the colic. Vaccinations can be administered as normal.

Mares can go on to be used for breeding but a period of 4 months should be passed before considering covering the mare, after colic surgery.

POST-OPERATIVE SURVIVAL

Many factors affect the chances of long term survival of your horse following colic surgery, including the presence of endotoxaemia, type of colic found and post operative complications. Certain types of colic are associated with a reduced prognosis for long term survival. Age is not greatly associated with prognosis.

If you have any further queries or concerns, please do not hesitate to contact us and speak to one of the clinicians in charge of your horse.