



Equine Newsletter May 2016

Coombefield Equine Clinic
Summerleaze Farm, Axminster



Colic

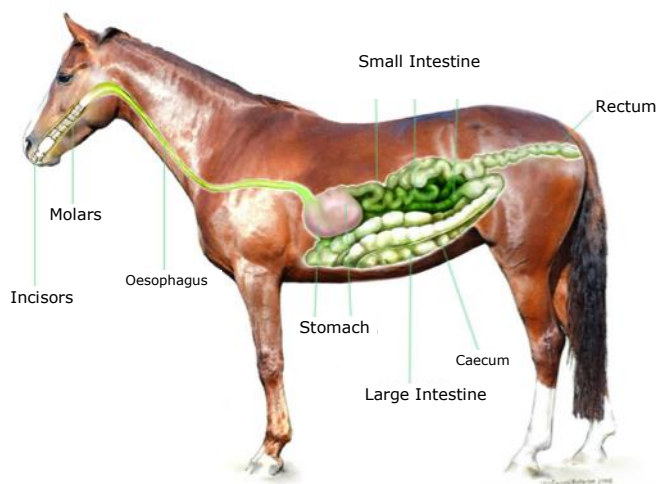
Colic is every horse owner's nightmare! Following on from our colic evening here is a summary for any of you who may have missed this informative evening.

What is colic?

Colic is a sign or symptom of abdominal pain, not a diagnosis. It is very non-specific as there are many structures within the abdomen from which pain can arise. It is the job of your vet to try and work out what structures are causing your horse/s colic. Most colics are mild, but a small percentage are more severe and be diagnosed quickly.

Basic Anatomy

Food travels from the mouth, down the oesophagus in to a very small stomach (5-10litres), generally the size of a rugby ball. If a horse has a blockage in the gut beyond the stomach it can quickly become very full. Unlike other species, horses are unable to vomit and so if this happens their stomach can rupture. The small intestine follows on and is about 30 metres in length. It has no fixed position and is only anchored in place by a loose sheet of tissue; meaning it can easily twist. Following this is the large intestine where most of digestion takes place. This has a relatively set position within the abdomen but again is not anchored in place. Abnormal positioning of the large intestine (displacement) is a fairly common cause of colic while a full twist of the large intestine is a rare but very serious problem.



Types of Colic

- Spasmodic – the intestine goes into spasms and the gut is very noisy. This is the most common type of colic which responds well to medical treatment.
- Impactions – blockages of food, again usually mild requiring fluid therapy.
- Displacements – the gut gets out of place and sometimes surgery is required.
- Twists - with twists the gut loses its blood supply and starts dying quickly.

Diagnosing Colic

What signs should you be looking for?

- Pawing at the ground.
- Looking at their flank.
- Lying down.
- Rolling.
- General changes in your horse/s normal behaviour.



The sooner you call the vet the better. Early diagnosis and treatment gives us the best chance of a successful outcome.

What will your vet do?

Firstly your vet will ask you some questions about signs, duration and about the management of your horse, if anything has changed recently. Next your vet may check their pulse, and then look inside their mouth, which should be a nice pink colour. Respiration and temperature will also be checked. Your vet will listen to their gut sounds, which should be quiet with occasional gurgles. In critical cases everything shuts down and is very quiet.

In most cases the next step the vets will take in diagnosing is to perform a rectal examination if circumstances allow. This procedure is not without risk to horse or vet but is one of the most useful diagnostic tools. It is only possible to feel the back part of the abdomen so there is still a lot of the abdomen your vet cannot feel.

Surgical colic's are relatively uncommon, out of 100 horses a vet will see in practice only 9 will be surgical in nature. Practices will not routinely undertake colic surgery and therefore these horses need to be referred to

a specialist hospital. Survival rates for surgical colic's vary depending on the problem and how ill the horse is. The quicker the horse is operated on the better the prognosis – hence early diagnosis, if the worst should happen, is the key. These are long operations, requiring a specialised team and several days of intensive aftercare. The success rate can be 60-70% but costs are usually five to seven thousand pounds and can become much higher if there are serious complications. Most horses that undergo successful colic surgery will return to their normal jobs.

Reducing the Risks

Unfortunately we cannot eliminate the risks completely but we can try and reduce them. Good management is important.

- Ensure fresh water is available at all times. Transport, especially within the previous 24 hours, is a risk factor, potentially because horses can go a long time without drinking.
- Maintaining a good worming regime. The absence of administration of an ivermectin or moxidectin wormer in the previous 12 months is associated with a significantly increased risk.
- Avoid sudden changes of diet and routine – make any changes gradually over a period of 2-3 weeks.
- Ensure your horse receives regular exercise and turn out – colon activity correlates with exercise, if stuck in a stable, intestinal motility will slow down. Stabling for 24h/day greatly increases risk.
- Crib-biting/windsucking is also associated with an increased risk.
- Regular dental examinations/treatments are also essential.

Just knowing what is normal for your horse is important.

What to do while waiting for the vet

- Take food away – if there is a blockage it is only going to add to it!
- Leave water.
- If violently painful get them into a stable with a deep bed and remove anything they may injure themselves on.
- For milder colics a short amount of GENTLE WALKING exercise is ok – CARE not to overdo this, especially if they are very sick, as they will exhaust very quickly. If they seem unable to walk comfortably please don't force them to walk. Put them somewhere safe and make sure everyone is safe. NEVER lunge your horse unless specifically directed by your vet to do so.
- A common misconception is not to let your horse roll – horses roll everyday, if rolling causes a twisted gut every horse in the world would get colic.



If you are in any doubt about your horse, it is advisable to call your vets sooner rather than later.

Extension Update



The Summerleaze clinic is the main hub of our equine practice, allowing us to perform more in depth investigations and sophisticated treatments. As the number of horses being treated increases we have been finding ourselves rather short of space. So, we are expanding...

“Watch this space for further updates!”

Vaccination Amnesty **May 2016**

Unvaccinated?
Vaccines out of date?

Call or check the Coombefield Equine Facebook page for more information

EQUINE INFO

If you would like to speak to an Equine vet or arrange a visit, please call 01297 630515. Medicines can also be requested via email or by telephone.

Email: equine@axvets.co.uk