

Dealing With Equine Colic:

Here are 33 Do's and Don'ts

Do you know what to do—and just as importantly, what not to do—if your horse displays vague, mild, or serious signs of what might be colic? Your answer could save your horse's life.

By Marcia King

The changes indicating colic were subtle but nevertheless concerning. Rufus, a Thoroughbred/Warmblood jumper, wasn't himself, recalls owner Sydney Durieux of New York City. "Rufus was always attentive, playful almost, wrapping his neck around you and giving you a kind of hug, straining his neck to reach you," she describes.

But that evening Rufus ignored Durieux and just stared, looking distracted and vaguely uncomfortable. "He wasn't swaying, pawing, or looking at his stomach, but when the trainer listened to Rufus' belly, she couldn't detect any sounds," she says.

After a half-hour, Durieux trailered him to a veterinary hospital an hour away. "Both the trainer and I thought we might be overreacting, but our hunch was right: The veterinarian said Rufus had colic and needed immediate surgery," she says. "I was shocked, because every other horse I'd seen with colic had been very distressed."

Is it, Or Isn't It Colic?

That's the trouble with colic: You just can't tell what you're dealing with.

Sometimes it's pretty obvious something is painfully wrong and the veterinarian should be summoned. Other times mild clinical signs might accurately reflect a mild colic that easily and quickly responds to minimal management without a vet even seeing the horse. Then there are those times when mild clinical signs don't indicate the severity of a problem that could result in death if treatment is delayed.

Do you know what to do—and just as importantly, what not to do—if your horse displays vague, mild, or serious signs of what might be colic? How do you handle the situation? Actions to take/avoid with your horse's recovery plan? How to minimize the risk for colic in the first place? The following are 33 tips to use as guidelines.

When Your Horse First Shows Signs of Colic - Colic 101

The term "colic" refers to abdominal pain rather than a specific disorder. Conditions that commonly cause colic include gas, impaction, grain overload, sand ingestion, and parasite infection.

“Any horse has the ability to experience colic,” states Dr. Michael N. Fugaro. “The disorder is indiscriminate of age, sex, breed, occupation, or environment.”

Diagnosis, says Dr. Amy Plummer Weatherly, is generally based on physical exam (intestinal sounds, temperature, pulse, respiration rates, rectal palpation, and mucous membrane color), abdominocentesis (removal of abdominal fluid for assessment) and/or nasogastric intubation, abdominal ultrasound, sometimes abdominal radiographs, and blood tests.

With appropriate and timely treatment, the prognosis for medical colics is very good to excellent, and for surgical colics that receive immediate treatment is good to excellent.

Dr. Carmalt is a professor of equine surgery at the University of Saskatchewan’s Western College of Veterinary Medicine (WCVM) and a veterinary specialist at the WCVM Veterinary Medical Centre.

Amy Plummer Weatherly, DVM, Dipl. ACVS

Dr. Weatherly owns Wolf River Veterinary Services, in Grand Junction, Tennessee, and is an adjunct faculty member at the University of Tennessee College of Veterinary Medicine.

1. DO check your horse’s vital signs. “Check your horse’s heart rate and rectal temperature,” suggests Dr. James Carmalt. “Also check his hooves for heat and his rump muscles for tightness: These may reflect laminitis and tying-up, respectively, which can mimic colic/abdominal pain.”

2. DO look for the presence of feces in the stall or pen, adds Carmalt. Absent or reduced amounts of manure could indicate a problem.

3. DO call your veterinarian immediately, regardless of the severity or vagueness of the signs. Waiting too long could allow minor problems to become severe and severe problems to become untreatable.

Relate your horse’s vital signs and describe his clinical signs. “The vet can ask questions over the phone to better assess whether a veterinarian needs to examine the animal at that time or if the owner can just monitor the horse and summon the veterinarian if signs worsen,” says Dr. Amy Plummer Weatherly.

4. DON’T use a wait-and-see approach before talking with your veterinarian. “There is definitely danger in delaying calling the veterinarian, especially with some forms of colic,” Weatherly warns. “If a horse is painful because of excess fluid in his stomach, the horse could rupture his stomach; once this occurs, there is no treatment that will save him. This can happen in a relatively short amount of time, within hours from the onset of clinical signs.”

5. DO closely monitor your horse for as long as it takes. “Many people have the misconception that they can go and do errands and come back in a couple of hours to see how the horse is doing,” says Fugaro. “Your horse’s clinical signs and condition can worsen very, very quickly.

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While You Wait for Your Veterinarian

6. DO walk your horse, if it’s safe and recommended by your veterinarian, to stimulate gut motility and to prevent injury from rolling. “Greater than 50% of mild colics will clear up with just that (walking),” says Dr. Daniel P. Keenan. He recommends 45-60 minutes of brisk walking. However, walking too much can exhaust a horse, so only walk him enough to keep him from going down and rolling.

7. DON’T exercise aggressively, as vigorous exercise slows gut motility and can lead to exhaustion when the horse needs to retain fluid and energy, Fugaro states.

8. DON’T permit access to feed (hay, grass, or grain), as food could exacerbate the problem. Even when colicking, some horses will still want to eat, perhaps even gorge themselves, as a response to pain.

9. DO withhold access to water until the veterinarian can examine the horse and pass a stomach tube. If the stomach is distended, allowing the horse to drink could result in a ruptured stomach.

10. DON’T medicate without your veterinarian’s approval, as pain medications can mask clinical signs, making it more difficult to get a timely, accurate diagnosis.

11. DON’T overmedicate. “An appropriate dose of Banamine (flunixin meglumine) as recommended by the veterinarian should last 24 hours,” Fugaro explains, although some veterinarians point out that Banamine often requires administration every 12 hours at the appropriate dose. “If the horse is not responding to a painkiller, it is not because you didn’t use enough medication, it’s because the condition is beyond what that medication can do.” Furthermore, overdosing can cause gastric ulceration, colitis, and renal problems, although these don’t occur for several days. If colic persists more than 20 to 30 minutes after Banamine administration, call your veterinarian. Lack of response to pain medication is a key indicator for the need to refer for further evaluation.

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12.DON'T administer anything via a nasogastric tube or syringe mineral oil into the horse's mouth. If done incorrectly and the horse aspirates it into the lungs, he could die, warns Weatherly.

13.DON'T administer enemas. "The rectum of a horse is extremely fragile, and you can get a rectal tear," says Fugaro. "Rectal tears lead to a secondary peritonitis (inflammation of the abdominal lining), which is often fatal."

14.DO keep your horse contained in a safe area, such as a small pasture or large box stall, where he can't get cast or knock into things, suggests Weatherly. "Separate a mare from her young foal to prevent injury to the foal. If possible, move the foal to an area where the mare can still see her baby." Just realize that this scenario might create more anxiety for the mare, so it will be a management decision that requires sound judgment.

15.DO start thinking about preparing for trailering at the onset of clinical signs, Keenan says. "Who can you call to borrow a trailer or to help you with transport? Are the trailer tires inflated? Is your trailer operable and ready to go?" Ideally, you should have a contingency plan for trailering prior to encountering a colic that might require referral. It's also a good idea to maintain your truck/trailer so they are ready in an emergency such as this.

Why Do Today's Horses Have So Much Trouble With Their Digestive System?

In the wild, the horse is intended to be a grazer. Horses eat all day long and meet their energy requirements solely from the forages and seeds they find in the environment. They not only survive but flourish on relatively low-quality forages.

Thanks to humans, domesticated horse has practically unlimited sources of energy and nutrients. We've provided improved grasses in lush pasture; we've mixed grains to provide energy-dense meals; we've harvested their forages to optimize nutrition. We have contained horses in stalls and fed them on specific schedules, restricting grazing time and introducing large meals. Through these actions we have made the horse more susceptible to ulcers, tissue damage from pH changes, and imbalances in the microbial populations that lead to digestive upset and colic.

As a horse owner, you can reduce the chances of digestive upset by following a few easy steps. Here are six feeding tips to reduce digestive upset:

Provide an unlimited source of clean water.

Feed a consistent diet and make any changes slowly.

Feed an appropriate hay and offer it free choice.

Feed concentrates as small, frequent meals. Do not feed more than 4 pounds of concentrate per meal.

Maintain a consistent daily feeding schedule.

Supplement your horse with a high-quality digestive supplement such as Neigh-Lox® Advanced. Its multi-pronged approach supports complete GI tract health, and reduces the risk of ulcers, digestive upset, and hindgut imbalances.

Heading to the Equine Hospital for Colic Care

16. DO trailer the horse, if possible, in a trailer without dividers. This reduces the chance of your horse getting cast under a partition, Weatherly says. However, many colicking horses trailer fine, and the confinement the divider provides seems to help. This is something that needs to be thought through prior to an emergency.

17. DON'T ride in the trailer. "It's unsafe," says Weatherly. "There is nothing you can do, anyway, to help once your horse is loaded."

18. DON'T deviate from your veterinarian's treatment plan, cautions Carmalt. Administer medications correctly and follow the recommended protocol for the complete duration prescribed. If you have concerns, ask your veterinarian before making any changes.

19. DO monitor the incision site daily if your horse required surgery. Call your veterinarian if there are adverse changes in your horse's appetite, behavior, demeanor, or in the appearance of the incision.

20. DON'T place your hands or fingers on the surgical incision. "This increases the risk of incisional infection," Carmalt states. However, the horse probably shouldn't be released from the hospital as long as this potential remains.

21. DO discuss postoperative complications and home-care instructions with your vet before going home with your postop horse, urges Weatherly. Get a clear understanding of what you're supposed to do.

22. DO maintain a consistent feeding protocol and introduce feed changes gradually. "The most common association with colic is a change in feed or hay batch within the prior two weeks," says Keenan. When switching to a new food source, try to do so gradually over at least 10 days.

23. DO feed frequently. Says Weatherly, "Multiple smaller meals are generally better for the digestive tract than one or two large meals." The most important part of feeding is consistency with the total amount of feed (energy) given to the horse each day and sticking with a routine.

24. DO forego grain over forage. “Horses’ intestinal tracts are not made to digest grain,” Keenan says. In fact, high-grain diets are linked to increased incidence of colic as well as founder, obesity, and other disorders. “The only horses that need grain are those that lose weight despite being fed good-quality hay 24/7 or those that are in a very demanding exercise schedule.”

25. DO encourage drinking to reduce risk of impaction colic. Provide access to warm water in the winter and cool water in the summer. Tempt horses that routinely don’t drink much by mixing ample amounts of water into grain, gradually increasing the water:grain ratio. “You can slowly increase the water to the point where the horse will drink a whole bucket of water to get to a half pound of grain,” says Keenan. “Do that twice a day, and you’ve got them drinking two buckets of water a day.” Do not allow the grain to ferment.

26. DO provide regular exercise. “Keeping an exercise routine consistent is beneficial,” says Weatherly. This includes regular turnout, as well. Avoid “weekend warrior” activities or intense bouts of exercise followed by long periods without exercise.

27. DO maintain an approved parasite control routine. “Your veterinarian can determine an appropriate program based on the pasture and age of your horse,” Weatherly says. Research suggests strategic parasite control is optimal; owners should contact their vets to design a program based on fecal egg counts and pasture management. Nonstrategic rotational deworming causes parasite resistance to anthelmintic (parasite-killing) drugs and is no longer recommended.

28. DO take steps to reduce ingestion of sand. Keep hay off sandy surfaces by placing rations in a manger, cut-down garbage can or rain barrel (ensuring there are no sharp edges), or on a cement pad or rubber mat swept clean of sand. If your horse likes to pull his hay out of the container and eat it off the ground, lay mats around the container.

29. DO check stool samples of horses prone to sand colic. “Put about two cups of manure in a gallon Ziploc bag, fill the bag with water, close the bag tightly, then shake it up until all of the manure is dissolved,” Keenan advises. “Hold the bag by one corner so the opposite corner is hanging lowest. Tap the bag and the sand will settle out in the lower corner. If your horse has more than half a teaspoon, he’s positive for sand ingestion. If you get a negative, repeat the test three or four times over a three-day period to make sure.”

30. DO administer psyllium products, according to your vet’s instructions, if your horse has a sand burden, suggests Keenan. Keep your horse off sandy areas until the problem clears.

31. DO consider management changes if your horse has colicked before. “Ask your veterinarian if there are specific things you can do to decrease the chance of colic,” says Weatherly. “For example, a feed or housing change.”

32. DO consider gastric ulcer prevention methods for highly stressed horses or performance horses, per veterinary instructions, says Keenan. “Make sure these horses get endoscopic exams, as ulcers are a common cause of mild colic.”

33. DO consider getting major medical (not just surgical) insurance to cover the costs of advanced medical and surgical care for your horse. It is not as expensive as you might think and can save you the stress of wondering where to come up with a large sum of money to save your horse.

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Dr. Amy Plummer Weatherly

The Cost of Colic

No doubt about it, colic surgery is expensive. A basic, complication-free surgery can cost around \$5,000, depending on the clinic, while an extensive resection (removing part of the intestine), for instance, can cost double that. To keep you from colicking over the expenses you’re running up, keep an open dialogue with your veterinarian and remain realistic.

“We want to save them all, and that’s why we do what we do. But that doesn’t mean all we do is within everyone’s budget,” says Louise Southwood, BVSc, MS, PhD, Dipl. ACVS, ACVECC, associate professor of emergency medicine and critical care at the University of Pennsylvania School of Veterinary Medicine’s New Bolton Center, in Kennett Square.

Be sure you discuss costs with veterinarians, even before going to the clinic. “If you can’t spend a thousand dollars for a nonsurgery hospital stay, it’s okay to say so,” Southwood says. “If you can get the horse to the hospital but can’t spend \$10,000 if he develops postoperative reflux and needs a second surgery, it’s okay to say so.”

You can also inquire about therapy options to keep costs down, she adds, as possible nonsurgical treatments are often available.

—Christa Lesté-Lasserre, MA

Take-Home Message About Equine Colic

Colic can be resolved easily about 90% of the time, but it can also be the end of your horse’s life.

Don’t be misled by mild signs and conclude it’s a do-it-yourself solution: While that could be the case, the price of a phone consultation with your vet is much less costly and painful than dealing with a worsening surgical situation or the angst of a euthanasia that might not have been necessary if you’d acted sooner.

Sydney Durieux’s quick decision to have Rufus examined paid off: “He came back faster and fitter than ever and continues to do well!”

Credits:

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