

Colic: A Disease That Has Many Faces

Article By Dr. Steve Fisch, DVM

Colic is a dreaded disease and a word that instills great fear into many horse owners. There are many management regimens that can help decrease the number and severity of colics on a farm. These management tools include feeding the correct type of feed for the type of horse. An example is that of an athlete in heavy work that has a difficult time holding its weight. This horse needs a higher fat feed versus more of a high carbohydrate feed. The higher fat feed allows the horse to eat more calories per bite and thus allows the same horse to spend more time eating high quality roughage which is what the equine digestive system is meant to digest in the first place. Athletic horses, broodmares, stallions and growing horses all have different nutritional requirements as a group and as individuals. Meeting these requirements will greatly decrease the amount of colics on a farm and individual horse basis.

Another preventative of colic is proper mouth care. Many owners think that dental care is for older horses when in fact a young horse from the yearling to the 5 year old year loses as deciduous teeth and gains as permanent teeth, every tooth in its mouth. This process keeps the mouth in a constant state of imbalance for the young horse. Therefore in reality, the younger horse should have their teeth floated twice a year on average versus once yearly for horses over five years of age.

Parasite control with proper diagnosis of the quantity and type of parasite can be monitored through fecal egg counts. In some farm situations it proves to be too difficult to pull individual fecal samples from groups of horses in the same pasture and many of these farms still deworm on a group basis. Whatever the situation, parasite control can have a huge impact on the number and severity of equine colics. It can also have an effect on the general health of the horse and its overall bloom and appearance. An equine veterinarian is best suited to monitor the horse's parasite control program.

Other aspects of the management program such as clean water maintenance, exercise, lameness, social interaction of different horses with each other and overall general comfort can also affect the number and severity of colics on a farm. These management tools require the daily watchful eye of a dedicated horsemen who has the ability to quickly and easily notice anything abnormal about the horse's daily environment or its behavior.

Once all the different aspects of the preventative health management program have been worked out then at least the owner/farm manager has done everything that can be done to prevent colic in their horses. However even in the best managed farms there will be the occasional bout of colic. This is because there are some things that are out of our control. The question then becomes what to do about a case of colic when it happens. The best thing to do, and it usually proves to be best for the horse and the long term economics of the situation, is to get an accurate diagnosis as to the cause of the colic. Colics caused by ulcers, impactions, foreign bodies, parasites, dehydration, infection, strangulation, torsion, volvulus and a host of other inciting factors can and usually are treated differently. On a percentage basis, 90% of colics respond to mineral oil and banamine. However it is dangerous to give banamine without an accurate diagnosis. Banamine can have strong analgesic effects and can therefore "cover up" the real problem by treating only the symptom of pain. A horse that is given banamine may remain pain free for several hours and sometimes up to twelve hours.



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Calcified piece of rope that the owner was missing. An example of a "fecolith". It was found in the patient's large intestine (not Star's, this is another horse) Star had sand and gas.

This merely allows the real problem to get worse in the meantime. Sitting on an impaction colic for eight to twelve hours that has been given banamine can mean the difference between an inexpensive veterinary examination and treatment that includes mineral oil to break up the impaction versus a few days of IV fluid therapy and possibly even surgery.

Quick, accurate diagnosis that includes a physical exam of vital signs, rectal palpation to diagnose where and what the problem is, lab work including a PCV/total protein which indicates the degree of hydration and a blood lactate test which indicates if there is any tissue in the body that has a lack of oxygen such as a dying piece of intestine, goes a long way in coming out with a healthy happy horse. An accurate diagnosis not only requires a veterinary hospital that is on the ball but it requires an owner who pays attention to the small changes in their horse's behavior.

Such was the case with April Kennington and her five year old American Quarter Horse, Star. Star is a top barrel racing horse and has great potential for the future because of quick action by April.

Star came to our hospital from about 2.5 hours away and arrived about 8pm. Star had become uncomfortable after she had been ridden late that same afternoon. Dr. Tami Voorhees admitted Star and performed all the usual diagnostic tests. It was determined that Star had an impaction in the pelvic flexure part of her large intestine. The impaction was thought to probably be sand and sand happens to be a common cause of impaction colic from horses in the Panama City area. It was decided to give her one gallon of mineral oil by stomach tube and to attempt to over hydrate her with intravenous fluids to flush out the sand impaction. Star was comfortable for about an hour and then continued to be painful and her GI motility was poor. An IV lidocaine drip was added to the IV fluids to decrease pain and to initiate GI contractility. Calcium was added to the IV fluids to help with GI motility also. This treatment continued until 12am when it became clear that Star was becoming more painful and was not responding to the medical therapy. Dr. Voorhees and I consulted with the Kenningtons and it was decided

that surgery was Star's best option. Star's lab results had quickly deteriorated and so her prognosis at that point was not good.

Star was quickly taken to surgery. Along with Dr. Voorhees and I, Dr. Joe Fisch and Dr. Theresa Fenn were also called in for the surgery. As Dr. Voorhees had suspected, when I opened Star's abdomen and examined her intestines, I found she had a sand impaction of the pelvic flexure and the impaction had also caused



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Above: Star with (L to R) (Dr Voorhees, Austin Vanada , April Kennington, Dr. Steve Fisch and Dr. Theresa Fenn) This is on Star's discharge date of September 5, 2012. Star continues to recover and do very well.

Left top: Star; barrel racing. Left bottom: Photo of Star.

a severe back up of gas in the cecum and other parts of the large intestine. A small incision was made into the cecum and large intestine and the gas was removed. The sand impaction was able to be broken down manually. Star recovered very well and was given IV fluids over the next few days to keep her well hydrated. She was given medications to prevent laminitis as her feet became warm and her digital pulses increased post-surgery.

As a result of an observant owner and a quick and accurate diagnosis and treatment, Star went home the following week in excellent health. Star and April look forward to many barrel racing competitions together in the future.

The key to managing equine colic is to make sure all the preventative measures are in place. If your horse is still unfortunate enough to have a bout of colic, make sure an equine veterinarian performs an examination very soon. Depending on the type of colic, early and aggressive treatment gives you a much better chance at a successful outcome.

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that specialize in equine health and then publish the question along with the vet's response in a future issue of The Horse Resource. Ask away.....

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