



**Tacoma
Equine
Hospital
Newsletter**

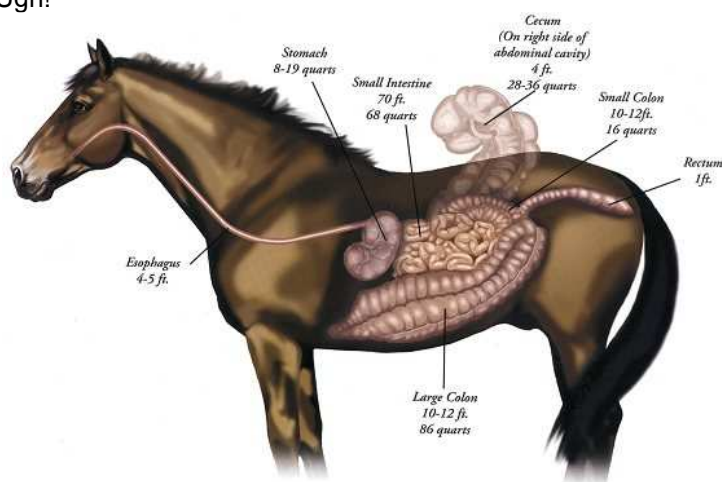
Colic: Public Enemy #1 By Dr. Meg deGravelles

Dear Friend,

Colic is a term horse enthusiasts hear frequently. But what does "colic" really mean?

Instead of an actual disease, "colic" is simply a symptom of a painful problem somewhere in the abdomen/belly. The vast majority of time, this problem originates in the gastro-intestinal (GI) tract. The horse's digestive system is composed of the mouth, esophagus, stomach, small intestine, cecum, large and small colon, and rectum. The entire tract is over 90 feet long, and all those feet and loops of complicated intestine sit freely in the abdomen with few attachments. Therefore, it's capable of flipping, twisting, entrapping, impacting, engorging, and rupturing without much resistance.

Ugh!



What are the signs of colic?

- Not eating, or eating with "less gusto"
- Minimal to no manure output
- Laying down more than usual
- Rolling
- Pawing
- Depression
- Restlessness
- Looking at the flank
- Sweating
- Stretching out, as if to urinate, but with no urination
- Kicking at the belly
- Increased respiratory rate
- Curling of the upper lip
- Abdominal distention

When do I need to call the vet?

If your horse is exhibiting any of the clinical signs of colic or has an abnormal pulse rate (over 40 beats per minute), respiratory rate (over 16 - 20 breaths per minute), and/or temperature (over 101.5°F) you should consult your veterinarian.

While you can often determine that a horse has abdominal pain by these outward signs, an exam by a veterinarian will be able to determine the cause, and thus, the treatment.

Unless recommended by your veterinarian, avoid administering NSAIDS (nonsteroidal anti-inflammatory drugs), such as Banamine® or Bute, because they can both mask the clinical signs of colic and the severity of disease. Seeing your horse in its true state is hugely important for your vet to be able to give the proper care.

I've called. What do I do in the meantime?

Remove all hay and grain. If it is safe to do so, hand walk the horse to prevent injury from rolling until the doctor arrives.

What will happen when the Doctor arrives?

The first thing the veterinarian will do is assess the horse by performing a physical exam and a rectal exam. By doing so, they will be able to determine the severity of the colic episode as well as possibly determine a cause. What they find on the exam will dictate what the horse requires for treatment. Commonly, the doctor will give the horse a painkiller and pass a naso-gastric tube into the their stomach to administer warm water, mineral oil, and electrolytes. For more severe cases, intravenous fluids, bloodwork, ultrasound, and/or abdominocentesis may be indicated. In some cases, surgery may be necessary to correct the cause of the colic.



So, what caused this??

For most colics, we can't pinpoint one certain cause. However, research has found the following factors to increase the incidence of colic:

- Rapid feed changes. Any feed change should be made over 4-5 days.
- Poor quality hay. This predisposes your horse to impactions.
- On the flip side, only eating lush pasture increases the likelihood of colic.
- No access to clean, fresh water - even for a couple of hours.
- Dental pain or an inability to properly chew their food.
- Horses getting whole corn as part of their ration.
- Overfeeding any grain supplement. Don't exceed more than 5 lbs of concentrated feed per meal.
- Keep your horse out of the apple orchard: eating large numbers of apples causes colic.
- Arabian horses are more than twice as likely as other breeds to colic.
- Breeding horses also are twice as likely to colic than non-

breeding pleasure horses.

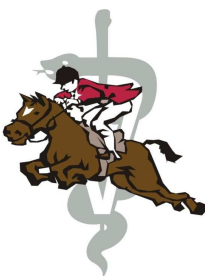
- Horses that have had previous episodes of colic are four times more likely to colic again.



How do I prevent colic?

The American Association of Equine Practitioners has come up with the following list:

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 should be supplied through hay or forage).
4. Divide daily concentrate rations into two or more smaller feedings rather than one large one to avoid overloading the horse's digestive tract. Hay is best fed free-choice.
5. Regular and diligent dental care by your veterinarian -- starting at an early age.
6. Set up a regular parasite control program with the help of your vet.
7. Provide exercise and/or turnout on a daily basis. Change the intensity and duration of an exercise regimen gradually.
8. Provide fresh, clean water at all times. (The only exception is when the horse is excessively hot, and then it should be given small sips of luke-warm water until it has recovered.)
9. Avoid putting feed on the ground, especially in sandy soils.
10. Check hay, bedding, pasture, and the environment for potentially toxic substances, such as blister beetles, noxious weeds, and other ingestible foreign matter.
11. Reduce stress. Horses experiencing changes in environment or workloads are at high risk of intestinal dysfunction. Pay special attention to horses when transporting them or changing their surroundings, such as at shows.



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