

Prevention

Colic is an extremely frequent occurrence in horses and something that almost all horse owners will experience at some point. Many cases arise with no obvious cause so, even with the best management, it is not possible to prevent every colic incident. However, there are plenty of simple steps that can be taken to greatly reduce the likelihood of your horse coming down with colic.

Feeding

Receiving the correct diet can make an enormous reduction to a horse's chances of developing colic.

- All horses should be fed a diet that comprises predominantly of forage (for example, hay, haylage or grass). The fibre in forage promotes a healthy digestive system and maintains gut motility.

- If you are feeding your horse a "hard" (concentrate) portion of the ration then do so little and often. Horses have small stomachs which should not be overloaded. Several smaller meals are far better than one large one.

- Do not make sudden changes to your horse's diet. Introduce new feeds in gradually increasing quantities while progressively reducing the quantity of the previous feedstuff. This is vital to allow the microbes in the horse's gut to acclimatise and adapt to the new feed.

- Use only good quality feed. Choosing a cheaper, lower quality feed or forage may compromise the horse's health and precipitate the onset of colic or respiratory disorders.

- Feeds should always be stored in vermin and horse proof containers to prevent any escapee horses gorging themselves on the content of open feed bins. Some horses will eat certain types of bedding. This may be poorly digested leading to intestinal blockages. Keep an eye on your horse's bed and if you believe him to be eating it, it may be necessary to use an alternative. Do not allow horses to graze where the grass is sparse and the soil sandy. Likewise, prevent horses from drinking from shallow, silty water sources. Ensure a constant supply of clean, fresh drinking water is available.

For further information about feeding refer to the BHS leaflet *Advice on Basic Feeding*.

Parasite Control

Every horse should have an effective and targeted worming programme. Horses will need periodic worming to reduce the risk of high parasite burdens which can cause significant damage to the digestive tract, including disruption to the blood supply to the intestine, ulcerations and perforations. All such damage greatly increases the likelihood of colic.

Rather than simply worming every eight weeks as routine, it is now recommended that faecal egg counts are carried out by a veterinary surgeon or veterinary laboratory. Faecal egg counts are used to identify the worm burden of individual horses which will determine the frequency and type of worming required. This prevents the unnecessary use of worming drugs and ensures that the correct drug is used to target any worms present.

For further information about parasites refer to the BHS leaflet *Advice on Worm Control*.

Exercise

Exercise requirements vary, but any change in intensity or duration must be gradual. Sudden changes to exercise regimes may result in the onset of colic and other problems. Horses should always be appropriately warmed up and cooled down prior to and after exercise.

Feeding and watering horses in large quantities prior to hard exercise is not recommended. Similarly, feeding too soon after exercise, before the horse has completely cooled down, also poses the risk of inducing colic.

Water may be offered in small quantities to a horse after exercise, but giving very cold water to a hot horse is best avoided. Once the horse has cooled down normal watering may be resumed.

General Health Care

Your horse's teeth need to be regularly checked by a suitably qualified Equine Dental Technician, ideally every six months. More attention should be given to young horses whose teeth are growing and constantly changing, and older horses, whose teeth may become loose, decayed or have fallen out. Poor teeth reduce the horse's ability to chew and increase the likelihood of impaction colic.

For further information about health checks refer to the BHS leaflet *Advice on Essential Health Care Requirements*.

Routine

Horses like routine. Sudden changes to diet, exercise, turnout time or owner visiting may cause stress and induce colic. Regular checks should be carried out on horses throughout the

day and last thing at night to ensure that they are well and have plenty of fresh clean water. If colic symptoms are suspected it is vital to contact your veterinary surgeon immediately and inform them of your concern.

Good hygiene and daily washing of feed bowls and water containers is vital. Stables should be mucked out daily and fresh bedding added on a regular basis.

Insurance

If a horse is insured for veterinary fees, it may not include colic surgery. Read the small print and the policy in depth before you purchase it. Always shop around for insurance and do not be frightened to ask insurers about exemptions in the policy or anything that you do not understand.

If your horse requires colic surgery and your insurance does not cover this procedure, be sure that you have the substantial funds required to pay for both the cost of the procedure and for the extensive aftercare.

Recognising the symptoms of colic, treating it as an emergency and getting prompt veterinary assistance can potentially save your horse's life.



ADVICE ON Colic

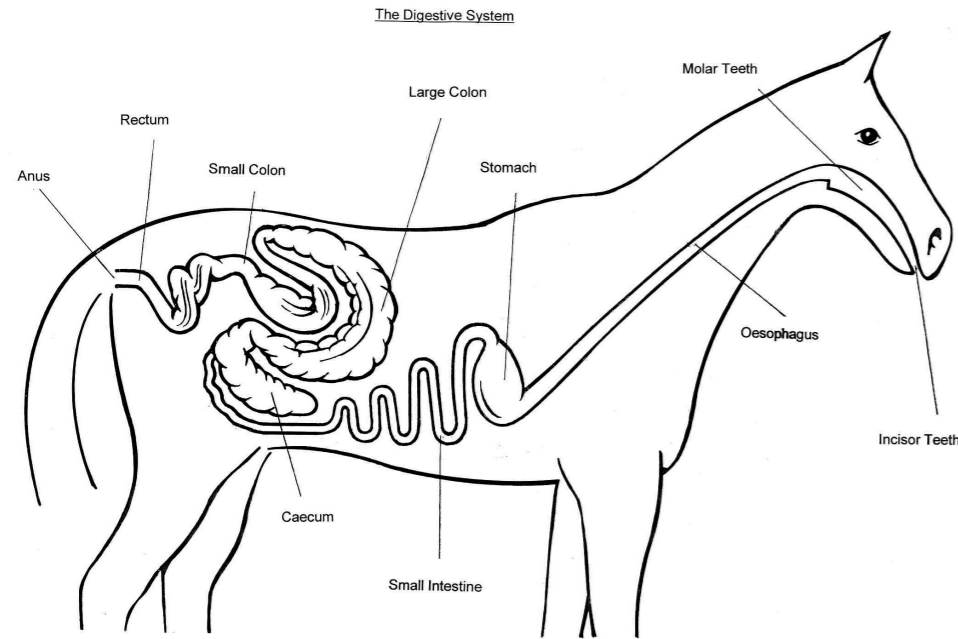


Welfare Department
The British Horse Society
Abbey Park, Sareston, Kenilworth, Warwickshire CV8 2XZ
Tel: 02476 840570 Fax: 02476 840501
www.bhs.org.uk
email: welfare@bhs.org.uk

How the horse's digestive tract works

The horse has a very complex digestive system consisting of the mouth, oesophagus, stomach, small intestine, large intestine and rectum. The system is designed around the horse grazing for around 16 hours a day on a diet of grass or similar vegetation. Very few modern horse management systems allow for this. Furthermore, the equine digestive tract has not evolved to cope with the large amounts of hard concentrate feeds that we often give our horses. The combination of these factors, and the complexity of the horse's gut, mean that

colic is a relatively common occurrence. Horses are unique in the fact that they are unable to vomit due to a muscular valve at the entrance of the stomach preventing food from being regurgitated. This means that when a blockage occurs in the digestive system, food remains trapped within the gut. In very rare circumstance when this stomach valve is not functioning properly, food may be regurgitated. This is an extremely serious sign and requires emergency veterinary attention.



What is colic?

Colic is a symptom and not a disease; it simply means pain within the abdominal tract. Because there are many possible causes for this pain the behaviour demonstrated by a horse suffering with colic will vary greatly. Colic is an all too common condition and a horse can suffer with colic at anytime; it can affect any horse, of any breed and age. Colic is potentially life threatening and should be treated as an emergency in all instances.

Types of colic

There are several types of colic, each with their own different cause. Listed below are the most frequently seen colics in horses. However, only a veterinary surgeon should diagnose the type of colic and assess its severity.

• Impaction

Impaction can occur at various sites within the digestive tract. This type of colic can be caused by indigestible, dry feed such as unsoaked sugar beet pellets or grass cuttings that stick together and cause a blockage in the digestive tract. Meconium retention (the first faeces passed by a new born foal) is another cause of impaction colic. Sand impactions may occur when a horse is grazing a poor sward on sandy soil or drinking from a silty natural water source. Over time the horse will ingest sand, which will build up in the gut and may lead to an impaction.

Horses with impaction colic usually experience low grade pain for prolonged periods. This colic can last for several days and is potentially fatal if the horse is not treated promptly.

• Spasmodic

Spasmodic colic is the most common type of colic diagnosed in horses. It is often associated with stress and/or excitement. Bouts of short sharp pain caused by spasms of the intestinal walls may be experienced accompanied by loud gut sounds. Recovery may be spontaneous but veterinary attention is still required.

• Flatulent

Flatulent colic is also known as tympanic or gas colic. This results from an excessive gas accumulation in the large intestine. High pitch gut sounds are commonly associated with this type of colic. Flatulent colic is caused by food materials fermenting in the digestive tract and is commonly seen in horses which have eaten large quantities of fermentable food such as fresh rich spring grass.

• Obstructive

There are various types of obstructive colic, including strangulation and mechanical pressure on the gut. These are potentially the most serious types of colic. This is different to the blockage caused by a mass of food (impaction) or foreign material such as sand in the intestine. A strangulating obstruction disrupts the blood flow, usually when a piece of the intestine becomes twisted, commonly referred to as a 'twisted gut'.

• Non-strangulating infarction

This normally occurs if a blood vessel becomes blocked, usually an artery that feeds a section of the intestine, and then dies. Parasites are a common cause of this type of colic.

• Enteritis

Enteritis is inflammation of the small intestine. Diarrhoea or scouring are clinical signs commonly associated with this type of colic.

Signs of colic

The signs will depend greatly on the severity and type of the colic. They may include some or all of the following:

- Changes in eating habits, including a loss of appetite
- Continuously getting down to roll and then getting back up again
- Pawing the ground
- Pacing the stable
- Limited or no passage of faeces
- Straining to excrete faeces
- Turning round and looking at their flanks
- Kicking at their abdomen
- Anxiousness and shivering
- Sweating
- Abnormal temperature, respiratory rate and heart rate.

The better you know your horse in his "normal" state, the more likely you are to recognise changes in his behaviour and quickly identify a potential colic case.

Treatment

All cases of colic must be treated as an emergency and veterinary advice should be sought immediately when colic is suspected.

Walking a horse with colic to try and prevent it from rolling is traditionally recommended, but what is most important is that you ensure that if the horse does go down and roll it can do so safely without getting cast or damaging itself on hard surfaces or projections.

Treatment will vary depending on the type and severity of the colic. The majority of cases can be successfully treated by drugs administered by a veterinary surgeon. Pain relief is often administered to help alleviate the horse's discomfort.

More serious cases such as strangulating colic (twisted gut) that do not respond to medication may be referred for colic surgery. Colic surgery is a complex procedure and may not be an option in every case. Surgery can be expensive and carries a high level of risk for the patient. Early treatment is essential.



If your horse has colic and your veterinary surgeon advises that surgery is required, be sure to objectively assess whether this is the right decision for you and your horse. Colic surgery may involve a very lengthy operation with no guarantees of success. After surgery, your horse will require extensive aftercare for a period of months and will not be fit to ride for a prolonged period. Even if your horse insurance covers colic surgery it is vital to assess whether such an invasive procedure, with its numerous risks followed by a restrictive aftercare programme, is in the best interests of your particular horse.