

CLIENT INFORMATION SHEET

Colic Surgery

My horse is on his/her way to you for colic, what do I need?

The most important thing is to get here as quickly and safely as possible. Do not worry if you do not have things like rugs and feed – we have plenty of options here. If possible, it is worth contacting your insurance company or checking your insurance policy if the policy details will influence your decision-making, however, this should not be at the expense of getting your horse to the hospital in a timely manner.

How is my horse assessed?



On arrival, one team member will discuss your horse's history and current colic episode with you, while the remainder of the team begins work on your horse. Our evaluation is similar to what your vet will have already done, however, additional bloodwork, evaluation of the abdominal fluid and abdominal ultrasonography are often performed. On completion of this evaluation, one of the duty veterinarians (either the resident, internal medicine specialist, or surgeon) will update you on the findings and discuss our next steps.

Our initial evaluations focus on whether your horse needs urgent abdominal surgery, or whether further monitoring is appropriate. There are approximately 80 different types of colic and therefore a precise diagnosis may not be possible at this early stage. Please be advised that an initial medical course of treatment does not preclude the need for surgery; colic is a dynamic condition and although many lesions require only pain relief, time and potentially fluid therapy, if deterioration occurs, surgical intervention may be required.

What does medical treatment entail?

If medical treatment is pursued, immediate surgical intervention is not required. However, your horse will require strict monitoring as, depending on your horse's condition, surgery may be required should your horse exhibit further colic signs.

Medical therapy involves close monitoring, repeat examinations where indicated, pain relief, and sometimes fluid therapy, either via a stomach tube or via an intravenous catheter. Your horse's requirements will depend on the condition being treated, your horse's bloodwork and your horse's response to therapy.



We will keep you updated on your horse's progress at least once daily and we will inform you promptly of any deterioration or any requirement for surgery. We therefore ask that you remain available by phone so that the team can advise you of developments, including a potential need for surgery.

What is colic surgery?

Colic surgery is abdominal surgery under general anaesthesia. For some causes of colic, entering the abdomen and correcting the inciting cause is the only way that particular condition can be managed. Colic surgery in the veterinary profession has made rapid improvements over that last 20 years and although the procedure must be considered major abdominal surgery, the prognosis can frequently be positive.



Your surgical team will be able to advise you on your horse's individual prognosis and expected outcome. If desired, you will be able to receive a further update during surgery once the source of colic has been ascertained. Please be assured that a member of the team will contact you during surgery if any discussion with yourself regarding prognosis and expected return to athletic function is required. A member of the surgical team will also contact you once your horse has stood up following general anaesthesia, and if there are any concerns intra-operatively or during the recovery process.

Post-operatively, all horses require close monitoring and some require particularly intensive care. Your surgery team will be able to advise you of the care your horse is likely to require post-operatively.

Will my horse need to be clipped?

The surgical site will be clipped with sufficient margins to allow us to perform the procedure in a sterile manner. This will involve a large clipped area under the abdomen. Your horse will also have an intravenous catheter placed which will require a small clipped patch over the jugular vein.

Does my horse need to be vaccinated for tetanus?

Tetanus is an incredibly serious and often fatal condition which any horse undergoing surgery is at risk from. If your horse's tetanus vaccinations are not up to date, you must inform us so your horse can receive a tetanus antitoxin. Please be advised that this is not the same as a vaccination and we recommend having your horse vaccinated once he or she is discharged.



How long will my horse be in hospital?

The length of hospitalisation can vary depending on the type of colic your horse has, the procedure required and how well they progress in hospital. However, as a general rule, horses will be in hospital for approximately 3-5 days for colic requiring medical therapy, and approximately 6-10 days for colic requiring surgical intervention. Some horses may require a longer duration of therapy.



When will I receive updates on my horse's progress?

After your horse's initial evaluation, your resident or surgeon will discuss the findings and the proposed course of action. Potential risks will be discussed with you at this time.

Please be advised that, due to the dynamic nature of colic, our treatment protocol may differ from our proposed plan on admission. Any changes will be discussed with you prior to proceeding with treatment so please keep your phone close by at all times.

If your horse requires surgery, you will also be contacted after your horse's procedure has taken place and once daily, usually in the evening, throughout your horse's stay. Please be assured that if there are major complications with your horse's procedure or anaesthetic, you will be contacted during the procedure itself. If your horse's abdominal condition dictates that additional decision-making is required, we will call you during surgery to discuss this.

Will my horse need a general anaesthetic?

General anaesthesia is essential for correction of certain abdominal conditions. We will happily discuss potential risks of general anaesthesia with you prior to your procedure.

Will my horse's sutures require removal?

The surgical site will be sutured closed with either absorbable or non-absorbable suture. If non-absorbable, the sutures will require removal by your veterinarian at approximately 14 days post-operatively. Regardless of the suture type used, we recommend the surgical site is evaluated by your veterinarian 1 week after discharge.

How do I monitor the surgical site?

When a horse has an abdominal operation, it is necessary to make an incision through the skin and the abdominal wall. This incision is usually 15-30cm long. It is quite usual for a moderate amount of swelling to be present around the front of the surgical site at the time of discharge from the hospital. Please check your horse's surgical site daily for the first two weeks once your horse is home. It is important to monitor the sites visually and assess for increased swelling, discharge of blood or pus, or any evidence of surgical site breakdown (opening of the wound edges). However, please do not touch, scrub, or apply products to the site unless specifically advised to do so by your veterinarian.



If you are concerned about any of these signs, please consult your veterinary surgeon. Approximately 20% of horses recovering from colic surgery develop a surgical site infection. This can delay wound healing but, with appropriate management, usually resolves. Some horses require repair of any muscle breakdown but this should be performed once all infection has ceased and the muscle has returned to its usual strength.

When can my horse be turned out?

All abdominal incisions are slow to heal, and it is important that your horse is given a period of rest to allow the muscles to heal together. Any exercise that prematurely increases strain on the incision (e.g. bucking, rearing, trotting, etc), increases the risk of a hernia forming and causing intestine to create a 'bulge' of skin at the surgical site. Although not typically life-threatening, incisional hernias are a cosmetic blemish and some require surgical repair.

In order to minimise the risk of hernia formation, all owners of horses that have had colic surgery are strongly advised to keep their horse on box rest for 6 weeks after discharge from the hospital. In some cases e.g. severe surgical site infection, we may advise a longer period of rest. In order to box rest effectively, your horse should be kept stabled at all times apart from walking in hand.

Where possible, you should take your horse for short walks, and graze them in hand 2-3 times per day, but always on a lead rope/reins and under control (e.g. with a bridle). If your horse is overly exuberant, your horse should not be walked in hand or hand grazed. Approximately 10% of horses that have had colic surgery do develop an incisional hernia. This advice will decrease the risk of this happening to your horse.

After 6 weeks of box rest, your horse can be turned out in a small paddock. Please consult with your veterinarian prior to turnout as sedation may be required. After a further 8 weeks, your horse can be turned out in a larger field and gradually re-introduced to work.

When can my horse start exercise?



At the end of six weeks of box rest, your horse can be turned out in a small paddock. You are strongly advised to use a small paddock (around 3-4 times the size of a large stable) with no other horses in it (unless your horse is more quiet with a companion). This will allow your horse to begin moving around freely without putting unnecessary strain on the healing abdominal incision.

Some horses benefit from light sedation when first turnout-out, to prevent excessive running. Please arrange this with your veterinarian. The amount of time your horse spends in this small paddock should be slowly increased over a period of several weeks.

Some horses are not suitable candidates for pasture turn-out and controlled exercise is best achieved with a rider on board or on a horse walker. Please talk to your vet about this option if you are concerned about your horse's likely reaction to pasture turn-out.



After 8 weeks in a paddock (14 weeks after discharge), you can re-commence ridden exercise. Remember that your horse will not have retained their fitness and the abdominal incision is still gaining strength so please start gradually and increase the quantity of exercise over a period of 8 weeks.

When should my horse be re-evaluated?

Your horse should be assessed by your veterinarian 1 week after discharge to evaluate the surgical site. Any non-absorbable suture should be removed 14 days post-operatively by your veterinarian. Your veterinarian may also choose to remove some or all absorbable sutures. We recommend prompt evaluation if your horse exhibits any colic signs, lameness or reluctance to walk, reduced appetite, change in consistency or quantity of faecal production, any abnormalities of the jugular vein or any swelling, discharge or breakdown of the surgical site.

Leahurst offers an evaluation at a reduced cost at 6 weeks' post-operatively to ensure your horse is ready for small paddock turnout.

What should I feed my horse?

Following colic surgery, your horse will be stabled for a minimum of 6 weeks without doing any exercise. Energy requirements for this period are minimal. Unless otherwise advised, you should:

- Feed minimal concentrates – please feed the quantities detailed in your discharge instructions initially as these have been based on your horse's basal energy requirements.
- Provide frequent or access to forage (hay/haylage) - please feed the quantities detailed in your discharge instructions initially as these have been based on your horse's basal energy requirements.
- Provide constant access to fresh water
- Make any changes in feeding very slowly (over at least 2 weeks)

Will my horse be sent home with medications?



Your horse may be sent home with an oral anti-inflammatory (usually bute). Please let us know if your horse does not eat bute or if they have previously had an adverse reaction to the medication. Depending on the nature of the surgery, your horse may require post-operative antimicrobials.

As with all medications, if your horse becomes depressed, exhibits colic signs, has reduced appetite, or has a change in the frequency or consistency of their faeces, please discontinue the medication and contact your veterinarian.



What should I monitor for once my horse is home?

Please monitor your horse to ensure they are defaecating with a normal frequency and consistency. Monitor the catheter site (clipped patch on the neck) for any evidence of swelling, firmness, or discharge. In addition, please monitor the surgical sites for any discharge, swelling or surgical site breakdown.

Please monitor the abdomen contour for any evidence of change as this may be indicative of hernia. While on medication, monitor your horse's demeanour, appetite and faecal output. Please call your vet in the first instance if concerned.

Following colic surgery, it is possible that your horse may have further episodes of colic. From research conducted at the Hospital, we know that up to a third of horses suffer from one episode of colic after discharge from hospital. These colic signs can occur at any time following colic surgery. Most horses response to medical therapy with pain relief, however, a small percentage do not respond to pain relief and may then require a second colic surgery, or euthanasia if a second surgery is not the right option for your horse.

I have a broodmare, can my she continue with her pregnancy or can she be put back in foal?

Yes but please bear in mind the strain of the mare's abdomen during service and during delivery of the foal. It is recommended that mares are not covered for at least 4 months after colic surgery.

Can I worm and vaccinate my horse?

Vaccination can proceed as usual. It is safe to worm most horses 2-3 weeks after colic surgery but a few horses have special worming requirements which we will advise you of. If in doubt, check with your own veterinarian prior to worming.



Will my horse be able to return to the same level of competition after colic surgery?

Yes. Many of our previous patients have successfully returned to a high level of competition after an appropriate convalescent period. This includes racing, eventing and show-jumping. Your veterinary team will advise you if your horse has a different prognosis.

