

# Surgical Approach To Colic

## Intra-Op:

- ✓ All cases are carried out under GA, and the Sx approach is almost always via a ventral midline incision.
- ✓ The patients needs to be given IV fluids; antibiotics; NSAIDs

Surgical treatment of horses w/ colic is determined based on presenting complaint and the C.S. observed, or if there's no change in pain w/ analgesia

## Causes of colic for Sx:

- ✓ Left or Right Dorsal Displacement
- ✓ Colonic Volvulus
- ✓ Impaction (If cannot be Tx medically)
- ✓ Torsion
- ✓ Intussusceptions
- ✓ Strangulating obstruction

Table 1: Indications and contraindications for Surgical treatment of Colic\*

### Indications for Surgery

#### Pain:

- Uncontrollable or severe pain
- Lack of response or incomplete response to analgesic treatment such as flunixin meglumine or detomidine
- A second treatment with an analgesic is required

#### Gastric Reflux:

- Greater than 4 liters

#### Rectal examination:

- Distended small intestine
- Displaced or marked distention of the large colon
- Massive distention of the cecum
- Distention that cannot be relieved medically

#### Auscultation:

- No intestinal sounds

#### Ultrasound examination:

- Distended, immotile and thickened small intestine
- Thickened large colon

#### Peritoneal fluid:

- Increased protein, RBC, and WBC
- Increased neutrophil number and ratio

### Contraindications for Surgery

#### Pain:

- No pain or pain which changes to depression
- Temperature greater than 102 degrees F.

#### Auscultation:

- Progressive intestinal sounds

#### CBC:

- Neutropenia (less than 3000 cells/ $\mu$ l)
- Neutrophilia (More than 15,000 cells/ $\mu$ l)

\* These signs are based on the population of horses with colic and may not be accurate in assessing individual cases.