

Equine Colic

After Care

Monitoring

- Horses recovering from colic surgery should be closely monitored and observed for changes in attitude or reduced appetite.
- Nasogastric intubation is indicated in any postoperative colic patient showing signs of pain.
- Water intake should be closely monitored. However, horses that are not eating or are receiving IV fluids may not drink nearly this volume.
- Faecal production and character should be closely monitored. A sudden decrease in faecal production may indicate alteration in gastrointestinal motility and potentially the development of an impaction.

Physical Exam

Horses should be examined every 2–6 h in the postoperative period depending on how critical the patient is judged to be. A complete physical examination consists of an overall assessment of the patient, mucous membranes, heart rate and peripheral pulse quality, respiratory rate and effort, lung auscultation, rectal temperature, and gastrointestinal auscultation. Assessment of peripheral pulse quality and peripheral temperature (of the ears and distal limbs) is an important part of the physical examination of a postoperative patient.

Lab Data

Packed cell volume (PCV) and total plasma protein (TPP) concentration are typically monitored every 6–24 h postop.

Mean Arterial Pressure

Arterial pressure, particularly mean arterial pressure (MAP), can be used to estimate of organ and tissue perfusion. Post-operative colic patients may have a decreased MAP compared to normal (hypotension) as a result of hypovolemia or endotoxemia and SIRS.

Drugs

NSAID's – Administration of Flunixin meglumine to postoperative colic patients is routinely done for its anti-inflammatory, analgesic, and anti-endotoxic properties. It is administered at a dose of 0.5–1 mg/kg twice a day, and can be given either IV or orally. It results in excellent visceral analgesia, and at doses of 0.25 and 1 mg/kg results in attenuation of the clinical effects of endotoxemia.

Feeding

If grain is fed, reintroduce slowly after 30 days. Grain is not recommended during the early postoperative recovery. A diet which has a laxative effect is recommended (grass, alfalfa hay).

Exercise

First 30 days: Stall rest with hand walking the first 30 days after surgery. Hand walking, 10 minutes per walk, and hand grazing if grass is available, is recommended 3 to 4 times daily.

30 to 60 days: Round pen or small paddock self-exercise is permissible from day 30 to day 60 after surgery if the incision is healing well. If a round pen or small paddock is not available, increase the time hand walking.

60 to 90 days: Gradually return to normal activity from day 60 to day 90 after surgery. If postoperative complications occurred, especially in the incision, additional rest is recommended