**Surgical Preparation:**

1. Placement of IV Catheter is done
2. Surgical site preparation: The entire ventral abdomen is clipped to removed hair and scrubbed using sterile technique eg. Chlorexidine
3. The oral cavity of the horse is washed with water to remove any excess debris, dirt etc. before passing the orotracheal tube.
4. The horse should be placed in dorsal recumbency, with its limbs attached to the table or poles or suspended to prevent excessive movement or harming of the clinician during surgery.
5. After the surgical site is draped and the horse is maintained on isoflurane or sevoflurane.
6. Previously, it has been said that horses should be fasted 12 hours before, but this is controversial as it may increase post-surgical complications eg Ileus.

**Pre-Surgical Drugs:**

**Pain medication/Analgesia** – Flunixin meglumine (1.1 mg/kg) is usually the analgesic of choice as it also has anti-inflammatory properties, given 8-12 hours before surgery. Lidocaine constant rate infusions (CRIs) are frequently used in the uncomfortable postoperative colic patient. It provides analgesia, has anti-inflammatory properties and is thought to have prokinetic properties to help gut motility.

**Sedation & Pre anaesthetic drugs** - Xylazine or Butorphanol

**Perioperative antibiotics**- Antimicrobial therapy is usually started pre-operatively and continues for three to five days depending on the type of colic surgery.

Potassium penicillin, Gentamycin, Ceftiofur are drugs of choice and should be given 30-60 minutes before the first incision is made

**IV fluids & electrolytes:** Many postoperative colics have compromised hydration status and water is withheld post-surgery or until normal gut motility returns, so most patients will receive IV fluid therapy. Isotonic crystalloids are normally administered (Hartmann's solution/Vetivex 11 in 5L bags). Electrolytes may be added to the fluids – for example, potassium chloride, calcium borogluconate or glucose.

**Acid Base balance regulators**