Almost every horseman deals with a colicky horse at some point. Learn how to spot the signs of colic, plus ways to treat and prevent this painful illness.

**Article by Andrea Caudill**
DEBBIE PATTERSON OF WEATHERFORD, TEXAS, NEARLY LOST GUN Smokes Wimpy, a 1984 chestnut gelding with more than $660,000 in National Cutting Horse Association earnings.

In 2005, the two-time NCHA non-pro world champion was living at DLR Stallion Station in Weatherford, which Debbie manages.

“His deal came on real fast,” Patterson recalled of “Gunner’s” acute colic episode. “The boys had come back from lunch, and he was up and down with sweat rolling off him. It was obvious (he was colicking). They called me and said, ‘It looks pretty bad; get down here!’”

Debbie administered Banamine, and the regular barn veterinarian, Jason Walter, D.V.M., was called in immediately. Within half an hour, Walter was on site assessing the horse. “The vet wasn’t here five minutes,” Patterson says. “We loaded him up and I drove. When we called the clinic, they just cleared Dr. Foland’s schedule.”

It was 15 miles to Weatherford Equine Medical Center, P.C., where Jeff Foland, D.V.M., awaited their arrival.

Ultimately, it was the speedy access to help and surgery that saved Gunner’s life.

Once in position on the operating table, a 7-inch incision was made in the gelding’s abdomen. Foland said he palpated the intestine, following the many loops from front to back, and discovered where it was distended.

The horse had a strangulating lipoma, a situation where fat builds up in the layers of the mesentery (a tissue connecting the intestines to the abdominal wall near the spine) and a long band became wrapped in the loops of intestine. Gunner’s was a severe example, and blood supply to two-thirds of his intestines had been choked off.

Foland removed 33 feet of Gunner’s intestine, leaving the gelding with 17 feet of healthy gut. With the bad section removed, the surgeon reconnected the intestine at the remaining healthy points. At many places in the mesentery, blood vessels were closed off to prevent bleeding.
The 19-year-old horse came through the three-hour surgery well, but by the next day, it was clear some problem still remained as he was showing continuing signs of pain. Foland went back in and discovered that while the point of reconnection in the intestine was healthy and beginning to heal, one section of mesentery had become gangrenous. This dead tissue was removed in a successful two hours of surgery.

Gunner began a rough couple of weeks getting back on his feet. It was a week and a half before he was eating. Once he was well enough to digest feed, he improved steadily. Still, months were spent healing and getting back up to speed. For five months the gelding was confined to his stall, with the latter three spent with some easy daily hand-walking.

“He was so depressed,” Debbie said of the horse’s disposition during that time, “but as soon as he was back, he did great and never looked back!”

Clint Pooley, son of trainer Don Pooley and resident at DLR, got the chance to show Gunner soon after his recovery and rode him to win the senior youth championship at the 2005 NCHA Summer Cutting Spectacular.

“We retired him after that,” Debbie said, pleased to see the horse not just cutting, but winning.

What is Colic?

Colic is a broad term for abdominal pain in horses. It is not a specific disease, but rather a condition that can be caused by a very wide variety of disorders. Abdominal discomfort can range from a mild, quick episode that sorts itself out even before the onset of serious signs to life-threatening situations where every second counts.

When colic is evident or suspected, it should be treated as an emergency, and a veterinarian should be called in as soon as possible.

The first symptom of colic is typically reduced interest in feed. Any horse experiencing loss of appetite resulting in a skipped meal or two, especially if accompanied with diminished or stopped manure production, should be examined by a veterinarian right away, even if no other symptoms are present.

More obvious outward signs of abdominal pain are laying down, rolling, frequent turning of the head and looking back at the sides (sometimes even biting at the sides), pawing, stamping the hind feet, standing “camped out” with legs spread, sweating, and/or general restlessness. Muscle tremors can be present that cause the horse to visibly quiver all over. A horse may sit down on his haunches. Downed horses may thrash about violently or lay in abnormal positions.

What Happens

A horse obviously in pain and exhibiting these behaviors is alarming, and a natural tendency is for people to administer medication for pain right away if they have it on hand.

Robyn Sazonov, D.V.M., of Appalachian Veterinary Services in Riner, Virginia, warns against administering pain medications too soon.

“Contact a vet as soon as possible,” she said. “There have been quite a few times where people have medicated a horse and then called me in. It makes the job of diagnosing the condition more difficult. I’m not able to see what is truly going on with the horse if some symptoms are masked when I get there. Call the vet and let the vet decide about medicating.”

In most cases, colic is caused by an expansion in the intestines or stomach. Usually it results from the backing up of fluid, gas and/or feed at a blockage called an impaction, a twisted or displaced gut or a malfunction of the gut walls.
where the peristaltic motions that coax material through the digestive tract malfunction. Distention triggers adjacent areas of the intestines to spasm and contract, resulting in the pain associated with colic. To further complicate matters, the body releases more fluid into the gut, which adds to the pressure if the blockage remains.

When the digestive tract stays blocked, the reflex spasms that occur to try and clear the blockage eventually cease. This paralysis of the gut is called paralytic ileus. If things get to this stage, the horse can seem to abruptly improve and even be completely pain-free. Paralytic ileus can be grave because a paralysis of the digestive system can allow toxins from the partially digested material sitting still in the gut to pass through the intestinal walls and into the abdominal cavity, thus poisoning the horse from within.

As a by-product of colic, typically two other medical conditions are present as well: dehydration and shock. The constant secretion of fluid into the intestine, sometimes accompanied by a lack of interest in drinking, are main reasons for dehydration. Shock is a systemic collapse of the circulatory function – and may even be a kind of total collapse of functions throughout the body in reaction to the trauma of the colic – and occurs to some extent in nearly all colic cases. Shock is treated by veterinarians as a separate syndrome. It is a huge concern because it is frequently the cause of death rather than the intestinal disorder itself.

**Types of Colic**

It requires veterinary examination to determine which disorder is causing the colic in a horse. The most telling test done in the field is a rectal examination. The vet can feel the placement of the intestines during this exam. In some instances, a displacement or impaction will be obvious and the exam conclusive. The contents and position of the intestines can also reveal whether or not the gut has motility.

Listening with a stethoscope to the abdomen in various places can allow the vet to hear whether there is motion in the digestive system. Another good indication of pain is the pulse rate; if it is more than 60 beats per minute, then the horse is likely in pain and distress. Increased respiration can be seen in many cases. Monitoring a horse’s temperature is also important, especially due to the fact that low temperature is an indication of shock.

**Impaction** — A typical impaction builds up over time.

A leading cause of colic is parasite infestation that results in impaction. Specifically, strongyles can cause damage to the arteries of the intestine, reducing or obstructing blood flow to whole sections.

The other cause of impaction is the colon or secum becoming blocked when undigested material makes its way through the stomach and lodges there.

Impaction can be the result of poor condition in the horse. Stallbound horses recovering from an injury, for instance, are at greater risk for this type of colic as their muscle tone overall (including in the abdomen) diminishes. Other causes can be bad teeth, poor quality roughage, too long between feedings, taking horses from pasture and beginning to feed hay, and not drinking enough water.

**Intestinal Obstruction** — The intestines can become obstructed when they are displaced or twisted off, blocking the movement of material through the digestive tract. Foals are susceptible to a condition called intussusception, the most common cause of colic in youngsters. Intussusception is where one length of intestine draws up inside an adjacent one, often described as being similar to the parts of a telescope siding together.
“Twists are extremely painful,” Sazonov said of her experience. “Horses with twists can be like fish flopping on the ground. Displacements are usually much less severe.”

Intestinal obstructions require surgical intervention.

**Gastric Dilation** — Gastric dilation affects the stomach in horses and causes colic. Gastric dilation is a stretching of the stomach from a sudden blockage or serious overeating incident.

Gastric dilation is particularly dangerous in horses because they are unable to vomit and cannot relieve pressure in the stomach.

**Gastritis** — Gastritis is inflammation of the stomach which adversely affects the motility of the stomach and intestine.

Gastritis has a wide range of potential causes, including moldy hay, poisons, frosted or frozen feed, bot larvae and stomach worms. Nonsteroidal anti-inflammatories such as bute and Banamine are known to be hard on the stomach and can cause gastritis, and often medications to protect the stomach are given simultaneously to prevent its onset. Stress can also cause the disorder.

A horse with gastritis will likely have a reduced appetite and sip at water continually. Sometimes the horse’s breath will smell bad, and he may show some of the other outward signs of abdominal pain typical to colic.

**Flatulent Colic** — Known also as gas colic, flatulent colic is caused by gas present in the intestines. This type of colic can occur on its own if large quantities of green feed are consumed that ferment in the horse’s gut. Gas accumulates over time and some is released. More commonly, however, gas colic is a secondary ailment and results from an obstruction.

Gas often produces extreme distention of the intestines, and therefore is one of the most painful forms of colic. For that reason, horses with this disorder show the more distressing signs of abdominal pain, like furious rolling and pawing.

**Enteritis Colic** — Enteritis colic, also known as sand colic, is inflammation of the mucous membranes within the intestines, resulting in decreased absorption and increased secretion of fluids. Enteritis is the result of some irritant that is introduced to the digestive system.

Known culprits are sand, bacteria, parasites and toxins, such as chemicals and poisons that a horse might accidentally come into contact with.

**Spasmodic Colic** — This type of colic is found in horses that are overly excitable. Pretty much anything that revs up a horse with this type of temperament can cause spasmodic colic. Thunder, wind, preparations for a show, introduction of something new to the regular environment — whatever the trigger, these horses will experience abnormally strong intestinal contractions resulting from their worry, creating distention in segments of the gut.

**Peritonitis Colic** — The peritoneum is the lining of the abdominal wall. It can become inflamed when contaminated by leaked material from the digestive system. Parasite infestation is a common cause of this condition, but any disorder that allows intestinal leakage can cause it. In a bad case of peritonitis, toxins easily flow into the peritoneum and enter the circulatory system where they can quickly spread to other areas of the body.

**WHAT TO DO**

Whatever the cause of the colic, fast treatment can get a horse back into the show ring.

Betty Wilson, a trainer and AQHA judge, was at the West Texas State Fair in Abilene in September showing 5-year-old western pleasure horse Invabay by Invitation Only and out of Zippo’s Scar Te by Zippo Pine Bar.

One night, Betty noticed the gelding showing slight signs of discomfort. She kept a close eye on him, and by 6 a.m., he was suddenly overcome by pain.

“It came on fast!” she said of the acute colic.

Invabay quickly was on the ground in his stall, rolling, and thrashing about in pain. Randy Lewis, D.V.M., of Taylor County Veterinary Associates in Abilene was called in. After a short exam, he referred the case directly to Weatherford Equine Medical Center, P.C., the closest clinic with adequate surgical facilities to handle colic surgery. Pain medication took the edge off the horse’s extreme discomfort, and Wilson loaded him and drove three hours straight to the clinic.

When she arrived, Invabay was still standing, but the pain medication was wearing off. Jeff Foland, D.V.M., was immediately on the case.

“He was nonresponsive to pain drugs,” Foland said of the major clue in this case. “He had a large colon twist, which is the most painful colic there is.”

“He wasn’t there 20 minutes before they were putting him out for surgery,” Betty said. “He had two twists, one in the colon and one in the intestine.”

Invabay’s colic and surgery were textbook. The main problem Foland discovered once inside was that the large colon had twisted and flipped back on itself. Luckily, Wilson had gotten medical help quickly, and no tissue had died. The result was that the surgeon was able to rearrange the intestines to their proper positions then sew the horse up. Without this surgery, the horse clearly would have died, but the procedure resulted in little more physical distress than the incision made to access the abdomen.

“The after-care is as important as anything you do for these horses,” Wilson said of colic postoperative patients. “I don’t think you can stress it enough.”

She cites meticulous detail to the veterinarian's instructions as paramount. Also, such basic accommodations as a clean, safe box stall with fresh bedding, and overall regular attentive care as essential elements to a swift and complete recovery.

Even with the best care, and a problem free recovery, Wilson admits, “It’s taken him a good seven months to really recuperate.”

Wilson began showing Invabay again in March and said it has taken the horse a while to get his back lifted due to the trauma of the surgery on his abdominal muscles, even though the scar underneath his belly is undetectable now. Foland says there is no reason to think Invabay is likely to experience the colic again.

More unusual is the case of Walla Walla Whiz, who came back from colic to win the open championship at the National Reining Horse Association Derby in May. For more about his victory, see page 86.
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