

# Equine Colic

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## Cardiovascular Stabilization

Horses and foals with signs of colic often have signs of cardiovascular instability or shock. Signs include tachycardia, tachypnea, dry, injected/ toxic oral mucous membranes, prolonged capillary and jugular refill time, cool extremities, dull mentation, and high blood or plasma lactate concentration. Intravenous fluid therapy is necessary to improve cardiovascular stability prior to general anaesthesia and surgery.

- Hypertonic (7%) saline can be given at 4 mL/kg (2 L/500 kg) initially to rapidly increase the intravascular fluid volume in patients with signs of shock and should be followed with isotonic fluids.
- Intravenous polyionic isotonic fluids can be administered as 20 mL/kg (10 L/500 kg horse) boluses until clinical signs improve.
- Hetastarch or pentastarch up to 10 mL/kg (5 L/500 kg horse) can be administered to increase the intravascular volume and can provide colloidal support for patients at risk of hypoproteinaemia/hypoalbuminemia.

It is unlikely that horses with strangulating lesions will be completely cardiovascularly stable prior to general anaesthesia and surgery should not be delayed. Occasionally antiendotoxin therapy (e.g., polymixin B) may also be indicated prior to surgery

Some horses will have severe abdominal distension necessitating decompression prior to surgery. Caecal and colonic decompression is achieved with trocharization. Gastric decompression with nasogastric intubation should also be performed prior to surgery to prevent gastric rupture on induction of general anaesthesia. It is recommended to anaesthetize the horse with the nasogastric tube in place when the horse has had a large volume of reflux to allow gastric decompression during surgery; care should be taken to avoid corneal injury from the tube or gastric contents. The tube can be removed when the horse is positioned in lateral recumbency for recovery; caution should be taken during removal to avoid trauma to the ethmoid turbinates and haemorrhage.