



Post-Operative Colic Care at UF

June 2012

Colic is a devastating disease that is second to old age as the leading cause of death in horses older than 30 days.

Surgical Colic Care at the University of Florida



Under the leadership of [Dr. David Freeman](#), ACVS, the University of Florida has developed a program aimed at improving survival after colic surgery. This program has reduced postoperative complications, increased short and long-term survival, and improved the long-term quality of life after colic surgery.

Two main factors contribute to successful surgical management of colic in horses: prompt referral to a hospital and the surgical procedure, aided by state-of-the-art diagnostic techniques and anesthetic methods.

Dr. Freeman has shown that long-term survival after surgery for small intestinal colic can be several times longer than reported previously by other renowned colic centers in the United States and Europe.

More Information >>

Post-Operative Surgical Colic Care

Care

- Take and record a rectal temperature at least once daily for 14 days. Consult with your veterinarian if the temperature is greater than 101 degrees Fahrenheit.



What makes UF different?

The University of Florida team emphasizes the importance of improved surgical treatment over drugs to reduce common postoperative complications. With this approach, horses can start eating shortly after surgery, which will hasten return of normal gastrointestinal function.

This is critical to the success of the surgery, because return of normal gastrointestinal function reduces the risk of most complications, such as post-operative intestinal paralysis (ileus). This will reduce the cost of post-operative treatment and shorten hospitalization so horses can return more quickly to the owner's care.

- Examine the abdominal incision once daily for 30 days by visual inspection as palpation can be dangerous and not very informative.
 - Check for moisture, a fluid/discharge or swelling. Some swelling (edema) on the abdomen is normal and will be present until healing is complete.
 - Moisture, discharge, excessive swelling, gaps in the incision, or exposure of raw tissue is abnormal and your referring veterinarian should be consulted.
- Closely observe for signs of colic and founder/laminitis.
- Banamine (flunixin meglumine) may be given by your veterinarian in the vein if needed. It should never be given in the muscle.
- If questions, concerns or complications develop, contact your referring veterinarian or the [UF Large Animal Hospital](#).

Feeding

• If grain is fed, reintroduce slowly after 30 days. Grain is not recommended during early postoperative recovery.



- Examine the manure daily. Note the quantity of manure and the characteristics. A diet which has a laxative effect is recommended (grass, alfalfa hay).
- Consult with your veterinarian should your horse go off its feed.

Parasite Control

- Work out a parasite control program with your veterinarian. Current guidelines for parasite control are much different than previous recommendations because of worm resistance to drugs.

Exercise

- **First 30 days:** Stall rest with hand walking is recommended after surgery. Hand walking, 10 minutes per walk and hand grazing if grass is available, is recommended three to four times daily.
- **30 - 60 days after surgery:** Round pen or small paddock self-exercise is permissible if the incision is healing well. If a round pen or small paddock is not available, increase the time hand walking.
- **60 - 90 days after surgery:** Gradually return to normal activity. If postoperative complications occurred, especially in the incision, additional rest is recommended.



Many horses benefit from returning to their home environment where familiar surroundings could hasten recovery.

When colic develops

- Remove food and water from your horse's stall.

- Call your veterinarian immediately.

- If it is safe, walk your horse for 15-minute intervals.

- Do not give Banamine (flunixin meglumine) in the muscle. Your veterinarian can give it in the vein.

Help prevent colic

- Design a parasite control program with your veterinarian.

- Do not keep your horse in a stall for extended periods of time or in a pasture with sand if possible.

- Feed good-quality roughage at all times and feed concentrates at a

Follow-up Care

- Have your veterinarian check the horse at 30, 60 and 90 days to ensure that the horse is ready for turnout or normal activity. Skin sutures are absorbable and do not need to be removed.

Colic Surgery at UF

The UF Large Animal Hospital has a surgical operating room specifically designed for colic that is equipped with a viewing room above the surgical suite for clients.



Our Facilities >>

University of Florida Large Animal Surgery Service



From left: [Dr. Andrew Smith](#), [Dr. Patrick Colahan](#), [Dr. David Freeman](#), [Dr. Alison Morton](#), [Dr. Murray Brown](#), [Dr. David Dymock](#) and [Dr. Sarah Graham](#)

Veterinarians and Staff >>

minimum.

- Changes in diet, exercise and general management should be avoided as much as possible.

Prepare for colic

- Know your horse's habits so you can spot when something is wrong.

- Keep your emergency veterinarian's contact information on hand.

- Make sure you have a safe vehicle and trailer to transport your horse.

- Have money saved, credit available or colic insurance in case colic must be treated by a veterinarian. Know your financial limits, what you're willing to do, how much time you have for at-home care and who can help if you need it.

Quick Links

[UF Large Animal Hospital](#)

[UF Small Animal Hospital](#)

[Equine Extension](#)

[Equine Articles](#)

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For emergency surgery and medical colic care, call the UF Large Animal Hospital
at **352-392-2229**

For more
information visit
largeanimal.vethospitals.ufl.edu

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UF Large Animal Hospital . 2015 SW 16th Avenue . Gainesville, FL 32608
Call 352-392-2229 or visit: largeanimal.vethospitals.ufl.edu



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