**Pre Op Considerations for Surgical Colic**

**Patients that are indicated for surgical colic:**

* Uncontrollable, prolonged pain, requiring repeated administration of anti-inflammatory medications eg. flunixin, or sedatives eg detomidine;
* A large volume of gastric reflux obtained via nasogastric intubation (more than 4 litres)
* A patient with distended loops of small intestine
* Displacement and or torsion of large colon
* Enteroliths
* Foreign body obstruction
* Strangulating lipomas
* Lack of gut sounds on auscultation.
* Heart rate persistently above 60
* Toxic mucous membranes, poor perfusion

What should be done before:

* Abdominal ausculatation: Listening for the absence or presence of gut sounds, and if present, if there is an increased sound of gut motility.
* Distance exam: For signs of violent rolling, pawing, signs of severe pain, crashing on ground
* Physical exam for Heart rate (above 65 is an indication for surgery), Respiratory signs, Hydration status , Sweating
* Nasogastric intubations
* Rectal exam if safe, and horse is large enough, to determine if impaction/torsion/displacement etc. is present
* Abdominocentesis
* Peritoneal tap: If serosanguinous fluid is present, surgery is needed. Other parameters looked at are cell count, protein content, Lactate.
* Ultrasound

Based on the severity of these diagnostic tests, the patient will be a candidate for surgery eg. If Nasogastric reflux is more than 4L, Severe abdominal distention, Serosanguinous fluid seen in abdomen, Rectal exam showing displacement or torsion.