**Complications of Surgical Colic.**

* Problem recovering from general anesthesia
* Respiratory or cardiac depression during anaesthesia, especially for very sick animals
* Incisional and suture issues post op
* Postoperative ileus, adhesions in the abdominal cavity
* Laminitis
* Jugular thrombophlebitis
* Continued pain post op
* Inflammation post op

***Ileus:***Postoperative intestinal ileus is failure of normal propulsive motion through the intestines, and it can result in colic from eventual fluid distension of the intestines and stomach.

Ileus is a major cause of morbidity and (death post op in horses. The causes of ileus remain unknown, but experienced clinicians speculate that there is an imbalance in the incoming signals from the central nervous system, resulting in decreased propulsive movements of the intestinal tract.

To diagnoses, horses with more than three distended loops of small intestine, with a decrease in intestinal contractility and mobility, accompanying gastric distension and reflux from the nasogastric tube, are considered to have ileus.

***Adhesions:***These are bands of scar tissue that form between two structures that are not normally connected, such as adjacent loops of intestine. Adhesions also can form between a loop of intestine and other organs or structures located within the abdominal cavity. Adhesions can constrict the intestine and thus, this can cause a horse to experience a repeated episode of colic.

To prevent-🡪 use an atraumatic surgical technique, pre-op IV administration of dimethyl sulfoxide (DMSO), potassium penicillin, flunixin meglumine; and the intraoperative administration of sodium carboxymethylcellulose (CBMC) or intraperitoneal unfractionated heparin which acts as a lubricant and physical barrier between loops of intestines.

***Incisional Issues*** Fluid swelling (edema), infection, hernia, infection, dehiscence.

To prevent 🡪, commercially available abdominal or "belly" bandages are recommended to be used 5-14 days post-op