

Colic at Specific Sites in the Equine Digestive Tract

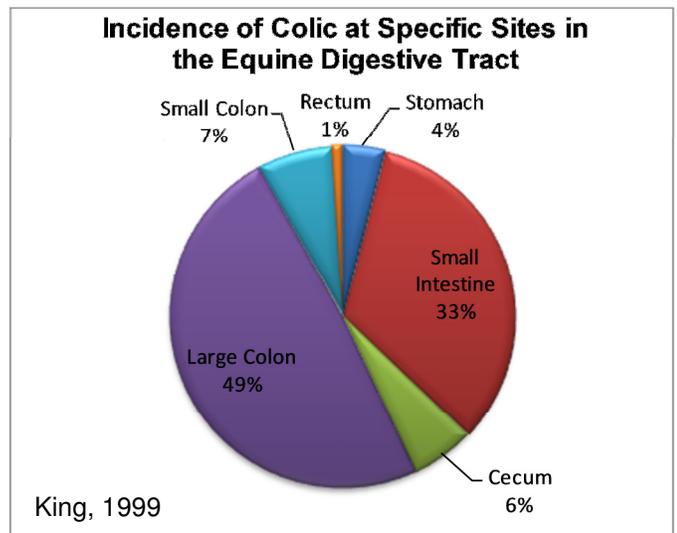


Colic at Specific Sites in the Equine Digestive Tract

There are certain regions of the horse's digestive tract that are more susceptible to colic. These issues can arise due to anatomical or physiological problems.

Here is a breakdown of the percentage of colics along segments of the horse's digestive tract.

**10 % of colic cases result in surgery (strangulation, obstruction, displacement, severe impaction)*



Types of Colic in Sections of the Equine Digestive Tract

STOMACH

- Distention of stomach
 - cardiac sphincter – sphincter connecting the esophagus to the stomach (prevents the backflow of digesta = prevents vomiting) puts stomach at risk of rupturing when it is overfilled with gas or fluid
- Gastric Ulcers
 - horses continuously secrete acid into its stomach. If the stomach is empty the acid will cause ulcers in the mucosal lining of the stomach. This is why it is important to have forage in your horse's stomach to help absorb stomach acid.

SMALL INTESTINE

- Enteritis - inflammation of the lining of the small intestine
 - Can be caused by parasites, stress, nonsteroidal anti-inflammatory drugs (NSAID's) such as 'bute' and 'banamine', toxins and infectious organisms.

CECUM

- Impaction
- Gas Distention

Colic at Specific Sites in the Equine Digestive Tract



LARGE COLON

- Colitis (inflammation of the colon)
- Displacement
- Twists/Torsions
- Gas Buildup
 - Feeding large amounts of grain (digestible carbohydrates reaches the hindgut and ferments producing lots of gas!!!)
- Obstruction – parasite overload
- Impaction – dry feed passing through intestine (due to dehydration)

PELVIC FLEXURE

- Common site of obstruction/impaction due to sharp bend and narrowing of intestinal diameter

SMALL COLON

- Obstruction due to enteroliths (mineral stones that block the intestine). More common in Miniatures and horses that consume a high alfalfa diet.

