

Discharge after colic surgery in a horse

Assume that today's date is 9 November 2026. Juno is being discharged home this afternoon. You are the equine surgeon at the Equine Referral Hospital. Using the information in the case notes, write a letter to Dr Ciaran Strachan, Juno's regular equine veterinarian. Update him on the surgery and recovery, and explain the post-operative care, box rest and staged return to exercise. Address the letter to Dr Ciaran Strachan, Strachan Equine Veterinary Services, 42 Mill Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.



Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- | | I | C | O |
|--|--------------------------|--------------------------|--------------------------|
| 1. Patient: Juno, 12 yo Warmblood gelding, approx. 580 kg | ☐ | ☐ | ☐ |
| 2. Owner: Ms Leanne Kinnear, 18 Ridge Lane | ☐ | ☐ | ☐ |
| 3. Referred by regular vet (Dr Ciaran Strachan) 30/10/26: colic unresponsive to medical mx on farm | ☐ | ☐ | ☐ |
| 4. Admitted: 30/10/26; discharge: 09/11/26 | ☐ | ☐ | ☐ |

Social background

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|---|--------------------------|--------------------------|--------------------------|
| 5. Used for amateur dressage; owner hoped to compete again in spring | ☐ | ☐ | ☐ |
| 6. Kept at owner's property: stable, small sand yard and grass paddocks available | ☐ | ☐ | ☐ |
| 7. Owner says her partner opposed surgery because of cost | ☐ | ☐ | ☐ |
| 8. Owner unhappy with size of hospital account; insurance claim pending | ☐ | ☐ | ☐ |
| 9. Experienced groom on site, able to hand-walk and check incision BID | ☐ | ☐ | ☐ |

Medical history

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|---|--------------------------|--------------------------|--------------------------|
| 10. Vaccinations up to date (per referring vet) | ☐ | ☐ | ☐ |
| 11. Hoof abscess LF 2023, resolved | ☐ | ☐ | ☐ |
| 12. Routine dental 6/12 ago | ☐ | ☐ | ☐ |
| 13. 1 previous mild colic 2024, resolved with medical mx (managed by Dr Strachan) | ☐ | ☐ | ☐ |
| 14. Nil known adverse drug reactions | ☐ | ☐ | ☐ |

Presentation and surgery

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|---|--------------------------|--------------------------|--------------------------|
| 15. On admission: moderate-severe pain, ↑ HR, gas-distended large colon on rectal exam; nil reflux | ☐ | ☐ | ☐ |
| 16. Rectal + ultrasound findings consistent with large colon displacement; pain persisted despite analgesia → surgery same day | ☐ | ☐ | ☐ |
| 17. 30/10: ventral midline exploratory laparotomy; right dorsal displacement of large colon corrected; pelvic flexure enterotomy to evacuate contents | ☐ | ☐ | ☐ |

Presentation and surgery

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|---|--------------------------|--------------------------|--------------------------|
| 18. Colon viable, no resection required | ☐ | ☐ | ☐ |
| 19. Skin closed with staples; abdominal bandage applied | ☐ | ☐ | ☐ |

Post-operative progress

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|--|--------------------------|--------------------------|--------------------------|
| 20. IV fluids, peri-operative antimicrobials + flunixin; antimicrobials ceased 03/11 | ☐ | ☐ | ☐ |
| 21. Flunixin ceased 05/11; comfortable since, no colic signs | ☐ | ☐ | ☐ |
| 22. Appetite good; passing normal faeces; vital signs WNL; afebrile throughout | ☐ | ☐ | ☐ |
| 23. Feed reintroduced gradually from day 1 (small frequent hay meals) → now near-normal hay ration | ☐ | ☐ | ☐ |
| 24. Incision: dry, no discharge; mild ventral oedema | ☐ | ☐ | ☐ |
| 25. Repeat bloods 04/11 WNL | ☐ | ☐ | ☐ |
| 26. Owner complained night staff did not phone her with updates | ☐ | ☐ | ☐ |

Discharge plan

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|---|--------------------------|--------------------------|--------------------------|
| 27. Staple removal 12–14 days post-op (11–13/11), by regular vet | ☐ | ☐ | ☐ |
| 28. Abdominal support bandage 4/52; check incision BID (↑ risk of incisional infection / hernia) | ☐ | ☐ | ☐ |
| 29. Box rest 4/52 (until 27/11) with hand-walking 10–15 min BID | ☐ | ☐ | ☐ |
| 30. Then 4/52 small yard / small paddock turnout → gradual ↑ to ridden work; full work approx. 3/12 post-op | ☐ | ☐ | ☐ |
| 31. Diet: good-quality hay, frequent small meals; no concentrates for 2/52, then reintroduce gradually; fresh water; avoid sudden feed changes | ☐ | ☐ | ☐ |
| 32. Warning signs: colic, ↓ faecal output, fever, incisional swelling/discharge → urgent vet assessment; hospital available 24 h for advice/readmission | ☐ | ☐ | ☐ |
| 33. Hospital recheck not routinely needed; request update from regular vet at 4/52 | ☐ | ☐ | ☐ |