Castration

General Information

Castration involves surgical removal of the testicles. It is performed on colts to modify their behaviour and to prevent development of stallion-like body development. Castration is usually performed before the age of 18 months. Any colt older than 9 months of age should not be put on pasture with fillies and mares if you do not want foals by that colt.

- In normal colts, the testicles have descended into the scrotum by the time of birth
- In some colts (called 'high flankers'), one testicle does not completely descend into the scrotum and remains in the inguinal canal. As the testicle grows in size from birth, it becomes easier to surgically remove. These foals are known as 'rigs' or cryptorchids. Rig surgery is more difficult and if the testicle remains in the abdomen it is often smaller and may require specialist surgery.

Before the surgery

- The colt should be halter broken and accustomed to handling so it can be easily managed during and after surgery
- Tetanus immunization is necessary before or during surgery.
- The operation will be performed in a well fenced field; however it is usually helpful to give the pre-med sedation in a stable first.
- We would like a bucket of clean warm water and a clean towel.
- We need the colt to have on a good head collar.
- Colts still with their mares can remain with their mares after the operation. It is often better to have a separate handler so the mare can be held out in the field.

Anaesthetic considerations

With any general anaesthetic in any species, particularly horses, there are risks. All our vets are experienced in field anaesthesia and use the most up to date drugs to ensure any risk is minimised. The ability to provide oxygen via a tube is advantageous in anaesthesia, if the horse is brought into our clinic at Hainford we can supply oxygen if this is required, however, this is only necessary in a very small number of anaesthetics. The provision of oxygen is not possible away from the clinic. The additional benefit of bringing a colt in to the clinic for castration is that there will be no visit charge.

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After the colt is anaesthetised a towel is placed over his head to minimise light and stimulation to his senses, we ask any assistants and spectators to speak in hushed tones also to keep the situation as calm as possible. The colt will be positioned in lateral recumbency ie. laid on his side; his upper most leg will be drawn forward to allow access to the testicles. Two incisions will be made into the scrotum over each testicle and the testicles exteriorised, emasculators are then used which crush and cut the blood vessels and spermatic cord, these may need to be in place for up to two minutes depending on the size of the blood vessel. After the testicles have been removed we apply summer fly cream around the area and leave the incisions open to facilitate drainage. Most castration incisions are fully healed within two weeks. We strongly advise keeping a horse turned out for this period to encourage movement and prevent them lying down on dirty bedding. Antibiotics are given at the time of castration but are not usually necessary after this point, a pain killer is also given and Tetanus anti-toxin if the colt is not vaccinated.
Potential Complications of Castration

Though castration is a common surgical procedure, certain complications can develop after surgery. It is nearly impossible to predict if postoperative complications will occur.

**Bleeding** – Bleeding can occur after castration of a horse with a clotting abnormality or a horse with abnormally large testicular blood vessels. The testicular blood vessels enlarge as a stallion ages. Thus the younger the horse when it is castrated, the less the potential for postoperative bleeding. If a horse is over 2 years of age at the time of castration, control of bleeding is a greater concern and makes the surgery more time consuming.

**Inguinal Hernia** – In some horses the opening in the abdominal wall (inguinal canal) through which the testicles descend into the scrotum is abnormally large or flexible. In these horses, the intestines and other abdominal tissue can pass through the inguinal opening (herniate). Though inguinal hernias are uncommon, they are a serious complication.

**Infection** – After the testicles are removed, the scrotal incision is not sutured and is allowed to heal from the inside out. If the incision closes prematurely, infection can be sealed inside. If the scrotal area swells to approximately 4 times its presurgical size or if your horse’s rectal temperature exceeds 102.5°F (39°C), infection should be suspected. The aftercare instructions outlined below should help prevent infection.

**Pregnancy** – A recently castrated gelding can still get a mare in foal for some time after castration because of sperm remaining in the conducting system. Recently castrated geldings should be kept away from females for at least 30 days.

Care After Castration

1) For the first 18 hours after castration keep the horse calm. During the first 6 hours after surgery look in on the animal every hour, then every 4 hours. Some dripping of blood is to be expected, but call us immediately if blood streams from the wound. Also call us if you observe colic signs or any dramatic increase in scrotal swelling or pink/red tissue protruding from the wound.

2) Keep your gelding turned out for at least 14 days and encourage as much movement (ideally walking and trotting) as possible. **DO NOT STABLE OVERNIGHT.**

3) If your animal is handled enough to make this possible, beginning on the day after surgery measure and record the rectal temperature every morning.

4) If there is any risk from fly worry, apply fly spray around the flanks and hindquarters. Spray from the side. Do not spray from underneath, directly up into the wound.

5) From days 2 through 12 there may be some redness of the wound edge. This gradually resolves as the wound heals.

6) During days 2 through 5 the scrotum may well swell up to 4 times its original size. This is normal. The postoperative swelling is reduced with exercise. The scrotum will gradually return to its normal size.