

Avondale Veterinary Group

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Guidelines on Castration

When should I have my colt castrated (gelded)?

Usually, we suggest castration at 12-18 months of age. For some colts, we may suggest castration from nine months onwards. If the colt is left until he is older, then there is an increased risk of haemorrhage and/or retaining some stallion-like behaviour. We generally advise that castrations are avoided through the summer months due to increased risk of infection from flies.

Both testicles should be present in the scrotum. If this is not the case (i.e. the colt is a cryptorchid), it is possible to leave the colt entire for an additional period of months to see if it does descend or for the vet to refer the colt to a specialist facility for castration. The undescended testicle may be within the groin or completely within the abdomen. Removal of a testicle which is within the abdomen may require a general anaesthetic and invasive abdominal surgery. However, more and more abdominal testicles can now be removed via key hole surgery (laparoscopically).

Do I need to bring my horse to the surgery?

In most cases, we perform castrations with the colt standing, heavily sedated and with injections of local anaesthetic. We require a large, clean and well lit stable and an experienced handler. Assuming, the above are available at your premises, there is no need to bring the horse to the surgery. However, some people prefer not to see the procedure being performed and if you wish, the colt can be dropped off at the surgery in the morning and collected later in the day. In certain cases, i.e. particularly small ponies and older colts, it may be necessary to perform the castration under a general anaesthetic and for such animals, we advise they are admitted to the surgery.

What actually happens during the castration?

Once the colt is sedated and has received all his pre-operative medications, the scrotum is prepared with skin disinfectant. Local anaesthetic is then injected into each testicle and surrounding tissue. Two surgical incisions are made, one for each testicle to be removed through. Using an instrument called emasculators, the cord is simultaneously crushed and cut and then this is repeated with the blood vessels supplying the testicle. The two incisions are left open to allow drainage.

Post –operative care

We advise the gelded horse/pony is kept in for 24 hours following castration and is then turned out into a clean environment. Over the first day or so, you may see some blood coloured fluid dripping from the wounds. As a general rule of thumb, if the drips can be counted, this bleeding will not cause a problem. If the dripping exceeds this for a period of 20 minutes or so please call the surgery for advice. The sheath is likely to swell up 2 to 3 times the normal size over the following 2-3 days post operatively. With turnout, the swelling should disperse within 7 days. If the swelling does not reduce or goes down then comes back again then this may suggest infection present. Please contact the surgery if this is the case. Often a short course of antibiotics is necessary. It is not necessary for you to clean, touch or apply anything to the incisions at all. All that is required is to clean the lower legs of blood tinged fluid; be careful to avoid being kicked.

Other things to watch for are:

- Stiffness or being off food
- Anything hanging down from the incisions. Sometimes fatty tissue which makes up part of the tunic which surrounds the testicle may protrude slightly; also if the tissue within the scrotum is swollen (due to local anaesthetic) then some of this may protrude from the wound. In extreme cases, since there is communication between the scrotum and the abdomen some intestine may come through the inguinal canal and protrude through the incision .i.e. herniate. If in doubt please contact us for advice.

Complications

We include this because we are always asked. Castration is one of the most commonly performed surgeries on the horse. Owners are informed of these complications to help alleviate misconceptions in the event of complications occurring.

Haemorrhage is a common complication immediately following surgery or less likely a few days later. Bleeding is often minimal with intermittent drops of blood which spontaneously stop within minutes.

Eversion is prolapse of abdominal contents (as described previously). With prompt recognition, appropriate first aid and emergency surgery, disaster can be avoided.

A degree of post operative swelling is normal and is not considered a complication however excessive swelling accompanied with stiffness should arouse suspicion of infection. Infection may take up to 10 days to develop.

Scirrhus cord is an uncommon complication where infection travels up part of the spermatic cord which is left inside. It is characterised by thickening of the cord stump by multiple small abscesses surrounded by a fibrotic and granulomatous mass.

Chamignon is an uncommon, more delayed post castration infection and it is characterised with mushroom like protrusions of granulation tissue from the wound edges. Other signs include local swelling, purulent discharge and is recognised within 1-2 weeks post castration.

Hydrocele is an accumulation of fluid within the testicular tunic. This is localised and usually unilateral and of no great clinical concern.

Tetanus prophylactic cover is mandatory as the scrotal incisions are an ideal environment for *Clostridium tetani*.

How soon can the gelding be turned out with mares?

The gelding can be turned out with mares 8 weeks after castration. It takes 3-4 weeks for the testosterone levels in the blood stream to drop. However, in some rare cases, it is possible for stallion like behaviour to be displayed for several months. In older animals it is important to note that some stallion like behaviour will be learned and therefore not be improved by castration.

A note about general anaesthetics

Whilst a general anaesthetic carries a degree of risk in all species, in horses, this risk is considerably increased. A significant part of this is related to their size and weight. Lying on their back or side for a period of time can cause muscle and nerve damage from which recovery is not always possible. In addition, the pressure of the intestines on the lungs when the horse is on its back can affect breathing.

Induction i.e. 'going under' and recovery are also risky as we cannot ask the horse to lie down before they are induced and equally they may attempt to get to their feet after the procedure before they are balanced or awake enough.

In castrations, generally the procedure is very short and as a result these risks are much reduced. However, it is important that as an owner you are aware of the possible complications.