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Damory Veterinary Clinic
Equine Department

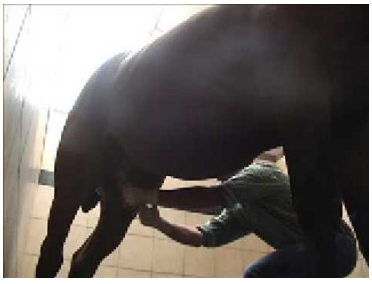
Castration

Why should I have my horse castrated (gelded)?

Unless you intend to use your colt for breeding we recommend getting him castrated. Geldings are far easier to handle and less unpredictable than stallions. Owning a stallion is a responsibility which cannot be taken lightly and will require suitable handling facilities and staff.

Everyone has their own opinion on the best age at which to castrate horses. Gelding a young colt is a simpler operation which carries less risk of bleeding and will mean that your horse should not develop 'coltish' tendencies. Some horses are purposely castrated when they are older as stallion traits such as a crest are desired.

How is it done?



(i) Standing sedation: In general, colts that are about 13hh or larger will be sedated and castrated using an 'Open' technique. They are larger enough to see and reach underneath! After sedating the horse, local anaesthetic is injected into the testicles. An incision is made and a surgical instrument called an emasculator is used to cut and crush the tissues leading down to the testicles.

(ii) General anaesthetic: Younger colts or shorter patients (such as Shetlands) are usually given a short general anaesthetic and castrated using a 'Closed' technique. The testicle is not cut into and a ligature is used to reduce bleeding. Older stallions with larger blood vessels will probably be anaesthetised so the risk of haemorrhage can be reduced.

Which is the best method?

There are pros and cons with each technique:

- Standing sedated:
  - Pros: -No general anaesthetic risks;
    -Simple, quicker surgery; BUT
  - Cons -Greater risk of bleeding
    -Small risk of abdominal contents emerging through wound*

* This is called *eventration*. It is rare complication that is more likely in older draught-type horses that have a larger channel that connects the abdomen with the cavity around the testicles.

- General anaesthetic: Pros: -Reduced risk of bleeding;
  -Reduced risk of abdominal contents emerging through wound
  -Good visualisation of structures; BUT
  Cons: -Small risk from general anaesthetic;

Discuss the best option for your horse with the veterinary surgeon. It will be a balance of factors such as age, temperament and facilities.

Aftercare

What to expect

- Your horse will have been sedated (and possibly have had an anaesthetic) so will need to be starved for about two hours after the procedure to prevent colic or choke. Keep him quiet during this time.
- The wounds will ooze some blood for a few hours after the operation. Get fly repellent on the area while he is quiet.
- The skin incisions are not sutured to aid drainage of fluid from the wounds. Infection generally occurs if the wounds seal too quickly, so we encourage turnout to prevent this. If your horse is sore and reluctant to move around as normal then anti-inflammatories are used.
- An antibiotic and tetanus cover will have been given routinely.
- The wound area will swell two or three days after the surgery and then the sheath will be filled for a few days after that. Then the swelling should resolve.

What is abnormal

- **Excessive bleeding**: If there are more than the occasional drips of blood should prompt you to call the surgery. Please call the surgery **IMMEDIATELY** if you cannot count the drips.
- **Excessive swelling**: The amount of swelling varies with each patient but if it is larger than a satsuma or your horse is uncomfortable please contact the surgery.
- **Eventration**: As mentioned previously, a rare complication is abdominal contents emerging at the wound. This could be fat or bowel itself. If you notice anything hanging from the wound call the surgery **IMMEDIATELY**.
- If your horse is still sleepy an hour after the surgery or shows signs of colic please contact the surgery.

Please feel free to discuss any queries regarding castration with one of the equine team.