



# LIPHOOK

## EQUINE HOSPITAL

# Castration

*These notes are intended to provide clients with the basic information they require prior to having a colt castrated. If you have any questions not addressed in these notes please speak to your usual vet who will be happy to assist you.*



# Castration

## When to castrate

Traditionally this takes place in the spring of their yearling year, but there is no reason why they should not be castrated either earlier, as a foal, or later. There is no evidence to suggest that horses left entire develop any differently to those castrated earlier.

Castrations are normally carried out in spring and autumn. This is to avoid the **flies** of summer and the **mud** of winter. It should be borne in mind that they will benefit and recover faster if they are allowed **exercise** in the days following the operation and this should be considered when planning the date.

Both testicles must have descended into the scrotum and there should be no other material (e.g. herniated intestine) in the scrotum before castration is carried out. If there is suspicion that other material may be present within the scrotum then the horse should only be castrated in a hospital environment. If only one testicle is present there is then a choice of either waiting until the second testicle appears later or castrating the 'rig' in hospital. This may involve considerably more surgical intervention as the retained testicle may be present within the abdomen and this may require a laparoscopy to find (keyhole abdominal surgery).

Prior to castration the horse should be in good condition, have been wormed regularly and without any recent respiratory infection. Ideally he should have been previously vaccinated fully against tetanus but if not he can receive antiserum at the time of surgery.

## Where to castrate

The operation may be carried out either at the owner's own property or at the hospital. The advantage of carrying it out at your own property is the lesser inconvenience caused to you and your colt by travelling. Providing you have adequate facilities then this may be your preferred location.

*If castrated at home* using sedation and local anaesthetic a competent, experienced handler is essential - preferably one who does not mind the sight of blood! Clean, warm water and a clean environment will also be required.

*If carried out at the hospital* the colt will be admitted the day before in order to allow him to be fasted, and to settle in and get used to his surroundings. We find colts that are relaxed are better subjects for anaesthesia the next morning. He will then be castrated in the operating theatre, which offers the highest standards of sterility and anaesthetic equipment. Usually he will stay overnight following the anaesthetic and go home the following morning. However, you may discuss this with your veterinary surgeon.



# Castration

## The Procedure

Castration involves the removal of both testicles through surgical incisions into the scrotum. The connections of blood vessels, tubes *etc.* from the testicle to the body internally must also be crushed and cut.

There are two castration methods. The **"open" technique** incises open the scrotum and, having removed the testicles, the wound is left open for postoperative drainage. The **"closed" technique** involves suturing the various layers, once the testicles are removed, to prevent herniation of intestines through the castration site. This latter technique takes longer and is not usually possible to do under field anaesthesia so requires the horse to be operated on at the hospital premises.

**Standing castration** using sedation and local anaesthetic can only be done using the 'open' technique and is suitable for horses which are well handled and have fully descended testicles.

## The Risks

Nationwide surveys suggest that as many as 1 in 2 castrations develop problems afterwards and, although we take pride in the fact that our rate of complications is considerably lower, the risks of infection, or worse, do exist.

- **Infection** acquired at the time of surgery, or from mud and dust contamination subsequently, is the most common post-operative complication. This emphasises the importance of hygiene wherever the horse is castrated.
- **Bleeding** is a frequent complication of the open technique but is usually, but not always, self-limiting. As a general guide, if you can count the drips then this is of little concern compared to a constant stream of blood. If you notice excessive bleeding we would always encourage you to contact us.
- **Post operative swelling** is normal and usually reaches its maximum at about five days after the operation before reducing. Gentle exercise during this period reduces swelling.
- **Herniation** of the abdominal contents through the wound, which is more common in foals and in those operated on using the open technique. This risk is minimised by using the closed technique.
- If the 'closed technique' is your preference, the administration of any **general anaesthetic** does carry an element of risk and, although we will do all we can to minimise this, it must always be borne in mind. As well as preparing the horse by starving *etc.* the subject will undergo a pre-anaesthetic check. In very rare cases where there is an adverse reaction, the emergency resuscitation equipment that is available at the hospital will offer your horse the best chance of recovery. Unfortunately, this equipment is not mobile enough to be carried to the owners' premises.



# Castration

The preferred choice of the practice is the '**closed technique**' carried out at the hospital but we understand the economic reasons why some owners may not elect to have this option. Your vet will be happy to discuss the options.

## The Costs?

To help our client's budget and choose which technique they should have performed we now carry out castrations on a "fixed fee" basis. For an up to date quotation please telephone our receptionists at the practice on:

**01428 723594**

Please be aware that post operative complications are to be expected in a number of cases and whilst we will do all that we reasonably can to reduce the risks we cannot eliminate them; most are due to individual variations in the anatomy of the colt. The costs of treating post-castration complications are the responsibility of the owner alone.

## Castration Preparation checklist:

- Is your colt healthy?
- Is he vaccinated against Tetanus?
- Are both testicles descended?
- Have you decided upon the method of castration?
- Do you understand the potential risks of castration surgery?
- If the procedure is to be done at home, are your facilities suitable? Is sufficient help available? Is there adequate clean, warm water?
- Have you contacted our reception team to book the appointment and signed our consent form?



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