

Standing Castration

When to Castrate?

Standing castration is the normal method employed in the practice for most colts aged from Foals to 2y.o. Foals can be castrated at anytime from a few weeks provided they have both their testicles present in the scrotum, are strong enough to withstand the procedure.

If both testicles are not descended into the scrotum, then either time is required to see if any absent testicle will descend or surgical castration is required.(see later)

The process of castration and the post-operative period is a stressful time for the colt and the timing of the operation should be considered to accommodate this. For foals, it may be more suitable to castrate the foal prior to weaning, so that the foal can get over this stress while still having the benefit of it's Dam. Usually, 2-4 weeks prior to weaning would be sufficient.. Some owners elect to get the stressful incidents over in one go, castrating at the same time as weaning. This may have some benefit **but** if the gelding is to be confined to a stable as part of the weaning process this may compromise the castration site, making swelling more likely. There may be benefit to be gained using the group weaning technique, whereby a nanny mare is left as gradually other mares are removed one at a time. Castrating these foals as their Dams are removed may allow the benefit of a surrogate dam while keeping them mobile during the post-operative period.

The process of standing Castration is not risk free! The potential complications include:

- Haemorrhage (bleeding)
- Infections
- Swelling
- Prolapse of the Omentum (A fatty sheet that sits in the abdomen)
- Prolapse of small intestine through the castration incision
- Chirrous Cord formation

The process of standing castration involves the following:

The horse is checked for the presence of two testicles in the scrotum.

Sedation is administered using intravenous injection. (sedation may be required to check the testicles in some colts)

Once the sedation has taken effect, the scrotal area is cleansed.

Local anaesthetic is injected into the testicles and scrotum to numb the area.

The Scrotal area is cleaned and prepared for the procedure.

The Vet will then prepare the instruments and scrub his/her hands.

The testicle is pulled to the base of the scrotum and an incision made to release it. The testicle is removed using an instrument called an Emasculator. The testicle along with the accessory structures call Epididymis is removed. The Emasculator crushes the end of the cord and vessels as well as cutting the lower part to release the testis.

The emasculators remain in place for a few minutes and then are carefully removed, once the vet is happy no haemorrhage/bleeding is seen, he/she moves on to the second testicle.

Once both testicles are removed, the incisions in the scrotum are left open to allow drainage. Some vets will even remove the scrotal skin between the two incisions to further enhance drainage. Closing the Scrotum leads to massive swelling and a high risk of infection.

The New Gelding will be given 2-3 days of antibiotic injections and some vets may also use some Phenylbutazone.

Provided there is no bleeding or any abnormal structures visible in the incisions, the gelding can be turned out in to a sensible sized paddock to promote walking which will help prevent to formation of swelling.

If the gelding is to be stabled try to use the biggest box available to encourage movement and avoid using shavings or paper as bedding because these will tend to stick to the scrotal incisions if the horse lies down. Clean Straw is the best.

If you note some swelling of the scrotal region, and the gelding is not walking around much, taking the horse out for a walk in-hand 3-4 times a day for 20-30-mins will help.

The following problems require you to call the vet:

Bleeding from the wounds - if at a rate faster than a slow drip.

Swelling of the scrotum that makes the scrotum or the sheath the size of a grapefruit or bigger, (if only orange sized and clean, try the walking in hand first)

Any discharge from the incisions

Anything hanging from the incisions, sometimes only a small blood clot but better to be safe.

If small intestine is seen or suspected, try to get a CLEAN plastic bag and hold the bit hanging from the scrotal wounds up to keep them clean and prevent damage. Ring a Vet straight away and tell them what you suspect, this will be treated as a genuine emergency. Try to stay calm and keep the horse as calm as possible before the vet arrives, fortunately this is a rare complication. Small intestine looks like pink sausage like material, and once it starts to prolapse it can appear to keep coming, hence the need to try and contain it in a clean bag.

If the horse has no swelling or obvious abnormality, but is off colour, reluctant to move or off it's food, then call the vet for some advice. If you can take a rectal temperature, that information will be very useful.

FAQ's

When will the gelding stop being a colt?

The hormone levels will decline over the first week or so, the removal of the testes and the Epididymis means that there are no sperm left so even if he does cover anything, there should be no resulting pregnancy.

The older the colt at Castration, the greater the chance that the "Colty" behaviour has become learnt-behaviour. This rarely happens much before 18mths and tends to gradually increase after that, Colts 3 years and older stand a greater chance of some colty-tendencies persisting after the castration. This may be further increased if the horse has actually been used to cover mares.

When can the Gelding be worked?

Once the scrotal wounds have healed which usually takes about 2 weeks, the horse should be ok to return to some light work or start a breaking process, but a month might be a safer period to allow everything to fully settle. If there was any infection or other problems a longer period may be suitable, ask your vet for specific advice.

What is a Rig?

A rig is a horse that appears to be a gelding but behaves more like a colt/stallion.

This can happen if, only one testicle is descended in to the scrotum and is removed leaving another inside the abdomen.

If only part of the testicle/epididymis complex is removed, leaving the other bit in the horse to produce testosterone.

If no testicles descend into the scrotum and are, therefore, not detectable from the outside. Sometimes when just one testicle is present in the scrotum, and the location of the other is unknown, these are also referred to as "Rigs".

What to I do if only one Testicle is present?

If you know that there is no chance that the "absent" testis could have been removed, then the options are:

1. wait and keep checking if the testicle will descend in to the scrotum
2. sometimes under sedation the testicle can be felt and pulled towards the scrotum
3. if 1. or 2. above don't apply, then the colt will need a general anaesthetic. Quite often once the horse is anaesthetised and on its back, the testicle is pushed up towards the inguinal ring and can be pushed into the scrotum, the horse is then castrated via the scrotum. (sometimes, we will make an incision in front of the scrotum, this means that after the testicles are removed, the skin incision can be sutured to close it. Also the blood vessels and tunica (sleeve in which the testicles lie) can be stitched closed also which reduces the risk of bleeding and herniation of intestine.
4. if no testicle can be felt even under general anaesthesia, then an incision is made in the abdomen next to the sheath and the abdomen explored for the testicle and once found it is removed. This procedure is more expensive and requires much longer post-operative healing time.
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How do I know if my horse has been castrated in the past?

If nothing is written in the passport about any previous castration or if you doubt the behaviour of your horse a blood test can be done to test if there is any testicular tissue in the horse. This test works best in horses that are 3 years or older and sometimes we need to do a special stimulation test to get a clear result.

If the test comes back positive and nothing can be felt in the scrotal region, then a general anaesthetic and surgery would be required to go looking for the testicle in the horse's abdomen. Seeing scars etc in the scrotal region can be difficult in the conscious standing horse, but sometimes these are more obvious once the horse is anaesthetised and any hair clipper away, this may give clues as to which side the testicle might be.