

# Routine standing castration

Castration involves the surgical removal of both testicles. This is carried out to prevent unwanted breeding and behaviour associated with some stallions.



## The procedure

In order to complete routine standing castration, the horse or pony must have two testicles descended into the scrotum. If the testicles are only partially descended, the animal may need to be castrated under general anaesthetic.

The patient is heavily sedated using intravenous sedatives and the scrotal skin and testicular cord are desensitised using local anaesthetic injections.

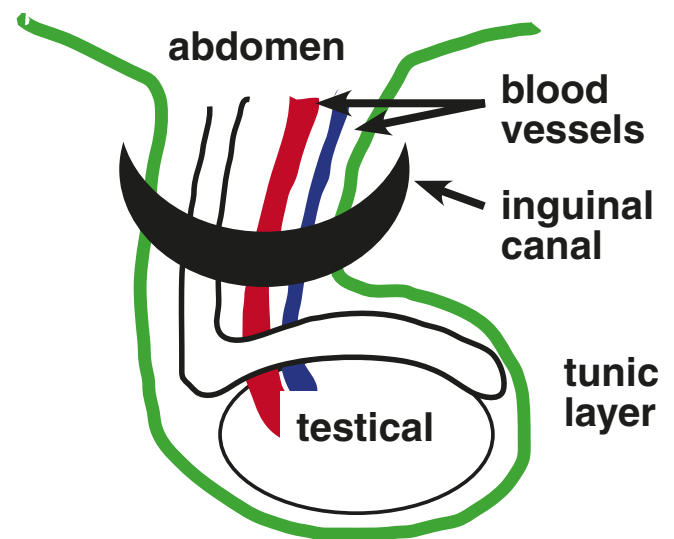
Using a scalpel, the skin and tunic containing the testicles are incised and the testicles exposed. The ligament that suspends the testicle is crushed and cut off along with the blood vessels. Depending on the animal, a ligature (stitch) is not usually placed around the blood vessels during standing castration.

The surgical wounds are left open to allow drainage of inflammatory fluids. The wounds may continue to weep for a few days after castration with a watery bloody discharge and will generally take four to six weeks to heal.

## Cleaning the surgical site



## Testicle anatomy



## KEY POINTS

- Routine standing castration requires the presence of two descended testicles.
- Standing castration is most suitable for younger animals and those that are tall enough to see underneath.
- Very small ponies or unhandled animals may require a general anaesthetic.
- Avoid fly season and extreme cold/wet conditions when castrating.
- Risks include bleeding, infection and herniation of intestines.

### What are the risks?

Although castration is a routine operation, complications do occur

The two that can be encountered immediately post-operatively are bleeding or herniation.

**Bleeding** will occasionally occur after castration. If the bleeding is in 'countable drops', this will usually slow and stop within a few hours, without any veterinary intervention. Occasionally, bleeding is more severe and will require veterinary attention to stop it. The bleeding vessel can be tied off with suture material or crushed with a small clamp or the scrotum may be packed with a pressure dressing for 24hours.

**Herniation** involves intestine or abdominal organs protruding from the wound. This tissue may be a small portion of the testicular sack which is easily rectified. If the tissue is a piece of gut or the fatty tissue that surrounds the gut (omentum) then emergency veterinary assistance is required. This tissue needs to be replaced into the abdomen and the inguinal canal sutured shut. This will require sedation or even general anaesthetic so the animal may need hospitalisation.

**Infection** may occur after castration. This can be identified by excess swelling of the scrotal area, a stiff hindlimb gait or pus-like discharge from the wound area. This needs to be treated by wound cleaning and antibiotics. Occasionally infection will break out months or even years after castration. This is called scirrhus cord and is likely to need surgical removal.

### PREPARATION FOR CASTRATION

Castration is always easier if the patient is used to being handled, so practice before the visit!

Before the date, it is best to discuss the operation with your vet to assess you and your horse's individual circumstances.

Tetanus cover is vital so please check if your horse is vaccinated and bring the horse's passport with you.

It is useful to have a well lit, confined area such as a stable or a pen with a clean bed.

The vet will also require warm clean water.



**THE TESTICLE IS EXPOSED AND CLAMPS ('EMASCULATORS') ARE USED TO STOP BLEEDING FROM THE LARGE BLOOD VESSELS AND TO CUT OFF THE TESTICLE**



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