|  |  |  |  |
| --- | --- | --- | --- |
| **Position of patient** | **Advantages** | **Disadvantages** | **Complications/Risks** |
| Standing | * eliminates risks associated with GA
* cheaper
* quicker
 | * limited to open castration technique
* not sterile because not as surgically accessible
* carefully select patients - avoid mules, donkeys, small ponies/horses and fractious stallions
* if a major problem occurs (severe bleeding or evisceration–removal of part of or a whole organ), then it is nearly impossible to correct with the horse standing, and the horse will have to be anesthetized very quickly for treatment.

  | * injury to surgeon, horse
 |
| Recumbent | * good surgical access
* can perform closed castration and decrease risk of herniation
* possible to repair umbilical hernia as well
 | * risks associated with equine GA
* increased risk of herniation if use open technique
 | * herniation
* fatalities and complications associated with equine GA
 |
| **Surgical Method** |  |  |  |
| Open  | * permanent
* no possibility of sperm production
* no testosterone production
* quick
* all tissues touched by surgeon are removed
* no foreign material left behind
 | * post op complications
* higher chance of infection
* risk of herniation
* higher risk of fly strike
* irreversible
* more skill required
* not done in stallions [oldest 3 or 4 years]
 |  |
| Closed | * any age (including stallions)
* using ligature prevents herniation
* closing scrotal skin = rapid healing
 | * more surgical and anaesthesia time
* handling tissues and leaving ligature
 |  |
| Semi-Closed | - may be used for mature horses and stallions with ligatures  | - more surgical and anaesthesia time |  |
|  |  |  |  |