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| **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 |  |
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