**ADVANTAGES AND DISADVANTAGES OF CASTRATION**

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|  | **Advantages** | **Disadvantages** |
| **Standing castration** | * Less expensive and time consuming.
* Avoids risks of general anesthesia.
* Post-operative complications, eg hemorrhage, can be rectified quickly because spermatic cord/scrotum already desensitized.
 | * Risks to surgeon - careful selection of cases.
* Difficult in small animals and poorly developed testicles.
* Generally the open technique is used in standing cases due to the fact the operative environment is not sterile
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| **Recumbent castration** | * Safer and easier for surgeon.
* All 3 types of castration technique can be used
 | * Risks of general anesthesia including recovery
* More expensive.
* Repeat anesthesia required for immediate post-operative complications.
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| **Scrotal open castration** | * Fast and technically easy technique that can be performed under standing sedation
* It is quick
* All tissues handled by surgeon are removed
* No foreign material left behind
 | * No ligatures are placed there is an increased risk of postoperative haemorrhage and eventration. As wounds are left to heal by second intention, there is an increased risk of infection. And delay in return to exercise.
* Increased risk of complications
* Herniation risk
* Poor asepsis; infection spreading to abdominal cavity
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| **Scrotal closed castration** | * The vaginal tunic is not entered before it is sutured, contamination of the peritoneal cavity is reduced. The placement of a ligature ensures better hemostasis and reduces the chances of eventration.
* Prevents herniation if ligature is used
* Peritoneal cavity is sealed against infection
* Scrotum may be closed as it heals rapidly
 | * Longer surgery time.
* As the ligature acts as a foreign body the risk of post operative infection is increased. This technique can only be safely performed under general anesthesia.
* More time intensive, more anesthesia time
* Tissues handled (infection risk)
* Ligature left behind
* General anesthesia required
* Open castration
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| **Semi- Closed castration** | * Less prone to infection
 | * If the parietal tunic is not closed properly after emasculation it can lead to herniation and evisceration of intestines or omental contents
* Haemorrhage can occur if the emasculator is not used correctly or the testicular artery is not crushed for the appropriate amount of time
* Edema which causes discomfort
* Tetanus caused by clostridium tetani toxin
* Penile damage
* Continued masculine behaviour
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