



HORSE CASTRATIONS

Castration of colts (male horses 3yo and under) and stallions (male horses older than 3yo) is a routine surgery that, by law, can only be legally performed for a client by a registered Veterinarian.

The “lay castrators” usually use ropes to restrain the horse, and a hot iron to prevent haemorrhage after cutting the testicles out. We don’t consider this to be humane, and therefore only perform castrations surgically under anaesthetic, and under clean conditions to reduce the risk of infection.

SAFE ANAESTHETIC

To safely perform the surgery, we need to be able to give the horse an anaesthetic injection, preferably into the vein. The anaesthetics we use these days are extremely safe for horses if given at correct dose rates.

The jugular vein, which runs down the side of the neck, is the most commonly used vein in horses for “I/V”(IntraVenous) injections.

It can be very difficult to inject a colt or stallion which has had not enough handling. He must be comfortable with someone approaching the side of his neck, and allow the skin on the side of the neck to be pinched. **By doing this in the weeks leading up to the date of the surgery, he can be conditioned to allow the procedure to be safely done.**

RIGS/CRYPTORCHIDS

Another important requirement is that there are two testicles visible and properly “descended” into the scrotum. When a male foal is an embryo, the testicles form inside the abdomen near the kidneys. Up till the time of birth, they move progressively toward to groin area and are usually out in the scrotum at birth or soon after.

If one or both testicles fail to descend properly, the horse is known as a “rig” or cryptorchid. It is important for us to know if a colt/stallion is likely to be a rig before we attempt to anaesthetise him for castration, as this will affect how we perform the surgery.

GYMPIE VETERINARY SERVICES

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TETANUS PREVENTION

Every horse needs to have some immunity against Tetanus at castration. The cheapest and most effective way to do this is to vaccinate the colt/stallion prior to surgery. You would need to give two injections of Tetanus Toxoid 4 weeks apart, with the second dose at least 2 weeks prior to surgery. All horse require an annual booster after the 2 shot primary course, and this can be given at castration.

Alternately, and a more expensive option, is for us to administer tetanus antitoxin at time of castration, along with the first vaccination, and then follow up with a second vaccination shot 4 weeks later.

THE SURGERY

To carry out a safe castration on your colt/stallion, we need:

- A clean, grassy area, preferably shady if in hot weather
- No other animals (including other horses, dogs, cattle, or any livestock) in the same clean, grassy area at the time of the surgery.
- Clean fresh water
- At least one able bodied person to help keep the horse on his back.

We prefer what is known as a “semi-closed” castration, and this is performed with the horse on his back. We therefore need someone to keep the horse in this position during the surgery, which usually takes 15-20 minutes, unless complications arise. Alternately, a couple of heavy hay bails covered with clean sheets can be used to keep the horse in position.

AFTERCARE

Aftercare for our castration patients involves a 24 hour period of minimal exercise, followed by turnout in a clean grassy paddock where he can exercise freely. It is preferable that he has paddock mates who can keep him moving, or else he may stand in a corner and “sulk”, which can lead to more swelling. The wounds are left open to drain, and usually close up (heal) after about 10 days.

We require the owners of our castration patients to examine the surgery area at least once daily until the wounds heal, and report to us anything abnormal.

Signs of a potential problem include excessive swelling around the wound/s, pus discharge from the wound/s, pain (which often shows up as hindleg lameness), and sometimes poor appetite and lethargy.

It is therefore important that if you schedule a castration, you are available to examine the horse in the 2 weeks after the surgery.