Castration(Gelding)

Castration involves surgical removal of the testicles. It is performed on colts to modify their behavior and to prevent development of stallion-like body development. Castration is usually performed before the age of 18 months. Any colt older than 9 months of age should not be put on pasture with fillies and mares if you do not want foals by that colt.

The testicles normally descended into the scrotum by the time of birth. In some colts, called “high flankers,” one testicle does not completely descend into the scrotum and remains in the inguinal canal. Testicles that remain the abdominal cavity, without descending into the scrotum, require more complicated surgery to remove. These foals are known as “ridglings” or cryptorchids. Cryptorchids are referred to Cornell for castration.

Dr. Johnson performs castrations under general anesthesia. We prefer to operate on an area of dry, flat lawn. If this is not possible, a large well lit stall or indoor arena with straw bedding may be used.

- Before the surgery, the colt should be halter broken and accustomed to handling so it can be easily managed during and after surgery.
- **Be sure to withhold food and water on the day of surgery.**
- Tetanus immunization is necessary before or during surgery.

**Potential Complications of Castration**

Though castration is a common surgical procedure, certain complications can develop after surgery.

**Bleeding.** Bleeding can occur after castration of a horse with clotting abnormality or a horse with abnormally large testicular blood vessels. The testicular blood vessels enlarge as a stallion ages. Thus, the younger the horse when it is castrated, the less potential for postoperative bleeding. If a horse is over 2 years of age at the time of castration, control of bleeding is a greater concern and makes the surgery more time consuming.

**Inguinal hernia.** In some horses, the opening in the abdominal wall (inguinal canal) through which the testicles descend into the scrotum is abnormally large or flexible. In these horses, the intestines and other abdominal tissue can pass through the inguinal opening (herniate). Though inguinal hernias are uncommon, they are a serious complication.

**Infection/Swelling.** After the testicles are removed, the scrotal incision is not sutured and is allowed to heal from the inside out. If the incision closes prematurely, infection can be sealed inside. If the scrotal area swells to approximately 2 times its presurgical size or if your horse’s rectal temperature exceeds 102 F, infection should be suspected. The aftercare instructions outlined below should help prevent swelling and infection.
Pregnancy. A recently castrated gelding can still get a mare in foal for some time after castration because of sperm remaining in the conducting system. Recently castrated geldings should be kept away from females for 30 days.

**Care After Castration**

- Postoperative care is usually needed for at least 2 weeks after castration, so schedule the surgery for a time when this time commitment is not a hardship for you.
- Ideally, you should develop a rapport with and feel comfortable around the young stallion before we castrate him. It can take months for stallion-like behavior to moderate after castration.
- Conscientious postoperative care is essential for a smooth, uncomplicated recovery. The postoperative period also is a good time to begin daily training of your young horse.
- For the first 18 hours after castration, keep the horse confined and calm. During the first 6 hours after surgery, look in on the animal every ___ minutes, then every ___ hour(s). Look for streaming of blood from the wound. Some dripping is to be expected, but **call us immediately if blood streams from the wound. Also call us if you observe colic signs or any dramatic increase in scrotal swelling or pink/red tissue protruding from the wound.**
- **Keep stall clean. Use straw for bedding if possible.**
- Beginning on the day after surgery, measure the rectal temperature daily for 10 days before exercise and record the reading.
- The exercise program should consist of 15 minutes of controlled exercise, both morning and evening. Lunging or ponying at the trot is best. The horse may start stiff gaited behind, but this stiffness resolves with more exercise.
- After exercise, use a hose to direct a stream of water against each side of the scrotum for at least 2 minutes. Spray from the side, **not** directly up into the wound. This hydrotherapy cleans the wound and stimulates healing. Many horses initially resent hydrotherapy but gradually come to enjoy it.
- Apply fly spray around the flanks and hindquarters. Spray from the side. Do **not** spray from underneath, directly up into the wound.
- From days 2 through 12, there may be some redness of the wound edge. This gradually resolves as the wound heals.
- Postoperatively, the scrotum may swell up to 2 times its original size. This is normal. This swelling is reduced with controlled exercise. Swelling of the scrotum should be gone after 5 days.

Give ___ gms of bute by mouth twice daily for 2 days.

**Call Our Office If:**

- You have any questions concerning castration.
- Your horse’s temperature in the morning, before exercise, is above 101.5 F.
- You observe excessive bleeding or drainage from the scrotal incision.
- You observe any abnormal swelling or tissue hanging out of the scrotal incision.
- Your horse does not appear to be recovering normally from this surgery.