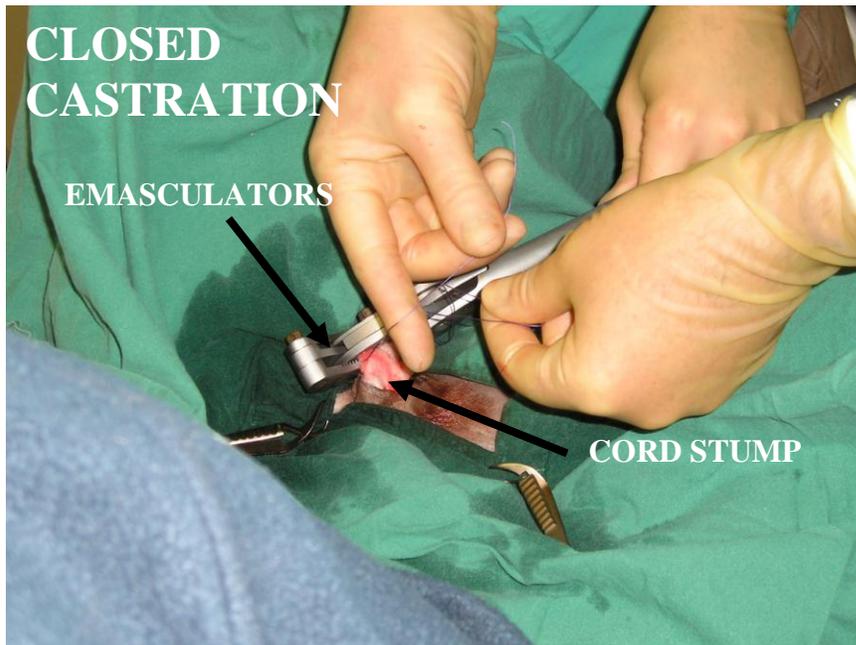


## Gelding colts.



We castrate young male horses for many reasons but the commonest are:- unsuitability for breeding or to improve temperament thereby making management of the gelding easier in that he will be much less likely to fight or cause problems with mares. Castration can be undertaken in the standing sedated colt using local anaesthetics or under general anaesthesia (GA). The technique / surgery is either open or closed. Open castration is the norm whereby no sutures are used and the crushed cords that retract into the inguinal canals have not been touched so that the operation is 'close to sterile'. Both testicles must be fully developed and fully descended to do an open castration. Small ponies and young colts have smaller testicles and can be fiddly to castrate when standing so many vets prefer GA for these cases. Closed castration can only really be achieved under general anaesthesia as it needs the inguinal tunic to be separated from the adjacent structures and closed with stitches (ligatures). In the standing sedated animal this cannot be achieved in a sterile manner and the introduction of sutures increases the incidence of infection as they cannot be placed under sterile conditions. Open castration is quicker and therefore cheaper than closed castration under GA. All GA's carry a 0.9% risk of death as a result of the anaesthetic regimes. Herniation is a much lower risk hence standing castration is more common than GA. All castrations swell even in the absence of infection. This is because the crushed ends of the cords press against the surrounding tissues of the inguinal canal including the veins and lymphatics and slow the drainage from the sheath. Walking helps reduce this swelling and hence the risks of infection. A Newmarket survey showed a 20% incidence of post operative swelling after castration which needed treatment. The major cause was lack of walking exercise post op.

There are 3 more common post operative complications of castration.

### **1 – Haemorrhage**

Bleeding will always occur in open castrations as the incisions are not stitched. If you can count the drops of blood it is not serious. The vascular part of the cord is an accumulation of hundreds of veins and arteries with the veins spiralling around the arteries to form a 'heat exchange' system as sperm matures at a lower temperature than the body. Upon removal of the testicles the skin of the scrotum can fill slowly with blood from the subcutaneous tissues and form a blood clot which falls out as the gelding moves. This again is not a problem.

## **2 – Herniation**

The testicles start by the kidneys in embryological life and move along the roof of the abdomen, down by the side of the bladder and through the inguinal canal into the scrotum. The inguinal canal is not an open tube but a slit in 2 muscle layers rather like a staggered road junction. When the colt rears or mounts the slits move together to release tension upon the spermatic cord to make it more comfortable for the stallion. Colts which have had an inguinal hernia as a foal, those under 3 months of age (inguinal canal may not be mature) and those over 3 years or when they have been used as a stallion. (inguinal canal is larger) I prefer to do a closed castration on these cases. Either a lacy fatty tissue – the omentum can exit the surgical wound or a piece of intestine. The omentum is a frustration requiring more surgery but the intestine is a major panic. Fortunately both are rare. Your vet will examine the colt to minimise this risk prior to operating but it can occur despite proper checks.

## **3 – Infection**

Bacterial infection can occur at the time of the operation either through poor technique or inadequate cleaning of the operation site or more likely when mud or faeces are in contact with the open incisions. I personally prefer to cut colts in the spring and autumn when there are few flies around and the colt can access clean dry pasture. Muddy fields and dirty stables are not places to convalesce after surgery.

## **Rigs**

Cryptorchids are colts with only one or neither testicle present. The missing testicle is either in the inguinal canal or within the abdomen. Some will fully descend given time and some remain elusive requiring a GA and a search! Usually the missing testicle will have descended by 2 years of age if it is going to. Searching the abdomen for the missing testicle can be frustrating. A venerable Professor of equine surgery stated '*if you've done 100 rigs – you haven't done your 101<sup>st</sup>!*

Despite this surgery being routine within the equine world, castration is not a simple procedure. All surgery carries risk.