



## Thinking about gelding your horse?



### Why geld

Gelding or castration is standard practice for male horses that are not being used for breeding purposes. Geldings can be housed with mares, and they generally have a more stable disposition. Intact stallions tend to display breeding related behaviors such as whinnying, squealing, biting, pushing, striking, and rearing. Occasionally a young stallion can exhibit sexual frustration or self-mutilation tendencies.

### What age

As long as a colt or stallion has both testicles descended into the scrotum, it can be gelded. By 1yr of age most colts have both testicles descended (usually occurs around birth). On average geldings are performed between 8-24 months of age, though the age range is from weanlings (5 month of age) to old retired stallions (20+ years of age).

Stallions gelded after sexual maturity (which occurs between 18-24 months) tend to exhibit more secondary sex characteristics such as increased muscle bulk and definition, a thick, cresty neck, and stallion-like behavior. Mature stallions are often more difficult and dangerous to anesthetize and to recover. The testicular blood vessels are very large and are more apt to bleed. This requires the emasculators to be left on longer, extending surgery time, and increasing surgery costs. Older stallions, especially those who have bred mares, may take 4-6 months to lose their stallion-like behavior after surgery. Some permanently retain learned stallion-like behavior after gelding and are referred to as "proud cut."

Colts gelded before sexual maturity tend to grow taller and stay leaner, because the absence of testosterone delays growth plate closure. Colts gelded before sexual maturity may never develop stallion-like behavior and are usually much easier to handle during surgery and recovery. For these reasons, it is preferable to geld horses at 7-8 months of age if the owner knows that the colt will not be used for breeding purposes.

### Time of year

Gelding is an elective surgery, so we try to schedule surgeries during the spring and fall when there is less stress on the animals. Summer is usually avoided because of the risk of flies infecting the surgery site and the effect of heat stress on the animal. Winter can be a good time to geld horses as long as extremely cold days are avoided and appropriate facilities are available to perform the surgery.

### Preparation for gelding

#### Pre-weaning to pre-gelding

By the time the colt is gelded he should be halter broke. The more training the colt has, the easier it will be to handle when gelded. Start desensitizing the colt at birth, getting him used to being handled around the neck and scrotal areas. Give the colt baths so that he is used to water and the hose. Teach the colt to longe or free longe. Each of these things will make surgery and aftercare much easier.

### Preparation for gelding

#### Pre-gelding vet visit- 1 month prior to gelding

**Pre-gelding vaccinations-** Due to the risk of tetanus that comes with any surgery, all horses are required to be vaccinated for tetanus prior to gelding. COLTS WITH NO VACCINATION HISTORY MUST BE GIVEN A TETANUS-CONTAINING VACCINE AT LEAST 2 WEEKS PRIOR TO GELDING. Colts that have never received their primary series of vaccines would typically receive West Nile EWT (West Nile, Eastern & Western encephalitis, & tetanus vaccines), Rabies vaccine, and Calvenza (rhino & flu vaccines) at a pre-gelding visit 3-4 weeks prior to gelding. The day of surgery the West Nile EWT and Calvenza vaccines would be boosted.

**Pre-gelding exam-** Besides updating vaccines, it is important to have your vet examine your horse to make sure both testicles are descended, to listen to his heart and lungs, to make sure the horse is healthy enough for surgery and anesthesia. The pre-gelding visit will also give your veterinarian a chance to look over the facilities in which the gelding procedure will be performed in case any special preparations need to be made.

**Other routine health maintenance procedures-** The pre-gelding visit is a good time to do coggins and dental work that might need to be done to minimize stress on the horse the day of surgery.

### Types of surgery

It is up to your veterinarian to decide which type of surgery is best suited for your horse and your facilities. This decision is best made during a pre-gelding visit and exam.

#### Lateral Recumbency (laying down)

- Can be performed on any size/ age colt or stallion
- Safer procedure for surgeon
- Easier for small or poorly descended testicles
- Anesthesia related risks
- Recovery can be dangerous for Vet and handlers

#### Standing Surgery

- Allows for smaller area for performing surgery
- Horse doesn't need to be recovered (less risk of anesthesia related injuries)
- Procedure reserved only for easy going stallions, with well-descended testicles
- Colt/ Stallion must be tall in stature
- Veterinarian is less protected from being kicked

#### Abdominal surgery

- Only method able to remove cryptorchid (undescended) testicle retained in the abdomen
- Procedure restricted to referral hospital with surgical facilities

### Preparation for gelding

#### 12 hours prior to surgery-

Withhold feed.

#### The day of gelding-

If the surgery is to be performed recumbent, then a clean dry area of at least 50sq feet is preferable for the average 1000lb horse. If a stall is to be used, clean straw is best, but an outside, dry grass paddock is ideal. The area needs to be free from ice, wet concrete, or anything else slippery since horses are unstable on their feet upon recovery. A clean stall should be available to keep the horse in for the first 12hrs after surgery.

If standing surgery is to be performed make sure an area with good footing and lighting is available. Have the horse haltered and in the stall when the vet arrives (horses are often calmer for sedation in the stall).



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### Aftercare

Confine for 12hrs after surgery in clean stall (preferably straw bedding)

Exercise is critical in keeping the incision draining. This can be accomplished by hand walking, longeing, ponying, or free exercise. Hand walking is useful the day after for a very stiff gelding, however, more strenuous exercise is needed to keep the incisions open and draining as time goes on. Just turning the gelding out to pasture usually is not enough exercise. The recommendation is that the gelding be exercised for 15 minutes three times daily for three days, then 30 minutes twice a day for 1 week, and then once a day for 60 minutes daily until healing is complete (usually 2-3 weeks after surgery).



Cold hose (run cold water from a garden hose on) the incision daily for 15 minutes during the first few days after surgery to decrease scrotal swelling if the horse will tolerate it. By spraying water around, but not directly into the wound, the procedure may be less irritating to the horse.

Gently clean the discharge off the scrotal area, tail, and legs each day as long as discharge persists. Use warm water and soap (Betadine, Chlorohexidine, or dish soap) then rinse, and dry with a towel. Be careful, go easy, and see what the gelding will tolerate. In some cases just blotting or wiping up discharge with a damp towel or cotton may be sufficient. Over washing can also irritate the skin.

Apply ointment (Vaseline / Biozide/ Furazone) on the sparsely-haired skin on the inside thigh and gaskin area to help protect this area from scalding as drainage from the surgery site will persist for 2-3 weeks. Start this immediately after surgery and continue daily until discharge becomes insignificant. Consider fly spraying the legs and area around the wound each day as well.

Antibiotics are used at the veterinarian's discretion, usually when excessive swelling or discharge occurs.

Keep recently gelded colts/stallions separate from mares for 4 weeks after surgery. Fertile sperm will still be present in the ampulla and vas deferens higher up the reproductive tract.



### Complications

**Bleeding-** Is more common in older stallions, but expect some dripping after every surgery. If a steady stream persists for more than ten minutes call your vet.

**Swelling-** this is by far the most common complication. Usually it is a result of insufficient exercise allowing the incision to close and drainage to accumulate. Expect the scrotal sheath to swell. The surgery site normally starts with large amounts of drainage that slowly diminishes until it heals in 2-3 weeks. If the drainage suddenly stops or the swelling seems excessive, then gently wash the incision with warm soapy water and apply a warm compress to soften any crusts blocking drainage. Immediately follow this with hard exercise for 20- 30 minutes to re-establish drainage. If the swelling continues to increase and starts to spread down the hind legs, the horse starts running a fever (>101.9 °F), or backs off feed then call your vet. The incision may need to be reopened by your veterinarian and the horse started on antibiotics.

**Anesthesia related complications-** though very rare, any horse that undergoes anesthesia is at risk for complications such as aspiration pneumonia (that is why we hold colts off feed before surgery), facial and radial nerve paralysis (why we provide padding around the head and soft ground to work on), as well as a reaction to anesthetic drugs (why we listen to heart & examine the horse prior to surgery) which can range from hives to death.

The Perry Veterinary Clinic does not charge for an exam when a horse is given Rabies, West Nile EWT and Calvenza by the veterinarian during a farm visit.

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This is the best time of year to schedule routine work like dental, coggins or vaccines. We have more convenient time slots available for equine visits.



A copy of all newsletters from the Perry Vet Clinic are available at: [www.perryvet.com](http://www.perryvet.com)

To make an appointment with an equine veterinarian:  
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