

SUMMER 2022



EQUINE NEWSLETTER



EQUINE CASTRATION

Castration is the surgical removal of both testicles in order to prevent unwanted breeding and/or behavior associated with stallions. The procedure is also known as gelding or emasculating.

When to castrate?

Castration is usually done before 2 years of age, however the ideal timing depends on a lot of other factors including the facilities available, the weather and post operative management. Ideally castrations are carried out when the weather is cool and dry, in Spring and Autumn. This allows post operative turn out without the risk of mud contaminating the surgical site or complications associated with heat and flies which exist during the summer months.

Preparation is essential and should include handling the colt and getting them used to a cold hose being sprayed on their hind limbs and groin. We also strongly advise they are vaccinated against tetanus, which requires 2 vaccinations to be administered at a 4-6 week interval well in advance of the castration procedure.

The procedure

Castration is most commonly performed standing in the UK. For this to be achievable it is important that the horse or pony has two descended testicles as those with retained testicles (cryptorchids) must be fully anaesthetised in a hospital facility to carry out the procedure.

The patient is heavily sedated with an intravenous combination of drugs and local anesthetic is injected into the surgical site (into the scrotal skin and testicular cord). A scalpel is then used to make an incision through the skin of the scrotum and the tunic of one testicle. The ligament that suspends the testicle is then crushed using a piece of equipment called an emasculator which is then repositioned to sever the testicular blood vessels. To reduce the risk of bleeding this is left in place for around 5 minutes before the procedure is repeated on the second testicle. No sutures are used and the wounds are left open to allow drainage of any fluid post operatively.

Post-operative care

The horse should be stabled for 12-24 hours post operatively to monitor for complications, see opposite, after which it is essential that the horse is encouraged to move around.

Exercise should be encouraged, starting with in hand walk grazing, building to trot work and increasing to controlled turnout depending on the facilities and the temperament of the patient. This reduces swelling formation and allows the incisions to drain properly.



The risks

Although considered a minor routine surgery, complications can occur.

Bleeding can occur intra or post operatively and is often associated with increased movement. If the drops can be counted then the bleed is not immediately concerning and should just be monitored. If there is a faster, uncountable drip or stream of blood and this should be discussed with the veterinary surgeon without delay.

Post operative infections are relatively common and may present as excessive swelling of the groin and/or sheath, often resulting in a stiff gait with increased discharge from the incision sites.

Herniation of tissue through the surgical sites is a less common complication. In most cases a small amount of scrotal lining (vaginal tunic) prolapses around the wound edges. This can be managed with cold hosing and increased movement and only occasionally requires trimming back. The fat that lines the abdomen (omentum) can dangle through the wound, or more seriously it is possible for intestines to find their way through the incisions. Both are potentially serious complications and veterinary advice should be sought.

An awareness of these possible complications is essential and should be discussed with the vet carrying out the castration.

If you have any questions please speak to one of our vets.

HEREFORD: 01432 351471 • BROMYARD: 01885 488440 • LEDBURY: 01531 806129

Vets: Dominic Alexander • Will Allman • Mike Bellamy • Ellie Collins • Andrew Cooke • Joel Galloway • Nick Gibbon • James Hipperson
Bill Main • Hannah Mitchell • Lisa Phipps • Matthew Pugh • Caroline Rank • Harry Walby • Dominic Ward • Charlotte Watkins • Sarah Watson • Sara Wright
Support staff: Caroline Amies-Gardner • Emma Cooke • Megan Corrick • Sadie Davies • Michelle Harris • Lucy Hughes • Sybil Legge • Laura Langford
Alice Mainwaring • Ros O'Sullivan • Sophie Powell • Andrea Smith • Pam Strange • Vicky Tully • Millie Whitlock • Katherine Whistance • Evelyn Williams

GASTRIC ULCERS

Gastric ulcers are a frequent cause of poor performance in a wide variety of horses from pleasure horses to elite competition horses.

Clinical signs include poor performance, resentment to girthing, change in temperament, mild recurrent colic, poor coat, weight loss and a poor appetite.

Causes of ulcers include:

-Diet – high concentrate diets or lack of forage/grazing activity

-High intensity exercise can cause splashing of acid around the stomach

-Stress – sick horses, transportation, relocation, hospitalisation, and changes in management can all increase the risk of gastric ulceration.

The equine stomach is made of two components – the squamous portion and glandular portion. The glandular portion produces acid to aid breakdown of feed material.

This is usually buffered by production of saliva and continual digestion of forage.

Squamous ulcers affect the top portion of the stomach and are caused by acid from the lower portion of the stomach splashing onto the squamous area.

Glandular ulcers occur in the bottom 2/3 of the stomach and form slowly. They reflect failure of the mucus coating of the glandular region allowing the acid to cause ulcerations.

Diagnosis

Gastric ulcers may be suspected based on clinical signs but due to their non-specific nature diagnosis should be confirmed using Gastroscopy. A long flexible camera is passed up the nose and down into the stomach to image the area. This is a relatively quick and simple procedure that can be performed under standing sedation. The stomach must be empty to facilitate examination and therefore horses need to be starved for 16 hours and water withheld for 2 hours prior to procedure.

Treatment

Omeprazole is the only UK licensed treatment for gastric ulceration. For squamous ulcers this treatment alone is

usually effective within 4 weeks. For glandular ulcers Omeprazole is often combined with Sucralfate. We recommend repeat gastroscopy 4 weeks after treatment has been initiated to guide ongoing medication requirements.

Long term prevention

Horses should have access to high quality forage or grazing throughout the day. Straw feeding should be limited to 0.25kg/100kg bodyweight daily and should not be the only forage source. Avoid high starch diets and split concentrate into multiple small meals over the day. Add chaff to all meals and feed a small amount of chaff 30 minutes prior to exercise to trap acid in the stomach. Addition of corn/rapeseed oil (50-100ml 1-2 times daily) can reduce stomach acid produced and improve mucus barrier.

We now have a mobile gastroscope and are therefore able to offer gastroscopy in the field! Please get in touch if you would like to find out more or to book.

APPROPRIATE MEANS OF CONTACT

Recently there has been an increase in instances of clients contacting the offices and vets by text or email with requests for urgent drugs orders or advice on sick animals. We would like to remind our clients to please **always call the office** with these requests so that they can be dealt with promptly. Texts and emails are easily missed and are not monitored outside of the normal working hours of 08:30 - 17:30 Monday to Friday. If you need to speak to someone urgently out of hours please call the office landline where you will be given the number for the on call vet.

REPEAT PRESCRIPTIONS

Please remember that we require **at least 48 hours notice** for repeat prescriptions. All requests must be checked and approved by our vets before they can be dispensed. In some cases there may be a need to discuss your order with a vet before it can be dispensed. Please order your repeat prescriptions in plenty of time to avoid disappointment.

Emergencies and Out of Hours

In the unfortunate event that your animal requires veterinary attention out-of-hours please dial the usual office number where you will be given the telephone number of the on-duty vet. It may be useful to keep a pen and paper handy to take this number down. On the rare occasion that the duty vet is out of reception your call will be forwarded to a helpful member of our answering service who will ensure someone attends the emergency as soon as possible.

The answering team at Phoneta can be contacted directly on 01432 381 440, if for any reason you are unable to reach the duty vet.

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