**POST-OPERATIVE CARE**

1. If previously vaccinated against tetanus, the horse should receive a tetanus toxoid booster.
2. If not previously vaccinated against tetanus, the horse should receive both tetanus toxoid and tetanus antitoxin.
3. Antimicrobial therapy and fly control are usually unnecessary if clean

surroundings are provided.

1. The horse should be kept under close observation for several hours after castration to make sure that it is not haemorrhaging, and under general observation for the first 24 hours for other complications and periodically during the first week following surgery
2. The horse should not be exercised for 24 hours after surgery to prevent haemorrhage.
3. Horse should be exercised daily to prevent preputial and scrotal swelling.
4. The new gelding should be separated from mares for at least a week to ensure that no pregnancies will occur.
5. Scrotal incisions are usually left unsutured to heal by second intention, but can be primarily closed.

**Note:** **Sutured scrotal wounds heal with less complication, but primary closure increases anaesthetic time and must be performed under strict aseptic conditions.**

**References:**

**1. Equine Medicine, Surgery and Reproduction, 2nd Edition by Tim Mair, Sandy Love, Jim Schumacher, Roger Smith and Grant Frazer.**

**2. Equine Surgery 3rd Edition by Auer and Stick**

**3. Turner and Mcllwraiths’s Techniques in Large Animal Surgery 4th Edition by Dean A. Hendrickson and A.N. Baird.**