# Post Op complications of castration

* Oedema

Esp. on the 4th or 5th day after surgery. Excessive oedema can be treated by increasing the horse's exercise and opening the scrotal wound if it is sealed/.

* Haemorrhage

Due to improperly applied emasculators or heavy exercise of the horse before castration.

Treatment options can be: packing the scrotum with gauze and temporarily closed with sutures or towel clamps or Fluid therapy and blood transfusions may be necessary.

* Evisceration

May follow after castration if the horse has an inapparent inguinal hernia. The horse’s intestine has rapidly entered the canal and become strangulated. Treatment is surgery. The horse should be anaesthetized and exposed intestine cleaned and replaced into the abdomen.

* Funiculitis

Funiculitis or infection of the spermatid cord can occur from the extension of scrotal infection or may arise from contaminated emasculators or ligature, especially braided non-absorbable sutures.

Treatment consists of: Antimicrobial therapy, Re-establishment of drainage, and surgical excision of the infected cord.

* Peritonitis

Subclinical, non-peritonitis may occur in horses following castrations, because the vaginal and peritoneal cavities communicate. Non- septic peritonitis may result from irritation of the peritoneal cavity by blood.

Signs of septic peritonitis following castration may include: Pyrexia, Signs of colic, diarrhea and reluctance to move.

Treatment of septic peritonitis may include: Antimicrobial drugs, Fluid therapy and peritoneal lavage.

* Penile damage

An uncommon complication of castration and usually occurs when the surgeon is unfamiliar with genital anatomy and the surgeon procedure. The penis can be mistaken for an inguinal testis. Laceration of the urethra may result in urethral stricture and urethral fistulas.

* Penile paralysis

Penile paralysis (paraphimosis), a rare complication, is usually seen when phenothiazine

tranquilizers have been used. If the penis is flaccid and does not retract in 4 to 8 hours, mechanical support of the penis is indicated. Priapism is an abnormally prolonged erection of the penis,not associated with sexual desire. It also has been associated with the use of phenothiazine tranquilizers; but fortunately, it is an even rarer complication of castration. Priapism has been treated medically using an anticholinergic agent, benztropine mesylate. The condition has also been treated by drainage and irrigation of the corpus cavernosum penis, along with creation of a vascular shunt between that structure and the corpus spongiosum penis.

* Hydrocele

An idiopathic, painless, fluid-filled enlargement in the scrotal area that may occur weeks or months after an Open technique castration procedure. Treatment is removal of the vaginal sac through an inguinal or scrotal incision.