

CLIENT INFORMATION SHEET

Ovariectomy

Why might my horse need one or both ovaries removed?

Ovaries in horses, similar to those in people can undergo a variety of changes. Sometime these can be cystic changes, sometimes these can be haematomas causing discomfort, and other times these changes can be tumours. Although not always the case, the majority of tumours of the ovaries are often confined to one or both ovaries, rather than spreading into other tissues. Such changes frequently present as behavioural concerns, problems with your horse's reproductive cycle, or difficulties getting your mare in foal.

One of the most common abnormalities in horse ovaries is a granulosa (theca) cell tumour (GCT). These tumours tend to be localised specifically to the ovaries and most commonly result in behavioural changes, including aggression, stallion-like behaviour, and abnormal reproductive cycling. The only treatment for GCTs, and indeed many ovarian issues, is to remove one or both ovaries.

How are ovarian problems diagnosed?

The mainstay of diagnosis is a rectal ultrasound exam. This is performed under sedation to make this as safe as possible for your horse. This is often performed by your vet prior to referral but because ovaries change in size, and to enable appropriate surgical planning, this is performed prior to surgical intervention.

Hormone tests may also be performed to aid in diagnosing any abnormalities. These may be performed by your vet prior to referral. If necessary, these tests can be performed in hospital but the results are only available after a number of days.

Sometimes, when a horse presents with behavioural concerns, other possible sources of discomfort, for example gastric ulceration or back pain may also need to be assessed.

How is my horse prepared for removal of one or both ovaries?

In order to make entry into the abdomen as safe as possible, your horse will be fasted, or on a minimal diet, for approximately 48 hours. We recommend that this is done in hospital as many mares will become more difficult to manage at home. Fasting your horse in hospital will not alter the cost of the procedure.



Your surgeon will also discuss with you whether or not one or both ovaries should be removed. If both ovaries are abnormal, we recommend removal of both ovaries. If only one ovary is abnormal, we will discuss with you whether or not you wish to remove one or both ovaries. It is essential that you tell us if you plan to breed from your horse.



How are ovaries removed?

Where possible, ovaries are removed under sedation and local anaesthesia, with your horse standing. This is done via keyhole surgery to visualise and control the blood supply. However, there will be either one or two incisions that are large enough to remove the ovary/ovaries through.

In some cases, either due to the size of the ovary or a horse's tolerance for the procedure, the procedure is performed under general anaesthesia. Should your horse require a general anaesthetic, we will discuss this with you prior to performing the procedure..



Will my horse need to be clipped?

The surgical site(s) will be clipped with sufficient margins to allow us to perform the procedure in a sterile manner. This will usually involve one large clipped area on each flank, or a large clipped area under the abdomen. Your horse will also have an intravenous catheter placed which will require a small clipped patch over the jugular vein.

Does my horse need to be vaccinated for tetanus?

Tetanus is an incredibly serious and often fatal condition which any horse undergoing surgery is at risk from. Your horse must be vaccinated for tetanus before treatment commences. If this is not possible prior to your appointment, your horse will receive a tetanus antitoxin.

How long will my horse be in hospital?

The length of hospitalisation can vary depending on the size of the ovaries and the procedure required. However, as a general rule, your horse will be evaluated the day of admission (or the next weekday), undergo surgery two days after admission and will remain in hospital for 2-4 days post-operatively.

When will I receive updates on my horse's progress?

After your horse's initial evaluation, your resident or surgeon will contact you to discuss the findings and the proposed course of action. Please be advised that this conversation may take place when your horse is admitted, shortly afterwards, or we may contact you in the evening on the day your horse arrives. Any potential risks will be discussed with you at this time.

Please be advised that, due to our evaluations, your horse's treatment protocol may differ from our proposed plan prior to seeing your horse. Any changes will be discussed with you prior to proceeding with treatment.

You will also be contacted after your horse's procedure has taken place and once daily, usually in the evening, throughout your horse's stay. Please be assured that if there are any complications with your horse's procedure, you will be contacted during the procedure itself.



Will my horse need a general anaesthetic?

Some horses admitted to the hospital for treatment of ovarian abnormalities will have a general anaesthetic. This will allow us to more safely remove larger ovaries, as well as making the procedure more safe in mares that do not tolerate the procedure under sedation and local anaesthesia.

Some horses undergoing the procedure standing will require epidural anaesthesia to make them more comfortable during the procedure. The potential risks of this will be discussed with you prior to the procedure.



Will my horse's sutures require removal?

The surgical sites will be sutured closed and the sutures will require removal at approximately 14 days post-operatively. For horses that are particularly sensitive around their flanks or if the surgical sites are under the abdomen, your surgeon may use absorbable suture which does not require removal. Regardless of the suture type used, we recommend the surgical sites are evaluated by your veterinarian 1-2 weeks after discharge.

Do I need to clean the surgical sites?

It is important to monitor the sites visually and assess for increased swelling, discharge, or any evidence of surgical site breakdown. However, please do not touch, scrub, or apply products to the site unless otherwise advised to do so by your veterinarian.

When can my horse be turned out?

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The timing of turnout will depend on the size and healing of your surgical sites. All horses will require box rest for a minimum of 3 weeks after discharge unless stated otherwise by your surgery team. If your horse requires a longer period of box rest, this will be stated in your discharge instructions. Please be advised that if there are any surgical site complications, your veterinarian may request a longer period of box rest.

Once your stated period of box rest has ended, your horse can be turned out in a small paddock for a further 4 weeks before any ridden or lunging exercise occurs. Please consult with your veterinarian as sedation may be required for turnout.

When can my horse be exercised at home?

Your horse should be on strict box rest initially. Short periods (no more than 5 minutes twice daily) of hand walking may be appropriate after 2 weeks; your surgical team will advise you if this is the case. It is important that your horse is well behaved and does not trot or become overly exuberant. After a period of 8 weeks following discharge, providing the surgical sites have healed well, your horse can begin light ridden or lunging work, providing it is safe for you to do so. Please consult with your veterinarian as light sedation may be required when commencing exercise.



When should my horse be re-evaluated?

Your horse should be evaluated 1-2 weeks after discharge to evaluate the surgical sites. Any non-absorbable suture should be removed. Your veterinarian may also choose to remove some or all absorbable sutures. We also recommend prompt evaluation if your horse exhibits any colic signs, reduced appetite, change in consistency or quantity of faecal production, any abnormalities of the jugular vein or any swelling, discharge or breakdown of the surgical sites.

When will I find out what abnormalities were present at surgery?

Following removal, the ovary/ovaries will be submitted for histopathology (evaluation under a microscope) to determine the nature of the cells present. These results can take approximately 1 week, or longer if the mass is particularly large or unusual in nature. We will contact you as soon as the results are available.

My horse is being admitted for a surgical procedure, when will this take place?

Your horse will typically have surgery 2 days after admission. This is to allow your horse to be fasted, which improves the safety of the procedure.

Will my horse be sent home with medications?

Your horse will usually be sent home with an oral anti-inflammatory (usually phenylbutazone (bute)). Please do let us know if your horse does not eat, or has an adverse reaction to bute. Depending on the nature of the surgery, your horse may require post-operative antimicrobials.

As with all medications, if your horse becomes depressed, exhibits colic signs, has reduced appetite, or has a change in the frequency or consistency of their faeces, please discontinue the medication and contact your veterinarian.

What should I monitor for once my horse is home?

Please monitor your horse to ensure they are defaecating with a normal frequency and consistency. Monitor the catheter site (clipped patch on the neck) for any evidence of swelling, firmness, or discharge. In addition, please monitor the surgical sites for any discharge, swelling or surgical site breakdown. While on medication, monitor your horse's demeanour, appetite and faecal output. Please call your vet in the first instance if there are any concerns.

Will my horse be able to have a foal after surgery?

It is essential that you tell us if you plan to breed from your horse. If both ovaries are removed, breeding will not be possible. If only one ovary is removed, and if the other ovary stays normal, mares can conceive and can carry a foal to term, however, a horse's breeding potential is slightly reduced.

