



Endell Equine Hospital
Salisbury

OVARIECTOMY

An ovariectomy is a procedure to remove one or both ovaries from a mare.

Why should I have my mare's ovaries removed?

There are many good reasons to have an ovariectomy performed, including:

- Ovarian tumours
- Behavioural problems
 - "Stallion like behaviour"
 - Aggression, excitability, kicking/biting
- Eliminate signs of colic associated with ovulation/being in season
- Make a teaser mare for collecting stallions
- Chronic pyometra/endometritis

Ovarian tumours:

Unfortunately, there are multiple ovarian tumours that afflict horses. By far the most common is a granulosa-theca cell tumour (GCT), which represents 85% of all equine reproductive tract tumours (in male and female horses).

- These tumours are typically polycystic with a pomegranate-like cross-sectional appearance and also are frequently hormonally active.
- They generally cause behavioural abnormalities, the most common of which is stallion-like behaviour, but also prolonged/persistent oestrus and persistent anoestrus.
- GCTs may cause fertility issues, due to inhibitory effects of the normal ovary.
- It has been reported that following unilateral ovariectomy to remove the affected looking ovary, the other ovary has later caused a recurrence of clinical signs and a GCT has developed in the remaining ovary, which is why bilateral surgery is often recommended.
 - Having said that we've successfully had broodmares fertility return to normal after removing the single affected ovary.

Other ovarian tumours include luteomas, teratomas and adenocarcinomas, but also there are also non-tumour abnormalities to the ovaries such as haematomas, abscesses, paraovarian cysts, and granulosa cell cysts that we have encountered.



Should I remove
one or two
ovaries?

*Unless you genuinely
intend to breed from the
mare in the future, there is
no reason to keep both
ovaries and there have been
cases where a second
ovarian tumour has
developed later on after
unilateral ovariectomy*

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Behaviour:

Some mares show undesirable behaviour that is suspected to be associated with ovarian activity. This may include aggression, resentment when being ridden or handled, bucking, kicking, sensitivity around the flanks, or marked changes in behaviour or performance.

Bilateral ovariectomy has been shown to improve behaviour in >83% horses regardless of ovarian pathology.

One issue with behaviour is that they can have “learned behaviours” which won’t necessarily go away with ovariectomy, where anything hormonally influenced is more likely to.

Additionally in the UK, many insurance policies exclude behaviour from their coverage unfortunately and thus ovariectomy for purely behavioural reasons, unless there is ovarian pathology.

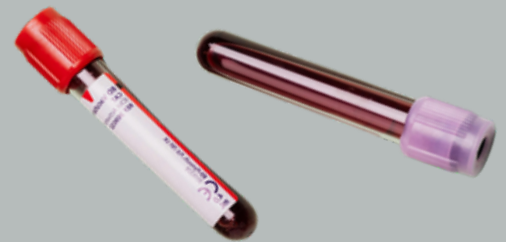


Diagnosis:

Blood testing:

- AMH (anti-Müllerian hormone) is the most sensitive test for GCTs at 98%, which means when elevated above the threshold, there are very few false negatives.

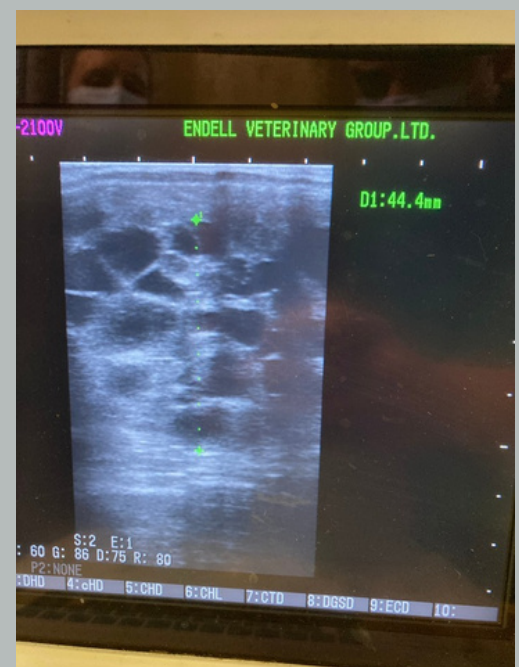
Other hormones that are tested as part of an ovarian hormone panel include, testosterone, inhibin and progesterone, although these are less accurate than AMH.



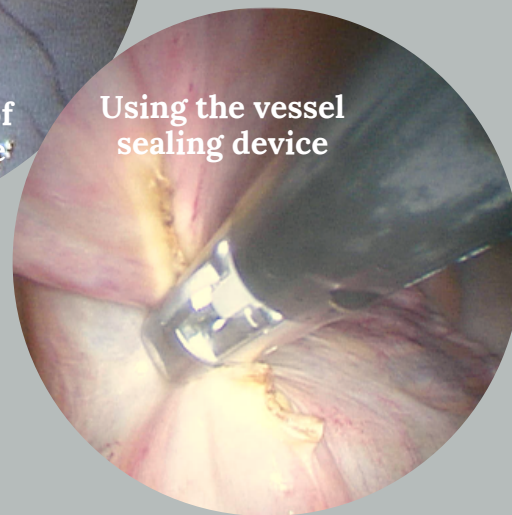
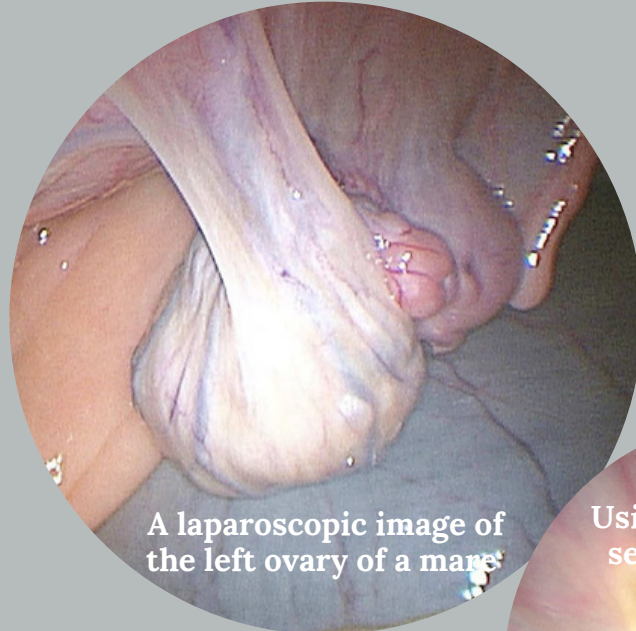
Ultrasound:

A GCT has a classic pomegranate cross-sectional appearance and typically at least one of the ovaries is enlarged as well.

However, mares can also have ovarian problems with normal-appearing ovaries on ultrasound examination.



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Treatment:

Standing laparoscopic ovariectomy is the gold-standard procedure. Whereas previously, alternative approaches were made, standing ovariectomy has been shown to be associated with less complications.

Laparoscopy is a minimally-invasive “keyhole” surgery, with only two small 2 cm incisions in the horse’s flank and the horses can get back to work in just 2 weeks.

How the surgery is performed:

- Clip, aseptic prep and drape
- Safe laparoscopic entry to the abdomen, usually starting on the left side
- Numb the mesovarium with local anaesthetic
- Use vessel-sealing device to seal and divide between the ovary and its attachments
- Ovary is removed from the abdomen, using the morcellator, allowing removal of large ovaries through 2cm long incisions
- Suture skin and apply bandages



Endell is the only hospital in the UK to have a morcellator, which allows for quicker turnaround between surgery and the horses returning to work, even when large ovaries are removed.



Post-op:

The horse usually stays in the hospital for around 3 days after surgery. The advantage of the minimally-invasive approach is the horses generally return to work very quickly after surgeries, usually in 2 weeks

More questions? Contact us!

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