

*Short Communication***CASTRATION OF CAMELS THROUGH PRESCROTAL MIDLINE INCISION****Chittora R.K., Upreti N.C., Yadav C.D. and Jadhav A.S.**

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ABSTRACT

Five dromedary male camels were castrated through prescrotal midline incision method in lateral recumbency under general anaesthesia by using Xylazine HCl, Ketamine HCl and Butorphanol Tartarate, intravenously. Prescrotal midline incision was given and both testicles were excised from a single incision one by one and ligation of spermatic cord was done by chromic cat gut no. 2. Surgical wound was closed in two layers, using Vicryl and skin was closed by using intra dermal suture pattern. No complications were observed post-surgery except slight swelling on scrotum on next day which subsided when camels were allowed little exercise. All 5 camels recovered well and intra dermal suture pattern left no scar at incision site.

Key words: Camel, castration, ketamine stun, prescrotal midline

Castration is done in camels in standing position (Tibary and Anouassi, 2004) and recumbent position (Telfah *et al* 2012). The routine castration process involves incision over scrotum at both sides and removing testicle after ligation of vascular portion of the spermatic cord and wounds are left open for postoperative care to completely heal like in horses (Gahlot, 2000). Pre-scrotal midline incision method does not require any postoperative care (Telfah *et al*, 2012).

In this study all 5 camels were castrated in lateral recumbency by using prescrotal midline incision method under the anaesthesia by using intravenous ketamine recumbent stun technique (Abrahamsen, 2008).

Materials and Methods***Anaesthesia and Surgical Technique***

Five single humped adult camels were kept off feed for 18 hours (water was allowed to drink) before surgery. Camels were anaesthetised by using intravenous Ketamine recumbent stun which is cocktail of injection Xylazine HCl @ 0.025mg/kg of body weight, Ketamine HCl @ 0.5 mg/kg of body weight and Butorphanol Tartarate @ 0.05 mg/kg of body weight. Camels were restrained physically for giving intravenous injection, once cocktail was injected, animals became anaesthetised within 1-2 minutes. The camels were secured into lateral

recumbency and head and neck were kept on a soft pillow to protect eyes which were close to the ground and drooling out of excessive saliva. Inj. Phenylbutazone @ 4.4 mg/kg of body weight and Inj. Streptopenicillin @ 10mg/kg of body weight were administered before the surgery. All vital physiological parameters i.e. heart rate, respiratory rate, rectal temperature were recorded before surgery and were found in normal range. Surgical site was prepared aseptically and Inj. 2% Lignocaine hydrochloride was infiltrated at the surgical site. A 2-inch linear incision was made at prescrotal midline and one testicle was squeezed out from the incision, then vascular and non-vascular parts were separated, ligated and testicle was removed. In same way, other testicle was also exteriorised from the same incision and removed in the same manner. Ligation of the spermatic cord was done by using chromic cat gut number 2. After removal of both the testicles, surgical wound was closed by using Vicryl number 2 in two layers. Skin wound was closed by using intra dermal suture pattern. Camels were taken in sternal recumbency. Camels recovered from anaesthesia after 30 minutes, without any assistance. Antibiotic and NSAID course was repeated for next 5 days.

Results and Discussion

Pre scrotal midline incision method used in animal of present study, complications i.e., haemorrhages, accumulation of inflammatory fluids, etc. were not observed except mild oedematous

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Fig 1. Pre scrotal midline scrotal incision.



Fig 2. Separation of vascular and non-vascular part.



Fig 3. Ligation of vascular part.



Fig 4. Complete closing of surgical wound using intradermal pattern.

swelling was seen on scrotums in 4 camels out of 5 on next day, which later subsided.

In this method all 5 camels recovered uneventfully. The intradermal sutures placed for closing of skin gave a cosmetic view at surgical site. Incision scar was not visible post-operatively.

Castration of camels under general anaesthesia by using intravenous recumbent Ketamine stupor proved satisfactory to carry out castration. Gahlot (2000) performed castration in camels under epidural anaesthesia with either xylazine or 2% lignocaine hydrochloride. A single or double transfixation ligature were used with or without emasculator. An open wound healing was allowed without any complications. However, in animals of present study also similar observations were noted in healing but emasculator was not used.

Ramadan (2016) performed castration under 2% xylazine (0.1-0.2mg, kg) sedation along with local infiltration anaesthesia at scrotum.

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