Results of a Modification of Vinsot’s Technique of Partial Phallectomy in the Standing Horse: Seven Cases (2006–2008)

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1. Introduction
Indications for partial phallectomy of the horse include chronic paraphimosis, neoplasia, and stenosis of the distal aspect of the urethra. Partial phallectomy has traditionally been performed with the horse under general anesthesia. However, certain horses that require a phallectomy may not be good candidates for general anesthesia or may have financial restraints imposed by the owners that preclude general anesthesia. The purpose of this report is to describe a modification of Vinsot’s technique of partial phallectomy that can be performed with the horse standing; additionally, the associated complications and outcomes of horses that have undergone the modified procedure will be detailed.

2. Materials and Methods
Medical records from the Veterinary Medical Teaching Hospital at Texas A&M University (2006–2008) were reviewed to identify horses that had received a standing modification of Vinsot’s technique of partial phallectomy. Information was collected regarding conditions necessitating a phallectomy, duration and previous treatments, surgical method of phallectomy, complications, and outcome.

3. Results
Seven horses met inclusion criteria. Follow-up data were available for seven horses. Complications affected two horses and included urine scalding and mild hemorrhage from the perineal urethrostomy site.

4. Discussion
The modified Vinsot’s technique of partial phallectomy may be useful for horses that are unsuitable for general anesthesia or for those whose owner has imposed a financial limitation that does not allow the horse to be anesthetized.