

# Should I neuter this pet?

This is a BSAVA Information Sheet on factors to consider before agreeing to neuter small animals during the Covid-19 pandemic.

## General advice for veterinary staff

For further details please see information from **RCVS**, **BVA** and **BSAVA** websites.

Remember:

1. Adhere to government advice relevant to your country or local area to reduce your level of interaction with others wherever possible.
2. Consider if a journey is necessary by you, staff or clients and where it is, minimise use of public transport.
3. Wash your hands as recommended: encourage your colleagues and clients to do likewise.
4. Though some veterinary professionals are required to be physically at their workplace, nobody should be working normally – it is not ‘business as usual’.
5. Respect that individuals who are shielding themselves or in self-isolation at home will need extra support.
6. Maintaining social distancing is a priority – between staff, between staff and clients, and between clients.
7. Where you cannot maintain social distancing, e.g. for animal restraint, then protect everyone as much as possible.
8. Use appropriate levels of PPE but equally try to conserve PPE and other resources that may be used by our colleagues in the medical world. RCVS Knowledge has provided **guidance** on the use of PPE.
9. Ensure you obtain informed owner consent before proceeding with any procedures. See BSAVA Guidance on ‘**Obtaining Consent Remotely**’.
10. See BSAVA’s guidance on **Remote Consultation** and when assessing a case, and in particular when doing so remotely, make careful clinical notes to support your assessment.

For details of the UK government’s advice and how to maintain good hygiene and social distancing while working, please see the **BSAVA COVID-19** webpage and the section “**Veterinary Advice for Practising Vets**”. Veterinary staff may also find it useful to point clients to ‘**Advice for Pet Owners**’.

# Specific advice

During the initial three weeks (until 13th April) of the UK government's 'lockdown' during the Covid-19 pandemic, routine pet neutering was temporarily suspended or drastically reduced. Continued suspension of all surgical neutering may compromise individual animal health and welfare. It could also cause a crisis in animal rescue facilities with subsequent welfare problems. Equally, the act of surgical neutering may increase the risk of human-to-human contact and compromise social distancing. As lockdown restrictions ease, veterinary practices will begin to assess their resources and facilities that enable them to return to more normal levels of neutering. Each individual case will still require a risk-based analysis led by a veterinary surgeon.

This information shows which groups of animals BSAVA consider should be prioritised. This is summarised in the pyramid at the end of the document. However, the final decision rests with the responsible veterinary surgeon's application of clinical judgement and knowledge of individual circumstances. The responsibility for clinical policy rests with the senior veterinary surgeon at each practice premises.

To determine the risk of breeding or fighting from animals being housed together, a veterinary visit to ascertain the sex of individual pet rabbits or cats might be needed if this is not possible using photographic images or video consultations.

Neutering may be considered essential for some animals when there is a real, not nominal, risk of animal welfare problems. There may also be times when it is desirable for population control, especially for animal shelters/rescue centres managing rising populations. But Trap:Neuter:Release (TNR) schemes are not likely to be justified at the moment.

Temporary chemical delay of oestrus may also be considered more often than usual in these particular circumstances (for dogs, cats and ferrets) when it places colleagues and clients at lower risks compared with undertaking a surgical procedure that requires breaking social distancing, further journeys, and a greater chance of side effects that themselves may require additional visits.

Unless the clinic generates its own oxygen, any surgical neutering should use **low oxygen anaesthetic protocols** if possible.

Consider using methods that help to avoid in-person post-op revisits e.g. using resorbable subcuticular sutures or tissue glue and following up with telephone/video post-surgical assessments.

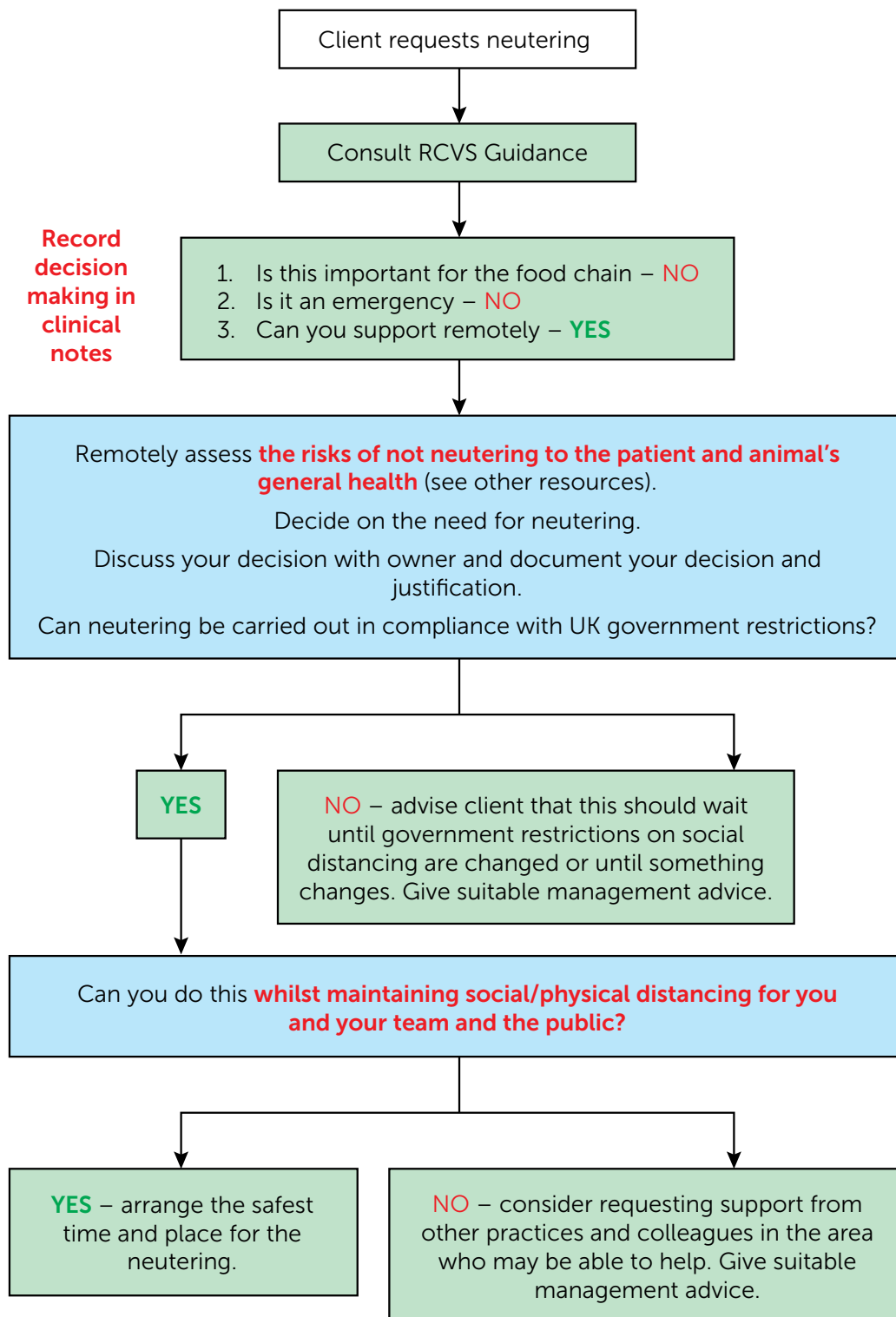
When considering surgical options, e.g. laparoscopic spay compared with traditional surgery, consideration may be given as to whether the staff involved are likely to have more or less contact when undertaking the different options; also consider whether one procedure might be less likely to result in revisits and complications that themselves would require additional veterinary care. Similarly, GA/surgical techniques that allow maintenance of social distancing might be considered as part of the risk/benefit analysis during this Covid-19 pandemic even when they are not current standard approaches, e.g. for some clinicians, castrating male cats can be achieved safely without intubation and/or i.v. catheterisation.

If a non-microchipped animal is neutered, the opportunity should be taken to implant a microchip (this is a legal requirement for a dog).

If surgical neutering is essential and cannot be carried out safely (either for the veterinary personnel or the patient) then referral to another practice with suitable facilities should be considered.

# Species specific advice

The flow-chart below aids general decision-making for small animal neutering. The subsequent table suggests the particular factors to consider when a veterinary surgeon is faced with an individual of the various species.



# Factors to consider in individual risk assessment

SEX	FACTORS TO CONSIDER IN INDIVIDUAL RISK ASSESSMENT
<b>DOG</b>	
Male	<p>Is there a medical need to surgically castrate the dog, e.g. testicular mass [rare]?</p> <p>Is surgical castration of this dog the best option to avoid unwanted pregnancy in a female dog? Can the procedure be performed using techniques to eliminate or reduce staff–staff contacts?</p> <p>Might temporary medical intervention be a reasonable alternative to immediate surgery if this significantly reduces risks to staff during the current crisis? This would usually be the case for a behavioural problem considered likely to respond to castration.</p>
Female	<p>Is there a medical need to surgically neuter the dog, e.g. suspected pyometra? Or to control a behaviour problem associated with false pregnancy (hyperprolactinaemia)?</p> <p>Is there a need to control breeding and, if so, is neutering this female dog the best option considering the dog, and risks to owners and staff of performing this surgery during the current crisis?</p> <p>Can the procedure be performed using techniques to eliminate or reduce staff–staff contacts?</p> <p>Might temporary medical intervention be a reasonable alternative to immediate surgery if this significantly reduces risks to staff during the current crisis?</p>
<b>CAT</b>	
Male	<p>Is there a medical need to surgically castrate the cat, e.g. urogenital tract disease [rare]?</p> <p>Is there a severe behavioural need to surgically castrate the cat, e.g. housed in a room next to an entire female or urine spraying in a home likely to result in rehoming/euthanasia?</p> <p>Is surgical castration of this cat the best option to avoid unwanted pregnancy in a female cat?</p> <p>Can the procedure be performed using techniques to eliminate or reduce staff–staff contacts?</p>
Female	<p>Is there a medical need to surgically neuter the cat, e.g. persistent oestrus [rare]?</p> <p>Is there a need to control breeding and, if so, is neutering this female cat the best option considering the welfare of the cat, and risks to owners and staff of performing this surgery during the current crisis, e.g. the cat is likely to already have an unwanted pregnancy?</p> <p>Can the procedure be performed using techniques to eliminate or reduce staff–staff contacts?</p> <p>Might temporary medical intervention be a reasonable alternative to immediate surgery if this significantly reduces risks to staff during the current crisis?</p>
<b>RABBIT</b>	
Male	<p>Is there a medical need to surgically castrate the rabbit, e.g. intra-species aggression, genital tract disease, or reproductive control?</p> <p>Is neutering a male rabbit the better alternative to avoiding pregnancy in a female rabbit from the same house in the next two months?</p>
Female	<p>Is there a medical need to surgically neuter the rabbit, e.g. intra-species aggression, genital tract disease, or reproductive control?</p> <p>Might neutering the male rabbit be the better alternative to avoiding pregnancy in a female rabbit from the same house?</p>
<b>FERRET</b>	
Male	Very unlikely to be required.
Female	Postponement of oestrus is often needed to prevent medical problems – avoid surgery and use a medical intervention.

This guidance should be read in conjunction with RCVS guidance and the accompanying flowcharts and documentation. It is effective from 21st April 2020 for the next 2 weeks and on a rolling 2 week basis thereafter. All the advice is intended as a guide to assist BSAVA members but it is not a replacement for professional judgement. The responsibility for clinical decisions resides solely with the attending veterinary surgeon.

Created 22 April 2020 and updated 29 May 2020.

# Further notes

## Dogs

- A healthy dog that has no access to mates should have neutering delayed until it is safe for all the humans involved. Surgical neutering of male and female dogs should only be considered when there is genital tract disease likely to cause welfare problems in the next two months, e.g. pyometra or neoplasia, or when there is no good alternative for reproductive control and performing the surgery places no extra Corvid-19 infection risk on the humans involved.
- For short-term population control, chemical control of the female reproductive cycle can be considered rather than surgery under the current guidelines (see **Proligestone**).
- Medical control of male breeding is available (see **Deslorelin**) but this product takes six weeks to be effective.
- Surgical neutering is unlikely to be needed during this time for behavioural problems, other than when serious behavioural change with risk of injury to others is associated either with the reproductive cycle in bitches (hyperprolactinaemia), or in entire male dogs when a full behavioural assessment has been carried out and the behaviour has improved with chemical castration (see **BSAVA Manual of Canine and Feline Behavioural Medicine**).

## Cats

- Surgical neutering of cats should be considered for population control if a sexually mature female cannot be kept indoors or if there is a mixed sex pairing/group. Also, it may be necessary to manage populations in rescue centres/shelters. Temporary medical control of oestrus can also be considered and this may place colleagues and clients at lower risk compared with undertaking a surgical procedure that requires breaking social distancing, unnecessary travel, and a greater chance of side-effects that themselves may require revisits (see **Proligestone**).
- Anaesthetic and techniques for neutering cats can often be chosen to reduce staff-staff contact, reduce oxygen use and reduce the need for post-operative return visits.
- In a mixed sex group of cats, neutering males rather than the females in the group might allow better maintenance of veterinary team social distancing during the procedure.
- Other reasons to consider neutering cats are: genital tract disease, e.g. pyometra or neoplasia, and persistent oestrus, although short-term medical control could be considered (see **Chorionic gonadotrophin**). There are also some behavioural problems where neutering may be considered if the consequences could cause more risk of human contacts than the neutering itself, e.g. entire male cats fighting and urine spraying if untreated could risk veterinary visits for wound treatments and rescue centre visits for rehoming.

## Rabbits

- BSAVA supports the BVA's guidance that rabbit neutering could be carried out for population control and preventing aggression, as this species should be kept in suitable social groups.
- Certain pairings of rabbits are prone to aggression which can cause severe welfare problems, so neutering might be considered necessary under the current restrictions. Note that infertility and reduced aggression will not be instantaneous after neutering. The guide below highlights the risks of certain rabbit pairings. When there is a high risk, if the pairing is essential for the rabbits' welfare, surgical neutering may be necessary. However, if there has been prior aggression between individuals, surgical neutering may not solve the problem; and if there has been prior bonding between individuals that will reduce the risk of aggression. The same principles will apply for groups larger than two (adapted from **BSAVA Manual of Rabbit Medicine**)
- Entire male with entire male – high risk of aggression. Ideally castrate both before introduced.
- Entire male with neutered male – significant risk of aggression, ideally castrate both before sexual maturity.
- Entire male with neutered female – low risk of aggression.
- Entire male with entire female – reproduction very likely and would be particularly undesirable between related individuals. Some aggression is possible but moderate risk if not currently evident. Longer-term risk of female reproductive tract disease but low short-term risk.
- Entire female with neutered female – some risk of aggression but moderate risk if not currently evident. Longer-term risk of female reproductive tract disease but low short-term risk. Neutering often can be delayed.
- Entire female with entire female – some aggression is possible but moderate risk if not currently evident. Longer-term risk of female reproductive tract disease but low short-term risk. Neutering often can be delayed.
- Other combinations are not relevant when considering neutering.
- Injectable anaesthetics are recommended but supplementary oxygen significantly reduces the real anaesthetic risk of neutering rabbits; if oxygen is unavailable the risk/benefit analysis changes.
- The GA risk for a female rabbit being neutered becomes higher as she becomes overweight. This might be a reason to consider surgically neutering a female rabbit approaching six months old – if this is safe for the humans involved.

## Rodents

- In single sex groups – likely no need to neuter. If a mixed sex group is essential on welfare grounds in the next two months then surgical neutering may be justifiable. Injectable anaesthetics are recommended for guinea pigs, but supplementary oxygen significantly reduces the real anaesthetic risk of neutering; if oxygen is unavailable the risk/benefit analysis changes.

## Ferrets

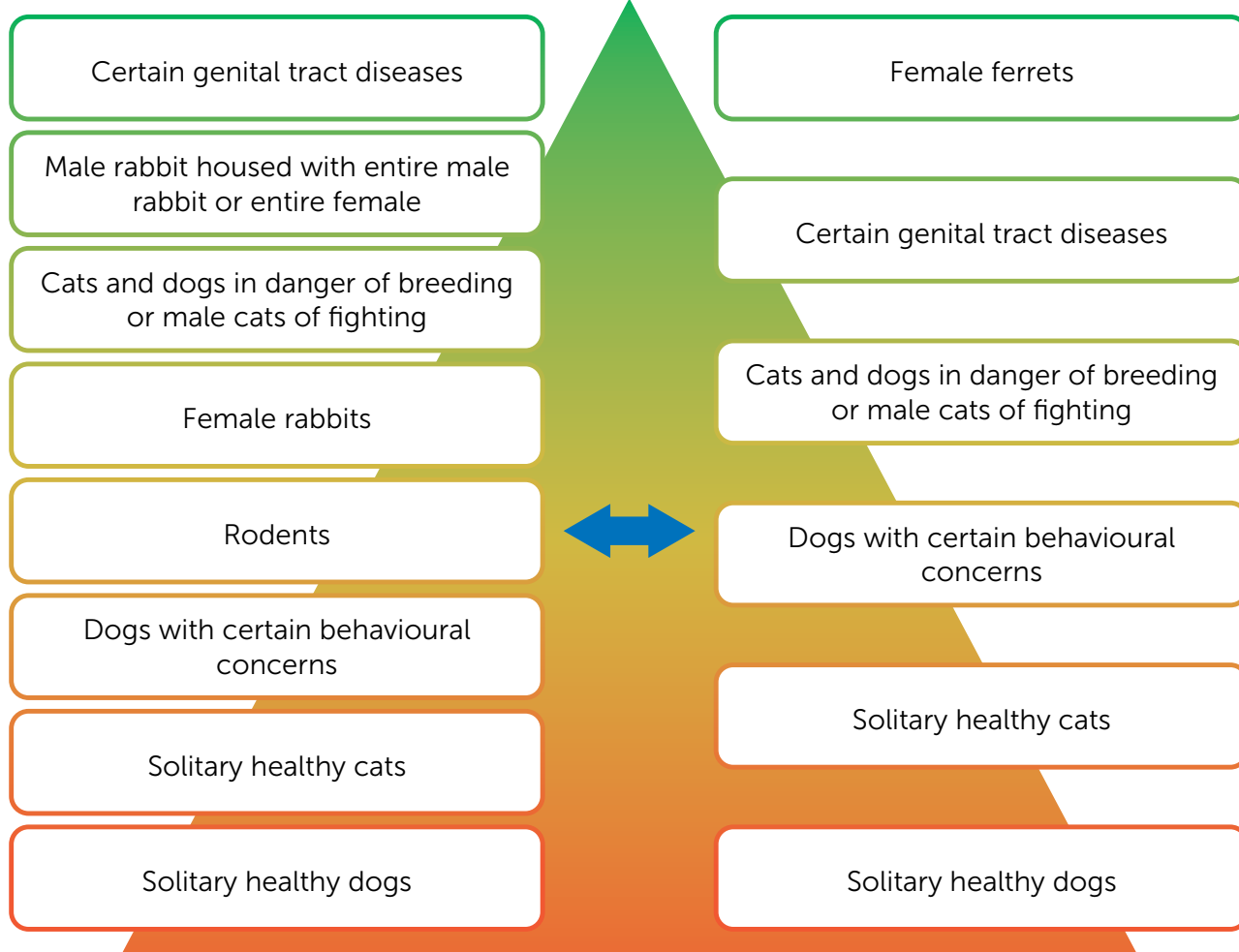
- The reproduction of female ferrets often must be controlled to prevent oestrogen toxicity and serious anaemia. Chemical delay of oestrus is recommended for female ferrets not to be bred in the near future (see BSAVA Exotics Formulary **Proligestone**; **Chorionic gonadotrophin**; **Deslorelin**). Surgical neutering risks long-term medical problems as well as the immediate increased risk to veterinary staff and owners, and should usually be avoided. It may be worth seeking **specialist advice**.

# Summary pyramid

Highest need to surgically neuter or medically intervene

## SURGICAL

## MEDICAL



Lowest need to surgically neuter or medically intervene



The relative risk of surgical neutering and temporary medical suppression of oestrus will vary between cases and the practice's facilities to perform GA and surgery safely for all involved.