

Evaluating the Benefits & Risks of Neutering

What Is Neutering?

Neutering involves removing the source of the hormones that control reproduction and that determine the typical physical and behavioral characteristics that distinguish males and females. In dogs and cats, this is usually done by surgically removing the testicles in males (castration) and the ovaries in females (spaying). In the United States, the uterus is typically removed along with the ovaries in females, and virtually all dogs and cats are spayed or castrated. In Europe and some other parts of the world neutering is far less common, and when females are spayed only the ovaries are usually removed.

The primary purpose of neutering is to prevent reproduction, but like most medical interventions the procedure has a variety of other effects, both beneficial and undesirable. The decision whether or not to neuter a pet involves comparing the benefits and the risks in the context of the circumstances in which the pet lives. Veterinarians, breeders, and pet owners often have strong opinions about neutering, and unfortunately these are all too often based on tradition, habit, rumor, or misconceptions. There is a large and complex scientific literature addressing the pros and cons of neutering, and this review is an attempt to extract from it some sound information with which to formulate rational guidelines for making decisions about neutering.

A number of reviews of the pros and cons of neutering have appeared in scientific publications and posted on the Internet by interested laypersons.[70,93,148-153] Some of these are excellent summaries of the issues, others are inaccurate or misleading. This survey is an attempt to look at the totality of the scientific information currently available and after reviewing it to draw some pragmatic conclusions about the benefits and risks of neutering dogs and cats.

Interpreting Scientific Studies

Scientific studies are superior to tradition, intuition, and personal experience as a form of evidence. However, they have limitations which affect the applicability of the data and conclusions they generate to individual patients. The ideal study of the risks and benefits of neutering would involve taking a large number of dogs of many breeds, dividing them into two identical groups, neutering one group but not the other, and then ensuring they live otherwise identical lives and examining the differences between the neutered and intact groups. No such study will ever be done for practical, scientific, and ethical reasons.

Most of the studies which do examine the possible influence of neutering on health and disease are retrospective. They examine animals that have already developed a condition of interest and then look at whether more of the affected animals are neutered or intact than a control group of similar animals without the condition. While this is useful information, it can be misleading for many reasons. Groups studied in one location may be very different from pets in other areas, in terms of age, breed, and other risk factors, and conclusions about the study group may not apply to pets in general.

For example, a study of a small group of dogs of a single breed which has a high rate of a certain type of cancer might show neutered dogs more likely than intact dogs to have that cancer. But this might have nothing to do with the risks for a different breed which rarely gets that type of cancer. Or neutered pets studied in an affluent city may get more veterinary care, and better care in general, than intact dogs roaming loose in a rural area, so differences between the groups in some disease might be due to factors other than neutering.

A good scientific study will try to control for such factors and the authors will identify potential problems with their data. Whenever possible, I have tried to include such considerations in evaluating the evidence in this review, but it is often unclear what if any confounding factors might influence the results of a given study, so conclusions should ideally be based on multiple studies of large numbers of animals by different investigators in different places. It is this need for replication and the accumulation of data over time that leads to periodic re-evaluations of medical practices. Contrary to the impression often given by the media, this is not because science frequently makes radical and erratic changes of direction but because the process of deepening our understanding and modifying our practices accordingly is complex and never-ending.

Another factor to consider in interpreting studies about the risks and benefits of neutering is how we measure and describe risk. Differences in the risk of a given condition between groups are often described in terms of relative risk. For example, intact animals may be seen to have a given disease 5 times as often as neutered animals (500% greater risk). If this difference is determined to be statistically significant (meaning it is unlikely to be due to chance, *not* that it is significant or important in a more ordinary sense), then we can say intact animals have a greater relative risk of the disease (5 times greater). However, this says nothing about the absolute risk involved. If the disease that intact animals are more likely to get occurs in only 1 out of every 1,000 neutered animals (0.001%), then the extra risk of being intact makes the absolute risk for an intact animal 0.005%, still a vanishingly small number. Thus, while differences in relative risk may sound dramatic, if the condition is uncommon then the real chances of an individual getting it may not be meaningfully different regardless of neuter status.

In contrast, if the condition is common, then even a small change in the relative risk may mean very significant changes in the absolute risk. If 75% of neutered animals get a certain disease, and intact animals have a relative risk of 0.5 (50% lower risk), then the real chances of getting the disease are much lower (35%) even though the difference in relative risk is much less than in the previous example.

Again I have attempted, whenever possible, to assess both the relative and absolute risk associated with neuter status when discussing specific conditions. Unfortunately, the true incidence of many conditions (how common they are) isn't always known in veterinary populations, and when a figure is reported in one study, it may or may not be relevant to the patients from a different study, region, breed, and so on.

Benefits of Neutering

General Benefits-

The primary benefit of neutering is the prevention of unwanted reproduction. Though the number of unwanted cats and dogs euthanized at animal shelters has decreased from an estimated 23.4 million in 1970 to about 4.5 million by the year 2000 [1], this still represents a significant problem. Reducing the number of unwanted puppies and kittens has been and remains an important part of reducing the relinquishment and euthanasia of these animals.[2] Failure to neuter is an important component to the pet population problem. [55] Furthermore, being intact is a significant risk factor for both cats and dogs being given up by their owners[3,4], so neutering can reduce both the number of unwanted puppies and kittens and reduce the risk of owned animals being relinquished.

The feral or stray cat population, though notoriously difficult to assess, contains an estimated 30-40 million animals, most the product of unplanned breeding.[1] There is a great deal of controversy over the welfare of feral cats and the impact they may have on wildlife and public health.[5-8] It is generally agreed, however that feral cats suffer more disease and parasitism and have shorter lives than owned cats and that reducing the number and reproduction of unowned cats is a worthwhile goal.[9] Neutering of owned, and likely also feral cats, promotes this goal.[57]

Health Benefits of Neutering-

1. Risks of Reproduction-

Reproduction itself has potential risks which can be eliminated by neutering. Dogs of both sexes are susceptible to infection with *Brucella canis*, a bacterium which can cause disease in dogs and humans. This bacterium can be transmitted during breeding or acquired from contact with aborted fetuses and other material from infected females. The incidence of this disease varies by country and region, from 1-18% in the United States to upwards of 25% in some other countries. Clinical symptoms other than infertility are uncommon, though some dogs can experience serious infectious of the bone, eyes, or nervous system. [9]

The most common complication of pregnancy for females is dystocia, when the normal process of labor and delivery fails. Rates of dystocia in dogs vary greatly by breed, from as low as 5% of whelpings to over 85% in breeds with large heads.[10] One large study in Sweden, where most dogs are intact, found that 2% of female dogs in the sample experienced a dystocia and the overall incidence was 5.7 cases/1000 dog years at risk, though some breeds were at much greater risk and some experienced no dystocias. [11] This study was of dogs covered by health insurance, which about half of dogs in that country are, so it may or may not be applicable to dogs in other countries or those whose owners do not utilize pet health insurance.

In cats, the risk also varies by breed, with one study reporting an overall dystocia rate of 5.8% of deliveries, ranging from 0.4% in a colony of mixed breed cats to 18.2% for Devon rex cats.[12]

Though dystocia can sometimes be treated medically, allowing natural delivery to proceed, the majority of dogs and cats with dystocia require surgical treatment.[10-13] Most females recovery fully from c-sections, though the risks of such surgery are likely greater than those of a planned spay surgery due to the emergency nature of the procedure and the often compromised health of the female due to the dystocia.

Much less common risks of pregnancy, such as pregnancy toxemia, diabetes mellitus, uterine torsion, uterine rupture, and pregnancy-associated pyelonephritis (kidney infection) can all be prevented by neutering.[13]

2. Mammary Tumors-

Mammary tumors are very common in intact female dogs. Incidence is reported in a number of different ways, which makes comparison between studies difficult. A study in Norway, where almost all female dogs are intact, found an overall incidence of malignant mammary tumors of 53.3%, with significant variation in risk by breed.[14] A UK study found mammary tumors to be the second most common type of tumor, with an incidence 205 tumor per 100,000 dogs per year.[15] A Swedish study found an incidence in intact females of 1% at 6yrs of age, 6% at 8yrs, and 13% at 10 years when the study was terminated.[16] The incidence of mammary tumors in female cats is roughly half that seen in dogs.[17] Mammary cancer is extremely rare in male dogs. [17]

In dogs, the chances of developing a mammary tumor increase with age and vary with breed.[13,17] There is no apparent protective effect of having a litter for dogs or cats. [17,20]

About half of canine mammary tumors are malignant, whereas 85-90% of feline mammary tumors are malignant.[17,18] Mammary cancer is usually treated with surgery and often chemotherapy, and it is often fatal despite treatment, with 59% of dogs with malignant tumors in one study eventually dying of causes related to their cancer. [21]

Spaying dramatically reduces the risk of mammary cancer in both dogs and cats. In dogs the risk has been reported as 0.5% when spayed before the first heat, 8% if spayed before the second heat, and 26% if spayed after the second heat.[19] One study in cats found those spayed prior to 6 months of age had a 91% reduction in mammary cancer risk, and the risk was reduced 86% in those spayed before 1 year.[20] Spaying dogs later than the second heat does not reduce the risk of developing mammary cancer, but spaying at the time of surgical removal of the mammary tumor or within 2 years before diagnosis of mammary cancer is associated with longer survival.[21]

3. Pyometra-

Pyometra is a bacterial infection of the uterus. It occurs as a consequence of changes in the uterine environment brought about by repeated estrus (heat) cycles.[13] Pyometra can be treated medically, though with a very high rate of recurrence in the following heat cycle. [22,23] It is more commonly and successfully treated by spaying the affected dog.[13]

A study in Sweden, where elective spaying is rarely practiced, found that overall 25% of the females in the study developed pyometra by 10 years of age, and it is expected the risk would continue to increase in even older females. The risk varied considerably by breed, with some breeds having a 10% rate of pyometra and others up to 50%. Risk increased with age for all breeds.[24] Pyometra has been reported in cats, but no published figures regarding the incidence are available. Mortality from pyometra treated surgically is variable, from 4.2-17% in dogs and 8% in cats.[13]

Spaying essentially eliminates the risk of pyometra in dogs and cats. Infections in the small portion of the uterus not removed during ovariohysterectomy do occur if some ovarian tissue or other source of progesterone is present, but this is rare.[13] In Europe, it is common to remove only the ovaries and leave the uterus. This effectively protects against pyometra since the hormones responsible for the condition are not present.[25]

4. Cancer of Reproductive Organs-

Tumors of the ovaries are uncommon in dogs and cats with reported incidences of 6.25% in dogs and between 0.7%-3.6% in cats. There are several different types of ovarian tumors with variable degrees of malignancy. Little reliable information exists regarding the mortality associated with these tumors.[26]

Uterine tumors are very rare in dogs and cats, accounting for <2% of feline tumors and <0.5% of all canine tumors. Tumors of the uterus can generally be successfully removed by spaying the animal, though recurrence and spread to other organs has been reported.[26]

Tumors of the vulva or vagina in female dogs are not common, though they represent 2-3% of all canine tumors. They occur primarily in intact females, often have receptors for ovarian hormones present in the tumor cells, and they are less likely to recur in dogs spayed at the time of tumor removal. [26-28,144] This suggests that the risk of such tumors is decreased in spayed females. Most vulvar and vaginal tumors are benign and can be cured by surgical removal, though the minority that are malignant have a poor prognosis and often recur or metastasize.[26]

Various rates of occurrence have been reported for testicular tumors, but random samples of testicles from dogs autopsied for reasons not related to testicular disease have shown that 16-27% of dogs had tumors, and many of these had more than one.[29] The testicles are the second most common site for cancer in intact male dogs.[145] Testicles which do not descend into the scrotum but remain in the abdomen or inguinal ring (cryptorchid testicles) are more likely to develop tumors, especially in dogs under 10 years of age.[30,31]

There are several types of testicular tumors. Most are slow to metastasize, with fewer than 15% of affected dogs showing spread to other organs. Some testicular tumors produce hormones, including estrogen which can cause feminization and bone marrow disease. Castration is the treatment of choice for testicular cancer, and it is usually curative. [13,26]

5. Prostate Disease-

The most common disease of the canine prostate is benign hyperplasia (BPH), an overgrowth of tissue that causes enlargement of the gland.[13,32] This incidence of this disorder increases with age, from 15-40% for dogs under 7 years of age and 60-100% of dogs over 7 years of age.[32-34] While most dogs have few symptoms from BPH, some will experience difficulty urinating or defecating or bloody preputial secretions. BPH is a predisposing and complicating factor for prostatitis, a bacterial infection of the prostate. [13] Prostatitis has been reported to occur in up to 28.5% of intact male dogs.[32,35] It is a serious and uncomfortable, though rarely life-threatening disease. Both BPH and prostatitis are rare in neutered dogs and both are effectively prevented and treated by castration.[13,32]

6. Behavioral Benefits-

Behavioral problems are an important reason for relinquishment of pet dogs and cats by owners. [1,5,44] The most common problematic behaviors include aggression towards people or other animals, inappropriate elimination, and fearful behaviors.[45] To the extent that neutering increases or reduces the risks for these behaviors it can have an important impact on the relationship between pet and owner and ultimately on the pet's survival.

The biological and environmental influences on animal behavior are complex and difficult to unravel. Specific behavior patterns are influenced by many environmental and individual factors which all interact, so epidemiological correlations are often unreliable in predicting the outcome of interventions in individual cases. However, there are some consistent patterns that emerge from studies on normal and problematic behaviors in dogs and cats which illustrate the potential behavioral benefits and risks associated with neutering.

Some studies have reported intact male dogs to be disproportionately involved in aggressive behavior. [46,47]. Others have reported marked reductions in aggression and other problem behaviors in male dogs as an effect of castration. In one study, roaming behavior decreased 90%, aggression between males decreased 62%, urine marking decreased 50%, and mounting decreased 80% following castration,[48] and several other studies have found similar results.[49,50,54] Some studies have also reported intact dogs to be more likely to bite humans than neutered animals.[52]

Castration also dramatically reduces fighting, urine spraying, and roaming in male cats.[52-54] One study has found intact cats to be more aggressive and less affectionate than neutered cats.[102]

7. Miscellaneous-

Almost every epidemiologic study of any disease examines differences in incidence between males and females and intact and neutered animals. If a significant correlation is found, this may or may not have meaningful clinical implications. There are likely many more such associations reported than I have listed here, but these are some that seem to

have clear significance when considering whether or not to neuter and about which pet owners often have questions and concerns.

Perineal hernias are protrusions of abdominal organs through a weakened area in the pelvic muscles. The disease is not uncommon, but no precise incidence has been reported. However, in one study 93% of cases were intact males, and an association with prostatic disease is suspected, so neutering is likely protective for this problem.[41,56] Perineal hernias can usually be successfully treated with surgery, and castration at the time of hernia repair is recommended.[42]

Perianal fistulas are a chronic immune-mediated disease seen most commonly in German Shepherds and Irish Setters and rarely in other breeds. It occurs predominately in intact male dogs, which suggests some hormonal influence, though a specific causal connection has not been identified. In one study, males outnumbered females 2:1 and intact dogs were 86% of affected patients. [43] The disease is chronic and often causes significant discomfort. It can frequently be controlled with medical therapy, though sometimes surgical treatment may also be necessary.

There is some suggestion in research on laboratory animals as well as epidemiologic studies of dogs and cats that neutered animals may live longer than intact animals.[58-61,63,146,147] However, there are also studies which suggest that the longer females of some breeds retain their ovaries the more likely they are to achieve unusual longevity for their breed.[62] The possible effects of differences in the care neutered and intact animals receive have not been examined, and this complicates any interpretation of differences in longevity.

Risks of Neutering

1. Neutering Surgery Risks-

Like all surgeries, neutering involves some risks. Total complication rates for routine castration or spaying have been reported from 2.6%-20% of cases.[64-67]. The majority of these are minor and require no treatment. [64,67] Complication rates vary considerably from practice to practice and are generally reported to be higher in studies of surgeries performed by students in training.[64,67] Reported death rates are less than 0.1%.[64]

2. Cancers-

Prostate cancer in dogs has previously been reported to have a low incidence of less than 1% [13], but several recent studies have suggested it may be more common, though not always clinically recognized, and these papers have reported rates of 3.6-13%.[32,35] Most such cancers are malignant, with metastases reported in 40-80% of cases at the time of diagnosis.[13,36]. There is some uncertainty about the role of castration in prostate cancer development. While some reports have found fewer prostate cancers in castrated dogs than in intact dogs [36-38], most recent studies have found either no effect of castration on the rate of prostate cancers [39] or an increased risk for castrated dogs.[35,40] Most canine prostate cancers examined seem to lack receptors for male

hormones, so it appears that unlike in humans these hormones are not responsible for the initiation or progression of prostatic cancers, but it is unclear whether castration is overall beneficial, neutral, or a risk factor for their development.[30,40] Prostate cancer is an aggressive cancer with a poor long-term prognosis.[30]

Osteosarcoma is a bone tumor usually seen in large breed dogs.[68,69] Overall incidence has been reported as 0.2%, but for at risk breeds rates of 4.4%-6.2% are often reported.[70,72] A rate of 12.5% was reported in one study, though the authors suggested this might have been an overestimate. [71] Neutered dogs have been reported to be at higher risk for osteosarcoma than intact dogs.[68,71]. In one study, no difference was found in overall risk for intact versus neutered animals of either sex, but neutering before 1 year of age was found to increase the risk, and it was found that the longer an individual had been intact the lower their osteosarcoma risk.[71] However, the neutered animals in this study (especially the spayed females) lived longer than the intact animals, which may have contributed to an increased incidence of cancer in the neutered group.

It is possible that neutering, especially before sexual maturity, raises the risk of osteosarcoma, at least in predisposed breeds. Osteosarcoma is an aggressive cancer with a poor long-term prognosis, and it is generally treated with surgery and chemotherapy.[69]

Hemangiosarcoma is a cancer of the cells that normally form blood vessels.[73] The overall incidence has not been reported, but it makes up 5% of all non-skin cancers in dogs.[73] It is less common in the cat, found in 0.5% of cats autopsied and 2% of cancers in this species.[73] It most commonly occurs in the spleen, and certain breeds (such as German Shepherds, Labrador Retrievers, and Golden Retriever) are at greater risk than others.[73,74,76] Hemangiosarcoma can also develop in the heart, with a reported incidence of 0.19%.[75]

Spayed females have been reported to have 2 times the risk of splenic hemangiosarcoma and 5 times the risk of cardiac hemangiosarcoma of intact females.[74,75] Castrated males have either been found to have no increased risk of splenic hemangiosarcoma[74] and only a slightly higher risk (1.55 times) than that of intact males for cardiac hemangiosarcoma.[75] Hemangiosarcoma is an aggressive cancer with a poor long-term prognosis, and it is usually treated with removal of the spleen (if this is the primary site) and chemotherapy.[73]

Transitional cell carcinoma is a cancer of the lower urinary tract, usually found in the bladder and uncommonly in the urethra of dogs.[77] It represents 1%-2% of canine cancers and is rare in the cat.[77,78] It is more common in females than males, prevalence varies by breed, and neutered animals have been reported to be at 2-4 times greater risk than intact animals.[78,79] Transitional cell carcinoma is an aggressive cancer with a fair long-term prognosis, and it is usually treated with chemotherapy and sometimes surgery or radiation therapy.[77]

3. Orthopedic Disease-

Rupture of the cranial cruciate ligament in the knee is a common problem of large breed dogs, with a reported incidence of 1.8%-4.5%, though the incidence in predisposed breeds has been reported to be as high as 8.9%. [80-82,86] In addition to breed and obesity, neutering increases the risk of cranial cruciate ligament rupture, [80,81,82,86] One study suggested neutering may increase the angle between the bones in the knee in a way that promotes cruciate rupture, but this effect was only seen in dogs neutered earlier than 6 months of age.[85] Cruciate ligament rupture is treated with a variety of surgical approaches, and it has an excellent long-term prognosis.[83,84]

Hip dysplasia is a developmental abnormality of the hip joint that can result in arthritis and clinical discomfort. It is rare in small breeds, with rates of affected dogs less than 1%, but it can be seen in as many as 40%-75% of large breed dogs.[86-89] Hip dysplasia is estimated to lead to clinically significant arthritis in fewer than 5% of affected dogs, but there are many factors involved including breed, weight, and the degree of anatomic abnormality of the hip joint, which makes predicting the outcome for any individual difficult.[89] The incidence of hip dysplasia is most strongly associated with breed and family history.[86,90,91].

Some studies have identified neutering as increasing the risk of hip dysplasia.[86,92]. As discussed below, the age at neutering may also be a factor influencing the development of hip dysplasia.[93] It is unclear if the increased risk is directly due to the effects of neutering or due to an increased incidence of obesity in neutered dogs. Hip dysplasia can be treated if detected early with surgical therapies that reduce the chances of clinically significant arthritis later in life.[94,95] In older dogs who have already developed arthritis and clinical symptoms, these can be managed surgically or medically, with medications, weight reduction, and other therapies.[96-98] Because of the genetic basis of the disorder, the ideal approach to eliminating it is to neuter those dogs that carry the predisposing genes to eliminate the disease from the population.[99,100]

Fractures of the capital physis of the femur (the growth plate where the femur attaches to the pelvis at the hip joint) can occur in growing animals both due to trauma and spontaneously. A number of studies have found a large majority of spontaneous capital physal fractures in cats occur in obese neutered males.[179-182] It is clear that neutering delays closure of the growth plates in male cats[183], and so it may be an independent risk factor for such fractures, though neutering also increases the incidence of obesity, and the relative contribution of obesity and neutering to the risk of these fractures has not been elucidated.

4. Behavioral Risks-

Though neutering has been associated with a decreased incidence of some kinds of aggression, there is limited evidence that it may sometimes be associated with an increase in aggressive behavior. There is one study that identified more owner-directed aggression reported in Springer Spaniels that were neutered than in intact Springers.[101] How reliable such an owner survey might be or how applicable to other breeds is unclear. Similarly, one study found evidence of an increase in aggression towards owners among spayed female dogs who were spayed before 11 months of age and who had already

showed some aggressive behaviors before neutering.[103] However, there were some differences between the control group and the spayed dogs in addition to having surgery, and these make the results less reliable.

One study found female German Shepherds who were neutered were more reactive to the presence of unfamiliar humans and dogs than were intact dogs.[104]. Another study found neutered dogs to be more active than intact dogs and castrated males to be more excitable than intact males but found no other measurable behavioral differences between the groups.[105] The clinical significance or applicability of these findings to behavior problems is unclear.

One study has examined the relationship between neutering and the development of age-related behavioral changes thought to be similar to Alzheimer's disease or other forms of senile dementia in humans.[106] Such changes are relative common, being reported in 28% of dogs 10-12 years old and 68% of dogs 15-16 years old.[107] When multiple comparisons were made between intact males, castrated males, and spayed females (no intact females were included in the study), the only association found was for castrated males who had already shown signs of behavioral impairment when first assessed to progress to more severe impairment at a higher rate than intact males or spayed females. The significance of this finding is not clear.

5. Miscellaneous-

Urinary incontinence is common in middle-aged to older female dogs associated with spaying, with a reported incidence of 5-30%. Rates are lower in small dogs and higher in large breed dogs.[93,108-111] It can usually be successfully treated with medication.[108,112]

Several reports have found spayed females to be at increased risk for urinary tract infections compared to intact females[113,114], but other studies have not found such a relationship.[115] No association with urinary tract infections has been found for neutering of male dogs.[113] Most urinary tract infections can be successfully treated with antibiotics.

Feline Lower Urinary Tract Disease (FLUTD) is a collection of symptoms ranging from mild bloody urine and straining while urinating to potentially life-threatening urinary tract obstruction.[116] Causes include bladder inflammation (cystitis), urinary tract infection, urinary tract stones, tumors, and others.[116] FLUTD has been reported to occur in 1.3%-4.6% of cats in private practice and 7%-8% of cats in veterinary teaching hospitals.[117,118] While some studies have found no association between FLUTD conditions and neutering [70,119], and it does not appear that neutering affects the size of the urethra in male cats (a possible risk factor for obstruction)[120], several epidemiologic studies have found that neutering status does raise the risk of some causes of FLUTD.[121,122]. Castrated males were at an increased risk compared to intact males for all causes of FLUTD except infection and urinary incontinence. Spayed females had an increased risk for urinary tract stones, urinary tract infections, and urinary tract tumor,

but not other causes of FLUTD. Intact females had a decreased risk for most causes.[122] While most cases of FLUTD are treatable and not life-threatening, urinary tract obstruction in males is a very serious condition. This occurred in about 12% of cats with FLUTD symptoms, and the risk is higher in castrated males cats.[122,123]

Hypothyroidism is a condition in which the thyroid gland atrophies or is damaged by the immune system and fails to produce adequate amounts of thyroid hormone.[124,125] It occurs in an estimated 0.2%-0.3% of dogs.[126,127] Some studies have found that neutered dogs are at higher risk than intact dogs for developing hypothyroidism.[126,127] However, other studies have not found any such association.[129] Supplementation of thyroid hormone resolves the disease in most cases.[127,128]

Diabetes mellitus is a complex disease that comes in a variety of forms and has a variety of causes. Briefly, an affected animal will have blood sugar levels that are too high and will usually need insulin injections to control their blood sugar and prevent the many serious secondary problems associated with uncontrolled diabetes.[130] Incidence in cats has been reported from 0.08%-2%, with Burmese cats having a higher rate of occurrence than other breeds or mixed-breed cats.[131-134] Incidence in dogs is estimated at 0.19-0.64%, with significant breed variations.[135,136] Diabetes is more common in male cats than females, and neutering is associated with an increased risk of diabetes in both male and female cats in some studies.[132] However when age and weight are controlled for no effect of neutering is seen in others.[134] For dogs, diabetes is usually believed to be more common in females than males [130,136] though this is not found in all populations.[133]

Castrated males were at higher risk for diabetes than intact males in one study, though weight was not controlled for.[137] Some authors have suggested that intact females may be at greater risk of diabetes due to the antagonistic effects of ovarian hormones on insulin, and spaying is an important part of regulating diabetes in female dogs. [133] Weight is clearly a risk factor for diabetes in cats, though there is some debate about whether this is true in dogs, and since neutered animals are prone to be heavier than intact animals matched by breed and age, this may be a confounding factor creating the appearance of a direct effect of neutering on diabetes risk.[130-133,136] Diabetes is a serious chronic disease that can often be managed for long periods but cannot be cured.

Pancreatitis is an inflammatory condition of the pancreas, an organ involved in digestion and also insulin production.[138] It can occur as a sudden severe disease or as a long-term chronic, waxing and waning disease. The true incidence of pancreatitis is unknown, and although autopsy surveys have found evidence of inflammation in anywhere from less than 1% to more than 50% of dog pancreases, no study has yet examined how common clinical pancreatitis is.[139-141] In dogs, there is some evidence that neutered animals may be at higher risk than intact animals for sudden-onset form.[142,143]

Obesity is a common and growing clinical problem in dogs and cats. Though clear and consistent definitions do not exist, various reports have suggested that among dogs 18%-

44% are overweight and 2.9%-7.6% are obese.[154-156] Among cats, an estimated 19%-40% are overweight and 7.8% are obese.[157-159] Being overweight is a significant risk factor for many serious diseases.[134,160-162] Almost all studies agree that neutered cats and dogs are more likely to be overweight or obese than intact cats and dogs.[154-156,158-160,163-169] However, the exact relationship between neutering and excess body weight has not been clearly established.

Some studies have indicated that neutered animals have a lower metabolic rate and so burn fewer calories regardless of activity, which would make them prone to being overweight.[170-173] But other studies, which controlled for the proportion of an animal's weight made up of fat, which is not very metabolically active, have found comparable metabolic rates in intact and neutered animals.[167-169,174] There is evidence that the reason neutered animals gain excess weight is that they eat more and expend less energy than intact animals despite having the same resting metabolic rate.[53,165,169,171,172] There are also many other risk factors for obesity, including sex, breed, and variables associated with owners and their habits, that affect the chances of an animal becoming overweight regardless whether it is neutered or intact.[154,159,160,175]

It is clear that obesity is preventable. Proper restriction of the amount of food, and hence the number of calories available to dogs and cats is all that is necessary to prevent obesity regardless of neuter status. [154,160]

Optimal Age for Neutering

For decades, the traditional age for neutering dogs and cats has been 6-9 months. There is no clear scientific basis for choosing this age, and it has been suggested that this practice arose as a response to anesthetic mortality in very young animals in the first half of the 20th century.[70] Anesthetic procedures have evolved dramatically since that time, and it has since been demonstrated that not only is the procedure safe in puppies and kittens 7-12 weeks of age, but these younger patients actually recover faster and have fewer complications than those neutered at the traditional age.[65,102,176]

A large scale trial found no significant differences in the week immediately after surgery between patients neutered at the traditional age and earlier, apart from more minor surgical complications in the traditional age group.[65] Another study followed cats neutered at 7 weeks and at 7 months for 1 year and found no differences in any outcome.[102] Two large studies followed puppies and kittens neutered before and after 24 weeks of age for approximately 3 years.[177,178] For cats, of the numerous measures of health, behavior, and relationship with owner, the only difference detected was a greater incidence of urinary tract problems in the cats neutered at the traditional age.[177] In the dog study, puppies neutered earlier than 24 weeks did have a higher rate of infections, primarily parvovirus. This may have been due to differences in the management policies of the two shelters in which the subjects were neutered since the rate of parvovirus infections was higher at the shelter where most of the early neutering animals were spayed or castrated.[178] Dogs in the traditional age group had more

gastrointestinal problems than dogs in the early neuter group.[178] Interestingly, there was no difference in the incidence of urinary incontinence in female dogs in this study, which contrasts with another paper that found urinary incontinence occurred twice as often in females spayed after their first heat as those spayed before having a heat cycle.[111]

By far the largest, best designed studies in dogs and cats involved following over 1800 dogs and 1600 cats after neutering (either before or after 5.5 months of age) for an average of 4-4.5 years, but as long as 11 years in some cases.[93,149] For dogs, 7 out of 14 behavioral measures appeared affected by age at neutering, with early-neutering worsening 3 problem behaviors and improving 4. Animals in the early-neuter group exhibited higher rates of noise phobia and sexual behaviors. The early-neutered group also exhibited less separation anxiety, fearful urination in the house, and escaping. Early-castrated males (but not females) showed more aggression towards humans in the household and more barking. When only problems considered by owners to be serious were analyzed, the reduced risk of escaping for the early-neuter group was the only behavior still significantly associated with age at neutering.[93]

For medical conditions, 4 were significantly associated with age at neutering. Dogs neutered early had higher rates of hip dysplasia, though the dysplasia seen in the traditional-age group was clinically worse and this group was far more likely to be euthanized for the problem than the early-neuter group. Rates of cystitis and urinary incontinence were higher for females neutered before 5.5 months of age. The early-neuter group had lower rates of respiratory infections but higher rates of parvoviral infection. And finally, the early-neuter group had a lower rate of obesity than those dogs neutered at the traditional age. The remaining 43 outcome measures studied showed no difference between the two groups.[93]

For cats, early neutering increased shyness around strangers for both sexes, and it increased hiding behavior for males but not females. Early-neutered cats were showed less hyperactivity, and early-neutered males showed less aggression towards veterinarians, less urine spraying, and fewer sexual behaviors. There may also have been a decreased rate of scratching furniture in early-neutered cats, but these cats were more likely to be declawed so the effect may be an artifact. When only problems considered serious were analyzed, none of these behaviors was significantly associated with age at neuter.[149]

Early-neutered cats experienced lower rates of asthma and gingivitis, and males experienced fewer abscesses in the first 5-6 years after neutering. Cats neutered early may have experienced lower rates of cancer, but when only malignancies confirmed by a veterinarian were considered this effect was not significant. For the other 38 outcome measures studied, no difference between the groups was observed.[149]

Conclusions

It is apparent that spaying and castration have clear benefits for the pet population in general and both benefits and risks for individual dogs and cats. When the totality of the

evidence is considered, it is generally the case that common, serious problems in females are reduced by spaying and that less common or less serious problems may be exacerbated. It is, of course, impossible to predict for a particular pet what the medical or behavioral results of spaying or leaving her intact will be. However, the scientific evidence supports routine spaying of female dogs not intended for breeding because overall it is more likely to prevent than cause serious disease. The evidence is mixed regarding the risks and benefits of spaying dogs before 5-6 months of age, so no strong recommendation for or against the practice can be made. However, it is clear that spaying female dogs before their first heat is preferable to spaying them after this event. For cats, early spaying seems to have more benefits than risks.

In male dogs, the individual benefits of castration are not so clearly greater than the risks as they are for females. Overall, it seems that males are more likely to benefit than be harmed by being castrated, but the balance of the evidence is close. The population benefits, of course, argue in favor of routine neutering of male dogs. For male cats, however, neutering is clearly more likely to benefit rather than harm them. As is the case with females, early or traditional age at neutering seem roughly equivalent for dogs, but there seem to be more benefits than risks for early neutering of cats.

The decision to neutering an individual animal, and when to do so, should take into account both the scientific evidence of the risks and benefits as well as the unique circumstances of the pet and the owners. Rather than a dogmatic, one-size-fits-all approach, owners and veterinarians should examine the benefits and risks given all the available information and make appropriate, rational decisions in each case. There is, unfortunately, a tendency for lay people and veterinarians to react to the complexity and uncertainty of the research data by making broad, unsupportable generalizations or by sticking to habit and tradition. Our pets are better served by our remaining open-minded and reasonable and evaluating the quality and meaning of the available data carefully in light of the individual circumstances and characteristics of each individual animal.

REFERENCES

1. Clancy EA, Rowan AN. Companion Animal Demographics in the United States: A Historical Perspective. In: Salem, DJ, Rowan, AN , editors. *The State of the Animals II*. Washington D.C., USA: Humane Society Press; 2003. p. 9-26.
2. Olson PN, Moulson C. Pet (dog and cat) overpopulation in the United States. *Journal of Reproduction and Fertility* 1993;47 Suppl.:433-8.
3. New JC. Characteristics of shelter-relinquished animals and their owners compared with animals and their owners in U.S. pet-owning households. *Journal of Applied Animal Welfare Science* 2000;3(3):179–201.
4. Patronek GJ, Glickman LT, Beck AM, McCabe GP, Ecker C. Risk factors for relinquishment of dogs to an animal shelter. *Journal of the American veterinary Medical Association* 1996;209(3):572-81.
5. Jessup DA. The welfare of feral cats and wildlife. *Journal of the American veterinary Medical Association* 2004;225(9):1377-83.
6. Slater MR. Understanding issues and solutions for unowned, free-roaming cat populations. *Journal of the American veterinary Medical Association* 2004;225(9):1350-54.
7. Levy JK. Humane strategies for controlling feral cat populations. *Journal of the American veterinary Medical Association* 2004;225(9):1354-60.
8. Stoskopf MK. Analyzing approaches to feral cat management-one size does not fit all. *Journal of the American veterinary Medical Association* 2004;225(9):1361-64.
9. Carmichael LE, Greene CE. Canine brucellosis. In: Greene, CE. *Infectious Diseases of the Dog and Cat*. 3rd ed. Philadelphia (PA), USA. WB Saunders; 2006. p. 369-81.
10. Forsberg CL, Persson G. A survey of dystocia in the Boxer breed. *Acta Veterinaria Scandinavica* 2007;21:49-8.
11. Bergstrom A, Nødtvedt A, Lagerstedt AS, Egenvall A. Incidence and breed predilection for dystocia and risk factors for cesarean section in a Swedish population of insured dogs. *Veterinary Surgery* 2006;35(8):786-91.

12. Gunn-Moore DA, Thrushfield MV. Feline dystocia: prevalence and association with cranial conformation and breed. *The Veterinary Record* 1995;136(14):350-3.
13. Johnston SD, Root Kustritz MV, Olson PNS. *Canine and feline theriogenology*. Philadelphia (PA), USA: WB Saunders; 2001. p. 80-87.
14. Moe L. Population-based incidence of mammary tumors in some dog breeds. *Journal of Reproduction and Fertility* 2001;57:439-43.
15. Dobson JM, Samuel S, Milstein H, Rogers K, Wood JL. Canine neoplasia in the UK: estimates of incidence from a population of insured dogs. *Journal of Small Animal Practice* 2002;43(6):240-6.
16. Egenvall A, Bonnett BN, Ohagen P, Olson P, Hedhammar A, von Euler H. Incidence of and survival after mammary tumors in a population of over 80,000 insured female dogs in Sweden from 1995 to 2002. *Preventative Veterinary Medicine* 2002;69:109-27.
17. Lana SE, Rutteman GR, Winthrow SJ. Tumors of the mammary gland. In: Winthrow SJ, Vail DM, editors. *Winthrow and MacEwen's Small Animal Clinical Oncology*. 4th ed. St. Louis (MO), USA: WB Saunders Elsevier; 2007. p. 619-36.
18. Brodey RS, Goldschmidt MA, Rozel JR. *Journal of the American Animal Hospital Association* 1983;19:61-90.
19. Schneider R, Dorn CR, Taylor DO. Factors influencing canine mammary cancer development and postsurgical survival. *Journal of the National Cancer Institute* 1969;43:1249-61.
20. Overly B, Shofer FS, Goldschmidt MH, Sherer D, Sorenmo KU. Association between ovariohysterectomy and feline mammary carcinoma. *Journal of Veterinary Internal Medicine* 2005;19(4):560-3.
21. Sorenmo KU, Shofer FS, Goldschmidt MH. Effect of spaying and timing of spaying on survival of dogs with mammary carcinoma. *Journal of Veterinary Internal Medicine* 2000;14:266-70.
22. Nelson RW, Feldman EC, Stabenfeldt GH. Treatment of canine pyometra and endometritis with prostaglandin F2alpha. *Journal of the American Veterinary Medical Association* 1982;181:899-903.
23. Myers-Wallen VN, Goldschmidt MH, Flickinger GL. Prostaglandin F2alpha treatment of canine pyometra. *Journal of the American Veterinary Medical Association* 1986;189:1557-61.

24. Egenvall A, Hagman R, Bonnett BN, Hedhammar A, Olson P, Lagerstedt AS. Breed risk of pyometra in insured dogs in Sweden. *J Journal of Veterinary Internal Medicine* 2001;15:530-8.
25. van Goethem B. Making a rational choice between ovariectomy and ovariohysterectomy in the dog: a discussion of the benefits of either technique. *Veterinary Surgery* 2006;35(2):136-43.
26. Klein, MK. Tumors of the female reproductive system. In: Winthrow SJ, Vail DM, editors. *Withrow and MacEwen's Small Animal Clinical Oncology*. 4th ed. St. Louis (MO), USA: WB Saunders Elsevier; 2007. p. 610-18.
27. Millan Y, Gordon A, Espinosa de los Monteros A, Reymundo C, Martin de las Mulas J. Steroid receptors in canine and human female genital tract tumours with smooth muscle differentiation. *Journal of Comparative Pathology* 2007;136:197-201.
28. Brodey RS, Roszel JF. Neoplasms of the canine uterus, vagina, and vulva: a clinicopathologic survey of 90 cases. *Journal of the American Veterinary Medical Association* 1967;151:1294-1307.
29. Grieco, V, Riccardi E, Greppi GF, Teruzzi F, Iermanò V, Finazzi M. Canine testicular tumours: a study on 232 dogs. *Journal of Comparative Pathology* 2008;138:86-9.
30. Fan TM, de Lorimier L. Tumors of the male reproductive system. In: Winthrow SJ, Vail DM, editors. *Withrow and MacEwen's Small Animal Clinical Oncology*. 4th ed. St. Louis (MO), USA: WB Saunders Elsevier; 2007. p. 637-48.
31. Liao AT, Chu PY, Yeh LS, Lin CT, Liu CH. A 12-year retrospective study of canine testicular tumors. *Journal of Veterinary Medical Science* 2009;71(7):919-23.
32. Mukaratirwa S, Chitura T. Canine subclinical prostatic disease: histologic prevalence and validity of digital rectal examination as a screening test. *Journal of the South African Veterinary Association* 2007;78(2):66-8.
33. Berry SJ, Strandberg JD, Saunders WJ, Coffey DS. Development of canine benign prostatic hyperplasia with age. *Prostate* 1986;9(4):363-73.
34. Lowseth LA, Gerlach RF, Gillett NA, Muggenburg BA. Age-related changes in the prostate of the beagle dog. *Veterinary Patology* 1990;27:347-53.
35. Teske E, Naan EC, van Dijk EM, Van Garderen E, Schalken JA. Canine prostate carcinoma: epidemiological evidence of an increased risk in castrated dogs. *Molecular and Cellular Endocrinology* 2002;197(1-2):251-5.

36. Cornell KK, Bostwick DG, Cooley DM, Hall G, Harvey HJ, Hendrick MJ, et al. Clinical and pathologic aspects of spontaneous canine prostate carcinoma: a retrospective analysis of 76 cases. *Prostate* 2000;45(2):173-83.
37. O'Shea JP. Studies on the canine prostate gland II: Prostatic neoplasms. *Journal of Comparative Pathology* 1963;73:244-52.
38. Leav I, Ling GV. Adenocarcinoma of the canine prostate gland. *Cancer* 1968;22:1329-45.
39. Obradovich J, Walshaw BVMS, Goullaud E. The influence of castration on the development of prostatic carcinoma in the dog: 43 cases (1978-1985). *Journal of Veterinary Internal Medicine* 1987;1(4):183-7.
40. Sorenmo KU, Goldschmidt M, Shofer F, Goldkamp C, Ferracone J. Immunohistochemical characterization of canine prostatic carcinoma and correlation with castration status and castration time. *Veterinary Comparative Oncology* 2003;1(1):48-56.
41. Niebauer GW, Shibly S, Seltenhammer M, Pirker A, Brandt S. Relaxin of prostatic origin might be linked to perineal hernia formation in dogs. *Annals of the New York Academy of Sciences* 2005;1041(0):415-22.
42. Hayes HM. The epidemiologic features of perineal hernia in 771 dogs. *Journal of the American Animal Hospital Association* 1978;14:703-12.
43. Killingsworth CR, Walshaw R, Dunstan RW, Rosser EJ Jr. Bacterial population and histologic changes in dogs with perianal fistula. *American Journal of Veterinary Research* 1988;49(10):1736-41.
44. Scarlett JM, Salman MD, New JG, Kass PH. The role of veterinary practitioners in reducing dog and cat relinquishments and euthanasias. *Journal of the American Veterinary Medical Association* 2002;220(3):306-11.
45. Overall KL. *Clinical behavioral medicine for small animals*. St. Louis (MO), USA: Mosby; 1997.
46. Borchelt PL. Aggressive behavior of dogs kept as companion animals: classification and influence of sex, reproductive status, and breed. *Applied Animal Ethology* 1983;10:45-61.
47. Write JC, Nesselrote MS. Classification of behavioral problems in dogs: distributions of age, breed, sex, and reproductive status. *Applied Animal Behavior Science* 1987;19:169-78.

48. Hopkins SG, Schubert TA, Hart BL. Castration of adult male dogs: effects on roaming, aggression urine spraying, and mounting. *Journal of the American Veterinary Medical Association* 1976;168:1108-10.
49. Maarschalkerweerd RJ, Endenburg N, Kirpensteijn J, Knol BW. Influence of orchietomy on canine behaviour. *Veterinary Record* 1997;140(24):617-69.
50. Neilson JC, Eckstein RA, Hart BL. Effects of castration on problem behaviors in male dogs with reference to age and duration of behavior. *Journal of the American Veterinary Medical Association* 1997;211(2):180-82.
51. Gershman KA, Sacks JJ, Wright JC. Which dogs bite? A case-control study of risk factors. *Pediatrics* 1994;93(6 Pt 1):913-7.
52. Hart BL, Cooper LC. Factors relating to urine spraying and fighting in prepubertally gonadectomized cats. *Journal of the American Veterinary Medical Association* 1984;184(10):1255-8.
53. Hart BL, Barrett RE. Effects of castration on fighting, roaming, and urine spraying in adult male cats. *Journal of the American Veterinary Medical Association* 1973;163:290-2.
54. Knol BW, Egberink-Alink ST. Treatment of problem behaviour in dogs and cats by castration and progestagen administration: a review. *Veterinary Quarterly* 1989;11(2):102-7.
55. Mahlow JC. Estimation of the proportions of dogs and cats that are surgically sterilized. *Journal of the American Veterinary Medical Association* 1999;215(5):640-3.
56. Maute AM, Koch DA, Montavon PM. Perineale Hernie beim Hund - Colopexie, Vasopexie, Cystopexie und Kastration als Therapie der Wahl bei 32 Hunden. [Perineal hernia in dogs -- colopexy, vasopexy, cystopexy and castration as an alternative therapy in 32 dogs]. *Schweizer Archiv Fur Tierheilkunde* 2001;143(7):360-7.
57. Nassar R, Mosier JE. Feline population dynamics: a study of the Manhattan, Kansas, feline population. *American Journal of Veterinary Research* 2001;43(1):167-70.
58. Michell AR. Longevity of British breeds of dog and its relationship with sex, size, cardiovascular variables, and disease. *Veterinary Record* 1999;145(22):625-9.
59. Bronson RT. Variation in age at death of dogs of different sexes and breeds. *American Journal of Veterinary Research* 1982;43(11):2057-9.
60. Moore GE, Burkman KD, Carter MN, Peterson MR. Causes of death or reasons for euthanasia in military working dogs: 927 cases (1993-1996). *Journal of the American Veterinary Medical Association* 2001;219(2):209-14.

61. Drori D, Folman Y. Environmental effects on longevity in the male rat: exercise, mating, castration and restricted feeding. *Experimental Gerontology* 1976;11(1-2):25-32.
62. Waters DJ, Kengeri SS, Clever B, Booth JA, Maras AH, Schlittler DL, et al. Exploring mechanisms of sex differences in longevity: lifetime ovary exposure and exceptional longevity in dogs. *Aging Cell* 2009;8(6):752-5.
63. Waters DJ, Shen S, Glickman LT. Life expectancy, antagonistic pleiotropy, and the testis of dogs and men. *Prostate* 2000;1:43(4):272-7.
64. Pollari FL, Bonnett BN, Bamsey SC, Meek AH, Allen DG. Postoperative complications of elective surgeries in dogs and cats determined by examining electronic and paper medical records. *Journal of the American Veterinary Medical Association* 1996;208(11):1882-6.
65. Howe LM. Short-term results and complications of prepubertal gonadectomy in cats and dogs. *Journal of the American Veterinary Medical Association* 1997;211(1):57-62.
66. Pollari FL, Bonnett B.N. Evaluation of postoperative complications following elective surgeries of dogs and cats at private practices using computer records. *Canadian Veterinary Journal* 1996;37:672-8.
67. Burrow R, Batchelor D, Cripps P. Complications observed during and after ovariectomy of 142 bitches at a veterinary teaching hospital. *Veterinary Record* 2005;157(26):829-33.
68. Ru G, Terracini B, Glickman LT. Host related risk factors for canine osteosarcoma. *Veterinary Journal* 1998;156(1):31-9.
69. Dernall WS. Tumors of the skeletal system. In: Winthrow SJ, Vail DM, editors. *Winthrow and MacEwen's Small Animal Clinical Oncology*. 4th ed. St. Louis (MO), USA: WB Saunders Elsevier; 2007. p. 540-82.
70. Root Kustritz MV. Determining the optimal age for gonadectomy of dogs and cats. *Journal of the American Veterinary Medical Association* 2007;231(11):1665-1675.
71. Cooley DM, Beranek BC, Schlittler DL, Glickman NW, Glickman LT, Waters DJ. Endogenous gonadal hormone exposure and bone sarcoma risk. *Cancer Epidemiology, Biomarkers, and Prevention* 2002;11:1434-40.
72. Rosenberger JA, Pablo NV, Crawford PC. Prevalence of intrinsic risk factors for appendicular osteosarcoma in dogs: 179 cases (1996-2005). *Journal of the American Veterinary Medical Association* 2007;231(7):1076-80.

73. Thamm, D. Hemangiosarcoma. In: Winthrow SJ, Vail DM, editors. *Withrow and MacEwen's Small Animal Clinical Oncology*. 4th ed. St. Louis (MO), USA: WB Saunders Elsevier; 2007. p. 785-94.
74. Prymak C, McKee LJ, Goldschmidt MH, Glickman LT. Epidemiologic, clinical, pathologic, and prognostic characteristics of splenic hemangiosarcoma and splenic hematoma in dogs: 217 cases (1985). *Journal of the American Veterinary Medical Association* 1988;193(6):706-12.
75. Ware WA, Hopper DL. Cardiac tumors in dogs: 1982-1995. *Journal of Veterinary Internal Medicine* 1999;13:95-103.
76. Smith AN. Hemangiosarcoma in dogs and cats. *Veterinary Clinics of North America: Small Animal Practice* 2003;33:533-52.
77. Knapp DW. Tumors of the urinary system. In: Winthrow SJ, Vail DM, editors. *Withrow and MacEwen's Small Animal Clinical Oncology*. 4th ed. St. Louis (MO), USA: WB Saunders Elsevier; 2007. p. 649-58.
78. Norris AM, Laing EJ, Valli VE, Withrow SJ, Macy DW, Ogilvie GK, et al. Canine bladder and urethral tumors: A retrospective study of 115 cases (1980-1985). *Journal of Veterinary Internal Medicine* 1992;6(3):145-53.
79. Knapp DW, Glickman NW, DeNicola DB, Glickman LT. Naturally-occurring transitional cell carcinoma of the urinary bladder. *Urologic Oncology* 2000;5:47-59.
80. Whitehair JG, Vasseur PB, Willits NH. Epidemiology of cranial cruciate ligament rupture in dogs. *Journal of the American Veterinary Medical Association* 1993;203(7):1016-19.
81. Duval JM, Budsberg SC, Flo GL, Sammarco JL. Breed, sex, and body weight as risk factors for rupture of the cranial cruciate ligament in young dogs. *Journal of the American Veterinary Medical Association* 1999;215(6):811-14.
82. Slauterbeck JR, Pankratz K, Xu KT, Bozeman SC, Hardy DM. Canine ovariohysterectomy and orchiectomy increases the prevalence of ACL injury. *Clinical Orthopaedics and Related Research* 2004;429:301-5.
83. Aragon CL, Budsberg SC. Applications of evidence-based medicine: cranial cruciate ligaments injury repair in the dog. *Veterinary Surgery* 2005;34(2):93-8.
84. Canapp SO. The canine stifle. *Clinical Techniques in Small Animal Practice* 2007;22(4):195-205.

85. Duerr FM, Duncan CG, Savicky RS, Park RD, Egger EL, Palmer RH. Risk factors for excessive tibial plateau angle in large breed dogs with cranial cruciate ligament disease. *Journal of the American Veterinary Medical Association* 2007;231(11):1688-91.
86. Witsberger TH, Villamil JA, Schultz LG, Hahn AW, Cook JL. Prevalence of and risk factors for hip dysplasia and cranial cruciate ligament deficiency in dogs. *Journal of the American Veterinary Medical Association* 2008;232(12):1818-24.
87. Genevois JP, Remy D, Viguier E, Carozzo C, Collard F, Cachon T, et al. Prevalence of hip dysplasia according to official radiographic screening among 31 breeds of dogs in France. *Veterinary and Comparative Orthopaedics and Traumatology* 2008;21(1):21-4.
88. Paster ER, LaFond E, Biery DN, Iriye A, Gregor TP, Shofer FS, et al. Estimates of prevalence of hip dysplasia in Golden Retrievers and Rottweilers and the influence of bias on published prevalence figures. *Journal of the American Veterinary Medical Association* 2005;226(3):387-92.
89. Smith GK, Popovitch CA, Gregor TP, Shofer FS. Evaluation of risk factors for degenerative joint disease associated with hip dysplasia in German Shepherd Dogs, Golden Retrievers, Labrador Retrievers, and Rottweilers. *Journal of the American Veterinary Medical Association* 2001;219(12):1719-24.
90. Jessen, CR. Spurrell, FA. Heritability of canine hip dysplasia. *Proceedings Canine Hip Dysplasia Symposium; 1972 October 19-20; St. Louis (MO), USA.* p. 53-61.
91. Hedhammar A, Olsson SE, Andersson SA, Persson L, Pettersson L, Olausson A, et al. Canine hip dysplasia: A study of heritability in 401 litters of German shepherd dogs. *Journal of the American Veterinary Medical Association* 1979;174:1012-16.
92. van Hagen MA, Ducro BJ, van den Broek J, Knol BW. Incidence, risk factors, and heritability estimates of hind limb lameness caused by hip dysplasia in a birth cohort of boxers. *American Journal of Veterinary research* 2005;66(2):307-12.
93. Spain CV, Scarlett JM, Houpt KA. Long-term risks and benefits of early-age gonadectomy in dogs. *Journal of the American Veterinary Medical Association* 2004;224(3):380-7.
94. Vezzoni A, Dravelli G, Vezzoni L, De Lorenzi M, Corbari A, Cirila A, et al. Comparison of conservative management and juvenile pubic symphysiodesis in the early treatment of canine hip dysplasia *Veterinary and Comparative Orthopaedics and Traumatology* 2008;21(3):267-79.
95. Manley PA, Adams WM, Danielson KC, Dueland RT, Linn KA. Long-term outcome of juvenile pubic symphysiodesis and triple pelvic osteotomy in dogs with hip dysplasia. *Journal of the American Veterinary Medical Association* 2007;230(2):206-10.
96. Impellizeria JA, Tetrick MA, Muir P. Effect of weight reduction on clinical signs

of lameness in dogs with hip osteoarthritis. *Journal of the American Veterinary Medical Association* 2000;216:1089–91.

97. Skurla CT, Egger EL, Schwarz PD, James SP. Owner assessment of the outcome of total hip arthroplasty in dogs. *Journal of the American Veterinary Medical Association* 2000;217(7):1010-12.

98. Remedios AM, Fries CL. Treatment of canine hip dysplasia: a review. *Canine Veterinary Journal* 1995;36(8):503-9.

99. Leighton EA. Genetics of canine hip dysplasia. *Journal of the American Veterinary Medical Association* 1997;210(10):1474-9.

100. Ginja MM, Silvestre AM, Gonzalo-Orden JM, Ferreira AJ. Diagnosis, genetic control and preventive management of canine hip dysplasia: A review. *Veterinary Journal* In Press 2009.

101. Reisner IR, Houpt KA, Shofer FS. National survey of owner-directed aggression in English Springer Spaniels. *Journal of the American Veterinary Medical Association* 2005;227(10):1594-1603.

102. Stubbs WP, Bloomberg MS, Scruggs SL, Shille VM, Lane TJ. Effects of prepubertal gonadectomy on physical and behavioral development in cats. *Journal of the American Veterinary Medical Association* 1996;209(11):1864-71.

103. O'Farrell V, Peachy E. Behavioural effects of ovariohysterectomy on bitches. *Journal of Small Animal Practice* 1990;31:595-8.

104. Kim HH, Yeon SC, Houpt KA, Lee HC, Chang HH, Lee HJ. Effects of ovariohysterectomy on reactivity in German Shepherd dogs. *Veterinary Journal* 2006;172(1):154-9.

105. Salmeri KR, Bloomberg MS, Scruggs SL, Shille V. Gonadectomy in immature dogs: effects on skeletal, physical, and behavioral development. *Journal of the American Veterinary Medical Association* 1991;198(7):1193-1203.

106. Hart BL. Effect of gonadectomy on subsequent development of age-related cognitive impairment in dogs. *Journal of the American Veterinary Medical Association* 2001;219(1):51-6.

107. Neilson JC, Hart BL, Cliff KD. Prevalence of behavioral changes associated with age-related cognitive impairment in dogs. *Journal of the American Veterinary Medical Association* 2001;218:1787-91.

108. Angioletti A, De Francesco I, Vergottini M, Battocchio ML. Urinary incontinence after spaying in the bitch: incidence and oestrogen therapy. *Veterinary Research Communication* 2004;28(Suppl 1):153-5.
109. Okkens AC, Kooistra HS, Nickel RF. Comparison of long-term effects of ovariectomy versus ovariohysterectomy in bitches. *Journal of Reproduction and Fertility* 1997;51:227-31.
110. Arnold S. Hanrinkontinenz bei kastrierten Hundinnen. Teil 1: Bedeutung, Klinik und Aetiopathogenese [Urinary incontinence in castrated bitches. Part 1: Significance, clinical aspects, and etiopathogenesis]. *Schweizer Archiv Fur Tierheilkunde* 1997;139(6):271-276.
111. Stocklin-Gautschi NM, Hässig M, Reichler IM, Hubler M, Arnold S. The relationship of urinary incontinence to early spaying in bitches. *Journal of Reproduction and Fertility* 2001;57(Suppl);233-6.
112. Byron JK, March PA, Chew DJ, DiBartola SP. Effect of phenylpropanolamine and pseudoephedrine on the urethral pressure profile and continence scores of incontinent female dogs *Journal of Veterinary Internal Medicine* 2007;21(1):47-53.
113. Seguin MA, Vaden SL, Altier C, Stone E, Levine JF. Persistent urinary tract infections and reinfections in 100 dogs (1989-1999). *Journal of Veterinary Internal* 2003;17:622-31.
114. Ling GV, Franti CE, Johnson DL, Ruby AL. Urolithiasis in dogs III: Prevalence of urinary tract infection and interrelations of infections, age, sex, and mineral composition. *American Journal of Veterinary Research* 1998 May;59(5):643-9.
115. Freshman, JL, Reif JS, Allen TA, Jones, RL. Risk factors associated with urinary tract infection in female dogs *Preventative Veterinary Medicine* 1989;7:59-67.
116. Hostutler RA, Chew DJ, DiBartola SP. Recent concepts in feline lower urinary tract disease. *Veterinary Clinics of North America: Small Animal Practice* 2005;35:147-70.
117. Lund EM, Armstrong PJ, Kirk CA, Kolar LM, Klausner JS. Health status and population characteristics of dogs and cats examined at private veterinary practices in the United States. *Journal of the American Veterinary Medical Association* 1999;214:1336-41.
118. Forrester SD, Roudebush P. Evidence-based management of feline lower urinary tract disease. *Veterinary Clinics of North America: Small Animal Practice* 2007;37(3):533-58.

119. Buffington CA, Westropp JL, Chew DJ, Bolus RR. Risk factors associated with clinical signs of lower urinary tract disease in indoor-housed cats. *Journal of the American Veterinary Medical Association* 2006;228(5):722-5.
120. Root MV, Johnston SD, Johnston GR, Olson PN. The effect of prepuberal and postpuberal gonadectomy on penile extrusion and urethral diameter in the domestic cat. *Veterinary Radiology* 1996;37(5):363-8.
121. Willeberg P, Priester WA. Feline urological syndrome: association with some time, space, and individual patient factors. *American Journal of Veterinary Research* 1976;37:975-8.
122. Lekcharoensuk C, Osborne CA, Lulich JP. Epidemiologic study of risk factors for lower urinary tract disease in cats. *Journal of the American Veterinary Medical Association* 2001;218(9):1429-35.
123. Roen DT. Questions interaction of sex and age on the risk of lower urinary tract disease in cats. *Journal of the American Veterinary Medical Association* 2001;219(2):173-4.
124. Kemppainen RJ, Clark TP. Etiopathogenesis of canine hypothyroidism. *Veterinary Clinics of North America: Small Animal Practice* 1994;24(3):467-76.
125. Graham PA, Refsal KR, Nachreiner RF. Etiopathologic findings of canine hypothyroidism. *Veterinary Clinics of North America: Small Animal Practice* 2007;37(4):617-31.
126. Milne KL, Hayes HM. Epidemiologic features of canine hypothyroidism. *Cornell Veterinarian* 1981;71(1):3-14.
127. Panciera DL. Hypothyroidism in dogs: 66 cases (1987-1992). *Journal of the American Veterinary Medical Association* 1994;204(5):761-67.
128. Scott-Moncrieff JCR, Guphill-Yoran L, Hypothyroidism. In: Ettinger SJ, Feldman EC, editors. *Textbook of Veterinary Internal Medicine*. 6th ed. St. Louis (MO), USA: Elsevier; 2005. p. 1535-44.
129. Dixon RM, Reid SW, Mooney CT. Epidemiological, clinical, haematological and biochemical characteristics of canine hypothyroidism. *Veterinary Record* 1999;145(17):481-7.
130. Nelson RW. Diabetes mellitus. In: Ettinger SJ, Feldman EC, editors. *Textbook of Veterinary Internal Medicine*. 6th ed. St. Louis (MO), USA: Elsevier; 2005. p. 1563-91.
131. McCann TM, Simpson KE, Shaw DJ, Butt JA, Gunn-Moore DA. Feline diabetes mellitus in the UK: the prevalence within an insured cat population and a questionnaire-

based putative risk factor analysis. *Journal of Feline Medicine and Surgery* 2007;9(4):289-99.

132. Panciera DL, Thomas CB, Eicker SW, Atkins CE. Epizootiologic patterns of diabetes mellitus in cats: 333 cases (1980-1986). *Journal of the American Veterinary Medical Association* 1990;197(11):1504-8.

133. Rand JS, Fleeman LM, Farrow HA, Appleton DJ, Lederer R. Canine and feline diabetes mellitus: Nature or nurture? *The Journal of Nutrition* 2004;134:2072S-2080S.

134. Prah A, Guptill L, Glickman NW, Tetrick M, Glickman LT. Time trends and risk factors for diabetes mellitus in cats presented to veterinary teaching hospitals *Journal of Felines Medicine and Surgery* 2007;9(5):351-8.

135. Guptill L, Glickman L, Glickman N. Time trends and risk factors for diabetes mellitus in dogs: analysis of veterinary medical database records (1970-1999). *Veterinary Journal* 2003;165(3):240-7.

136. Fall T, Hamlin HH, Hedhammar A, Kämpe O, Egenvall A. Diabetes mellitus in a population of 180,000 insured dogs: Incidence, survival, and breed distribution. *Journal of Veterinary Internal Medicine* 2007;21:1209-16.

137. Marmor M, Willeberg P, Glickman LT, Priester WA, Cypess RH, Hurvitz AI. Epizootiologic patterns of diabetes mellitus in dogs. *American Journal of Veterinary Research* 1982;43(3):465-70.

138. Williams DA, Steiner JM. Canine exocrine pancreatic disease. In: Ettinger SJ, Feldman EC, editors. *Textbook of Veterinary Internal Medicine*. 6th ed. St. Louis (MO), USA: Elsevier; 2005. p. 1482-8.

139. Watson PJ, Roulois AJ, Scase T, Johnston PE, Thompson H, Herrtage ME. Prevalence and breed distribution of chronic pancreatitis at post-mortem examination in first-opinion dogs. *Journal of Small Animal Practice* 2007;48(11):609-18.

140. Hänichen T, Minkus G. Retrospektive studie zur pathologie der erkrankungen des exokrinen pancreas bei hund und katze. *Tierärztliche Umschau* 1990;45:363-8.

141. Newman S, Steiner J, Woosley K, Barton L, Ruaux C, Williams D. Localization of pancreatic inflammation and necrosis in dogs. *Journal of Veterinary Internal Medicine* 2004;18:488-93.

142. Cook AK, Breitschwerdt EB, Levine JF, Bunch SE, Linn LO. Risk factors associated with acute pancreatitis in dogs: 101 cases (1985-1990). *Journal of the American Veterinary Medical Association* 1993;203(5):673-9.

143. Hess RS, Kass PH, Shofer FS, Van Winkle TJ, Washabau RJ. Evaluation of risk factors for fatal acute pancreatitis in dogs. *Journal of the American Veterinary Medical Association* 1999;214(1):46-51.
144. Thatcher C, Bradley RL. Vulvar and vaginal tumors in the dog - a retrospective study. *Journal of the American Veterinary Medical Association* 1983;;183:690-2.
145. Hayes H, Jr. Pendergrass T. Canine testicular tumors: epidemiologic features of 410 dogs. *International Journal of Cancer* 1976;18:482-7.
146. Kraft W. Geriatrics in canine and feline internal medicine *European Journal of Medical Research* 1998;3:3-41.
147. Greer KA, Canterberry SC, Murphy KE. Statistical analysis regarding the effects of height and weight on life span of the domestic dog. *Research in Veterinary Science* 2007;82:208-14.
148. Reichler IM. Gonadectomy in cats and dogs: A review of the risks and benefits. *Reproduction in Domestic Animals* 2009;44(2, Suppl):29-35.
149. Spain CV, Scarlett JM, Houpt KA. Long-term risks and benefits of early-age gonadectomy in cats. *Journal of the American Veterinary Medical Association* 2004;224(3):372-9.
150. Zink C. Early spay-neuter considerations for the canine athlete: One veterinarian's opinion. 2005; Accessed 12/2/2009 at <http://www.caninesports.com/SpayNeuter.html>
151. Howe LM. Rebuttal to "Early spay-neuter considerations for the canine athlete" 2005; Accessed 12/2/2009 at <http://www.columbusdogconnection.com/Documents/PedRebuttal%20.pdf>
152. Sanborn LJ. The long-term health effects of spay/neuter in dogs. 2007; Accessed 12/2/2009 at <http://www.naiaonline.org/pdfs/LongTermHealthEffectsOfSpayNeuterInDogs.pdf>
153. Orzeszko G, Orzeszko K. Should I spay or should I no? The pros and cons of neutering. 2007; Accessed 12/2/2009 at <http://users.lavalink.com.au/theos/Spay-neuter.htm>
154. Colliard L, Ancel J, Benet JJ, Paragon BM, Blanchard G. Risk factors for obesity in dogs in France. *Journal of Nutrition* 2006;136:1951S-1954S.
155. Edney AT, Smith PM. Study of obesity in dogs visiting veterinary practices in the United Kingdom. *Veterinary Record* 1986;118(14):391-6.

156. McGreevy PD, Thomson PC, Pride C, Fawcett A, Grassi T, Jones B. Prevalence of obesity in dogs examined by Australian veterinary practices and the risk factors involved. *Veterinary Record* 2005;156(22):695-702.
157. Kanchuk ML, Backus RC, Calvert CC, Morris JG, Rogers QR. Neutering induces changes in food intake, body weight, plasma insulin and leptin concentrations in normal and lipoprotein lipase-deficient male cats. *Journal of Nutrition* 2002;132:1730S-1732S.
158. Colliard L, Paragon BM, Lemuet B, Bénét JJ, Blanchard G. Prevalence and risk factors of obesity in an urban population of healthy cats. *Journal of Feline Medicine and Surgery* 2009;11(2):135-40.
159. Scarlett JM, Donoghue S, Saidla J, Wills J. Overweight cats: prevalence and risk factors. *International Journal of Obesity and Related Metabolic Disorders* 1994;18(suppl 1):22-8.
160. German A. The growing problem of obesity in dogs and cats. *Journal of Nutrition* 2006;13:19405S-19465S.
161. Marshal W, Bockstahler B, Hulse D, Carmichael S. A review of osteoarthritis and obesity: current understanding of the relationship and benefit of obesity treatment and prevention in the dog. *Veterinary Comparative Orthopaedics and Traumatology* 2009;22(5):3339-45.
162. Hess RS, Kass PH, Shofer FS, Van Winkle TJ, Washabau RJ. Evaluation of risk factors for fatal acute pancreatitis in dogs. *Journal of the American Veterinary Medical Association* 1999;214(1):46-51.
163. Jeusette I, Daminet S, Nguyen P, Shibata H, Saito M, Honjoh T, et al. Effect of ovariectomy and ad libitum feeding on body composition, thyroid status, ghrelin, and leptin plasma concentrations in female dogs. *Journal of Animal Physiology and Animal Nutrition* 2006;90(1-2):12-18.
164. Jeusette I, Detilleux J, Cuvelier C, Istasse L, Diez M. Ad libitum feeding following ovariectomy in female Beagle dogs: effect on maintenance energy requirement and on blood metabolites. *Journal of Animal Physiology and Animal Nutrition* 2004;88(3-4):117-21.
165. Houpt KA, Coren B, Hintz HF, Hilderbrant JE. Effect of sex and reproductive status on sucrose preference, food intake, and body weight of dogs. *Journal of the American Veterinary Medical Association* 1979;174(10):1083-5.
166. Backus RC, Cave NJ, Keisler DH. Gonadectomy and high dietary fat but not carbohydrate induces gains in body weight and fat of domestic cats. *British Journal of Nutrition* 2007;98(3):641-50.

167. Nguyen PG, Dumon HJ, Siliart BS, Martin LJ, Sergheraert R, Biourge VC. Effects of dietary fat and energy on body weight and composition after gonadectomy in cats. *Am Journal of Veterinary Research* 2004;65(12):1708-13.
168. Fettman MJ, Stanton CA, Banks LL, Hamar DW, Johnson DE, Hegstad RL, et al. Effects of neutering on bodyweight, metabolic rate and glucose tolerance of domestic cats. *Research in Veterinary Science* 1997;62(2):131-6.
169. Kanchuk ML, Backus RC, Calvert CC, Morris JG, Rogers QR. Weight gain in gonadectomized normal and lipoprotein lipase-deficient male domestic cats results from increased food intake and not decreased energy expenditure. *Journal of Nutrition* 2003;133(6):1866-74.
170. Root MV, Johnson SD, Olson PN. Effect of prepuberal and postpuberal gonadectomy on heat production measured by indirect calorimetry in male and female domestic cats. *American Journal of Veterinary Research* 1996;57:371-4.
171. Harper EJ, Stack DM, Watson TD, Moxham G. Effect of feeding regimes on body weight, composition and condition score in cats following ovariohysterectomy. *Journal of Small Animal Practice* 2001;42:433-8.
172. Flynn MF, Hardie EM, Armstrong PJ. Effect of ovariohysterectomy on maintenance energy requirements in cats. *Journal of the American Veterinary Medical Association* 1996;209:1572-81.
173. Hoenig M, Ferguson DC. Effects of neutering on hormonal concentrations and energy requirements in cats. *American Journal of Veterinary Research* 2002;63(5):634-9.
174. Martin L, Siliart B, Dumon H, Backus R, Biourge V, Nguyen P. Leptin, body fat content and energy expenditure in intact and gonadectomized adult cats: a preliminary study. *Journal Animal Physiology and Animal Nutrition* 2001;85:195-9.
175. Nijland ML, Stam F, Seidell JC. Overweight in dogs, but not in cats, is related to overweight in their owners. *Public Health and Nutrition* 2009;23:1-5.
176. Olson, PN. Kusstritz, MV. Johnston, SD. Early-age neutering of dogs and cats in the United States (a review). *Journal of Reproduction and Fertility Supplement* 2001;57:223-32.
177. Howe LM, Slater MR, Boothe HW, Hobson HP, Fossum TW, Spann AC, et al. Long-term outcome of gonadectomy performed at an early age or traditional age in cats. *Journal of the American Veterinary Medical Association* 2000;217(11):1661-5.
178. Howe LM, Slater MR, Boothe HW, Hobson HP, Holcom JL, Spann AC. Long-term outcome of gonadectomy performed at an early age or traditional age in dogs. *Journal of the American Veterinary Medical Association* 2001;218(2):217-21.

179. Harasen G. Atraumatic proximal femoral physeal fractures in cats. *Canadian Veterinary Journal* 2004;45(4):359-60.
180. Craig LE. Physeal dysplasia with slipped capital femoral epiphysis in 13 cats. *Veterinary Pathology* 2001;38:92-7.
181. McNicholas WT, Wilkens BE, Blevins WE, Snyder PW, McCabe GP, Applewhite AA et al. Spontaneous femoral capital physeal fractures in adult cats: 26 cases (1996-2001). *Journal of the American Veterinary Medical Association* 2002;221(12):1731-6.
182. Fischer HR, Norton J, Kobluk CN, Reed AL, Rooks RL, Borostyankoi F. Surgical reduction and stabilization for repair of femoral capital physeal fractures in cats: 13 cases (1998-2002). *Journal of the American Veterinary Medical Association* 2004;224(9):1478-82.
183. Root MV, Johnston SD, Olson PN. The effect of prepuberal and postpuberal gonadectomy on radial physeal closure in male and female domestic cats. *Veterinary Radiology and Ultrasound* 1997;38:42-7.

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Evaluating the Benefits & Risks of Neutering Brief Summary

Neutering involves removing the source of the hormones that control reproduction and that determine the typical physical and behavioral characteristics that distinguish males and females. In dogs and cats, this is usually done by surgically removing the testicles in males (castration) and the ovaries in females (spaying). The anesthesia and surgery itself is very safe, with only very rarely and serious complications. Owners often have many questions about the benefits and risks of neutering, and unfortunately not all of the information easily available on the Internet is accurate. This summary is based on a much more detailed literature review which can be found at http://www.skeptvet.com/web_documents/NeuterProsCons.pdf.

It is apparent that spaying and castration have clear benefits for the pet population in general and both benefits and risks for individual dogs and cats. When the totality of the evidence is considered, it is generally the case that common, serious problems in females are reduced by spaying and that less common or less serious problems may be exacerbated. It is, of course, impossible to predict for a particular pet what the medical or behavioral results of spaying or leaving her intact will be. However, the scientific evidence supports routine spaying of female dogs not intended for breeding because overall it is more likely to prevent than cause serious disease. The evidence is mixed regarding the risks and benefits of spaying dogs before 5-6 months of age, so no strong recommendation for or against the practice can be made. However, it is clear that spaying female dogs before their first heat is preferable to spaying them after this event. For cats, early spaying seems to have more benefits than risks.

In male dogs, the individual benefits of castration are not so clearly greater than the risks as they are for females. Overall, it seems that males are more likely to benefit than be harmed by being castrated, but the balance of the evidence is close. The population benefits, of course, argue in favor of routine neutering of male dogs. For male cats, however, neutering is clearly more likely to benefit rather than harm them. As is the case with females, early or traditional age at neutering seem roughly equivalent for dogs, but there seem to be more benefits than risks for early neutering of cats.

The decision to neutering an individual animal, and when to do so, should take into account both the scientific evidence of the risks and benefits as well as the unique circumstances of the pet and the owners. Owners and veterinarians should examine the benefits and risks given all the available information and make appropriate, rational decisions in each case.

Effects of Spaying on Females: ↓=decreases/reduces, ↑=increase/exacerbates

<u>Condition</u>	<u>How Common?</u>	<u>How Serious?</u>	<u>Effect of Spaying</u>	<u>Comments</u>
Unwanted litters	Very Common	Very	Prevents	Large pet population problem, many euthanasias
Risks of reproduction	Uncommon	Variable	Prevents	Dystocia, Brucellosis, Diabetes, others
Mammary tumors	Very Common	Very	↓ dramatically	Poor prognosis
Uterus infection(pyometra)	Very Common	Very	Prevents	
Uterine tumors	Rare	Variable	Prevents	Some benign/removable, some malignant
Ovarian tumors	Uncommon	Variable	Prevents	
Vaginal tumors	Uncommon	Moderate	↓ dramatically	
Osteosarcoma	Uncommon*	Very	Possibly ↑	*Rare in most breeds, common in a few breeds
Hemangiosarcoma	Uncommon*	Very	↑	*Rare in most breeds, common in a few breeds
Urinary cancer	Uncommon	Very	↑	Incidence varies by breed
Cruciate rupture (ACL)	Common*	Moderate	↑	*Incidence varies by breed, surgically treatable
Hip dysplasia	Common*	Moderate	Probably ↑	*Rare in most breeds, common in a few breeds
Aggressive behavior	Common	Very	Possibly ↑	
Urinary incontinence	Very Common	Mild	↑	Easily treatable
Urinary tract infection	Common	Mild	Possibly ↑	Easily treatable
Hypothyroidism	Uncommon	Moderate	Possibly ↑	Easily treatable
Diabetes mellitus	Uncommon	Very	Possibly ↑	Incidence varies by breed
Acute pancreatitis	Uncommon	Very	Possibly ↑	
Obesity	Common	Very	↑	Easily prevented by not overfeeding
Lifespan	--	--	Possibly ↑	Spayed females may live longer than intact females

Effects of Castration on Males: ↓=decreases/reduces, ↑=increase/exacerbates

<u>Condition</u>	<u>How Common?</u>	<u>How Serious?</u>	<u>Effect of Castration</u>	<u>Comments</u>
Unwanted litters	Very Common	Very	Prevents	Large pet population problem, many euthanasias
Testicular tumors	Uncommon	Moderate	Prevents	Most benign and surgically removable
Prostate disease	Very Common	Variable	↓ dramatically	Some have few symptoms other have severe, chronic disease
Behavior problems	Common	Variable	↓ most	Less aggression roaming, urine marking;
Perineal hernias	Uncommon	Moderate	↓	Can usually be treated surgically
Perianal fistulas	Uncommon*	Moderate	↓	Incidence varies by breed, some respond well to treatment others are serious chronic problem
Prostate cancer	Uncommon	Very	Probably ↑	Poor prognosis
Osteosarcoma	Uncommon*	Very	Possibly ↑	*Rare in most breeds, common in a few breeds
Hemangiosarcoma	Uncommon*	Very	↑	*Rare in most breeds, common in a few breeds
Cruciate rupture (ACL)	Common*	Moderate	↑	*Incidence varies by breed, surgically treatable
Hip dysplasia	Common*	Moderate	Probably ↑	*Rare in most breeds, common in a few breeds
Femoral growth plate fracture	Uncommon	Moderate	Possibly ↑	Cats only; obesity may be confounding factor
Hypothyroidism	Uncommon	Moderate	Possibly ↑	Easily treatable
Diabetes mellitus	Uncommon	Very	Possibly ↑	Incidence varies by breed
Acute pancreatitis	Uncommon	Very	Possibly ↑	
Obesity	Common	Very	↑	Easily prevented by not overfeeding
Lifespan	--	--	Possibly ↑	Castrated may live longer than intact males