

# Scrotal Open Castration



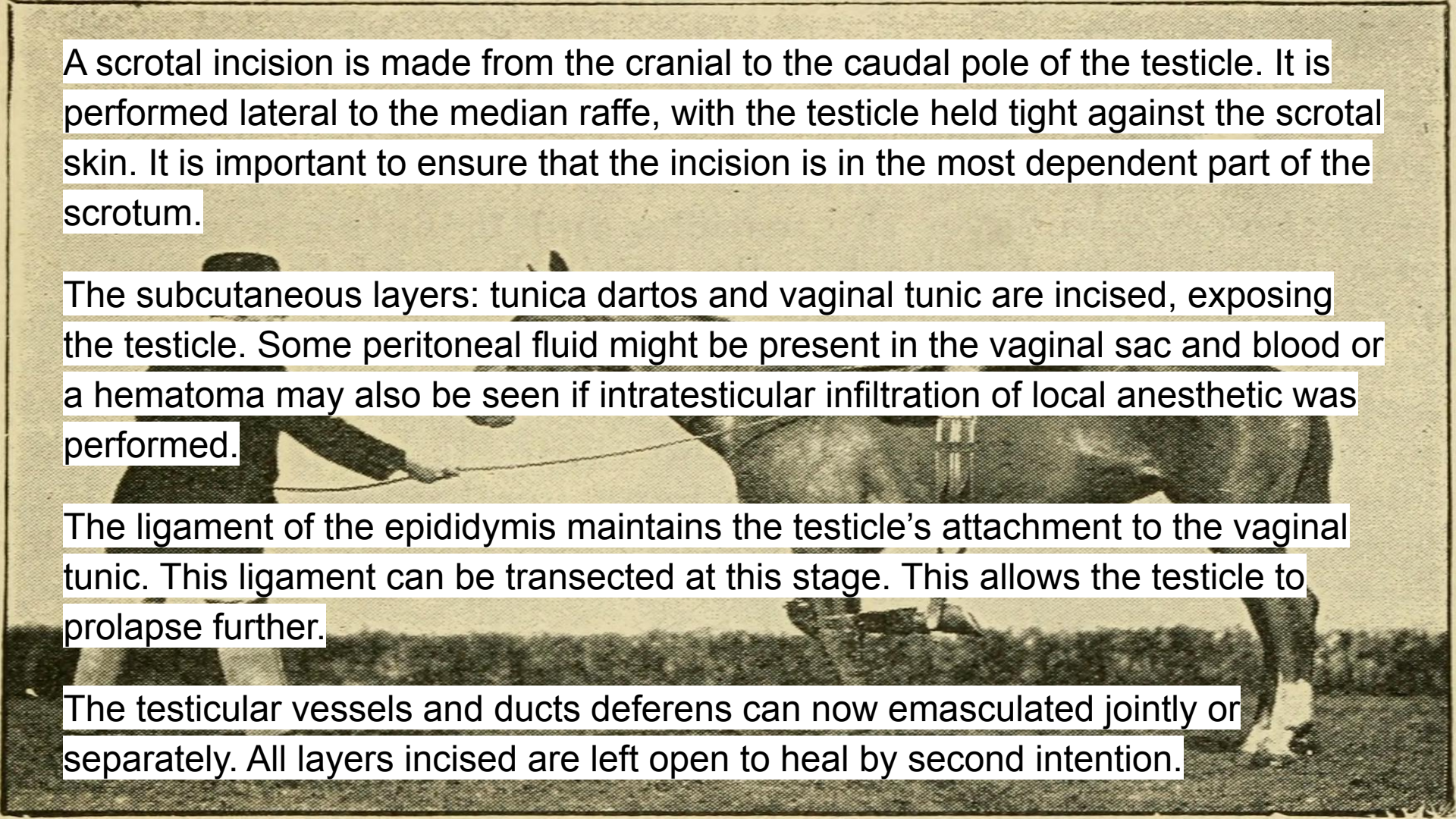


A scrotal incision is made from the cranial to the caudal pole of the testicle. It is performed lateral to the median raphe, with the testicle held tight against the scrotal skin. It is important to ensure that the incision is in the most dependent part of the scrotum.

The subcutaneous layers: tunica dartos and vaginal tunic are incised, exposing the testicle. Some peritoneal fluid might be present in the vaginal sac and blood or a hematoma may also be seen if intratesticular infiltration of local anesthetic was performed.

The ligament of the epididymis maintains the testicle's attachment to the vaginal tunic. This ligament can be transected at this stage. This allows the testicle to prolapse further.

The testicular vessels and ducts deferens can now be emasculated jointly or separately. All layers incised are left open to heal by second intention.



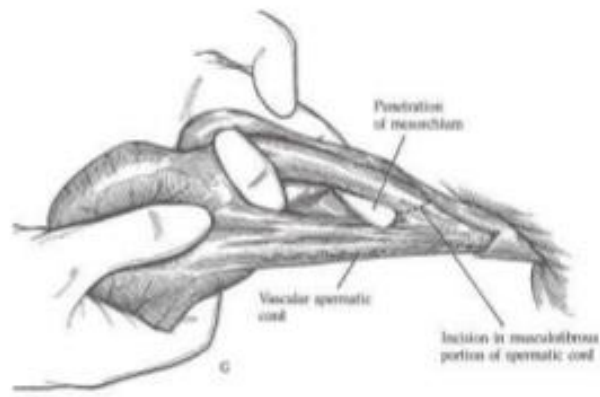
590



**590** Applying emasculators to the dissected spermatic cord of a colt during an open castration. Note that they are applied well clear of the testicle.

# Open Castration

- Incision
  - Through both scrotum *and* parietal tunic
- Dissection
  - Ligament of tail of epididymis
- Exteriorization
  - Testicle and spermatic cord
- +/- Ligation
  - Hemostasis
  - Foreign material
- Emasculation
- Leaves parietal tunic behind



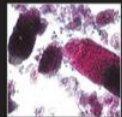
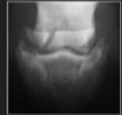


# References

1. Munroe, G., n.d. *Equine Clinical Medicine, Surgery, And Reproduction*.



## Equine Clinical Medicine, Surgery, and Reproduction



Graham A Munroe  
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PUBLISHING