***Cosmetic Dehorning***

Cosmetic dehorning allows primary closure of the skin over the defect created by removing the horn and is occasionally done to create a more predictably desirable-looking head. It is easiest to attain apposition of the skin if this procedure is performed in animals younger than 2 years old.

Advantages of this technique include:

1. Less scarring
2. Shorter healing time
3. A more desirable looking head – greater financial benefit to owner

Disadvantages of this procedure include the following:

1. it takes more time and is more expensive
2. greater care must be given to sterile technique because the potential for drainage is eliminated.

Clients whose cattle have shown potential or high live market value often request this procedure. Generally, it involves cutting and reflecting skin around the horn base, removing the horn, undermining the skin, and suturing over the wound.

**Preparation**

Restraint for the procedure should be done as suggested previously, with a chute equipped with a head gate being the optimal alternative.

To perform this operation, the veterinarian needs:

* a sterile scalpel
* haemostats
* needle holder
* #2 non-absorbable suture
* obstetrical wire.

A cornual nerve block should be performed, along with a ring block around the horn and intravenous administration of a 0.05 mg/kg xylazine dose through the tail vein. No complications are anticipated with 20 ml of 2% lidocaine per horn. The hair should be clipped in a wide area around the horns and across the poll. The area should receive a standard surgical preparation.

**Technique**

Elliptical incisions are made leaving no more than a 1 cm margin around the base of the horn beginning 5 to 7 cm dorsal to and ending 5 to 7 cm ventral to the base of the horn. The incisions are made with the blade resting on the underlying bone. The skin is sharply dissected from the underlying tissues in the ventral incision, and care must be taken not to transect the auricular muscles of the area. The obstetrical wire is placed in the ventral incision against the frontal bone with the wire directed towards the poll and used to saw off the horn. It is essential the saw be seated properly at the very base of the horn. This should remove the germinal epithelium to prevent horn regrowth, adequately expose the cornual artery for pulling to provide hemostasis as described earlier, and allow apposition of the skin. The area is examined for loose bone chips and debris, and the site is lavaged with physiologic saline after adequate hemostasis has been achieved. The incised skin is undermined if necessary and brought into direct apposition by using #2 nonabsorbable sutures in a simple interrupted or mattress pattern. If there is a lot of tension on the wound, it may be helpful to put one tension relieving suture in the middle of the wound. The sutures are removed in 2 to 3 weeks. The opposite horn is removed in like manner to achieve symmetry.