

Caslick's Procedure

Surgical Technique

Adapted from “Techniques in Large Animal Surgery - Dean A. Hendrickson”

Using tissue scissors, the surgeon removes a ribbon of mucosa approximately 3-mm wide from each vulvar labium (Figure 10.3C). To facilitate trimming the tissue, thumb forceps are used to grasp the ribbon of tissue and to apply downward pressure to stretch the area. A common mistake is to remove too much tissue. Consequently, many practitioners use a scalpel blade to incise into the local anaesthetic bleb to create a fresh edge (Figure 10.3D).

The length of the vulva and labia to be sutured will vary, depending on the conformation of the individual mare. This length may vary from the upper half of the vulva to as much as 70% of its length.

Once the ribbon of tissue is removed with scissors, or the scalpel incision made, the raw surface is generally much wider than one would anticipate because tissue edges under tension retract (Figure 10.3E). This tension is due to swelling caused by the local analgesic infiltration. Bleeding from the edges usually is minimal. When the ribbon of tissue has been removed with either scissors or a scalpel blade, the raw edges are apposed using a simple continuous suture pattern (Figure 10.3F).

A non-absorbable, non-capillary suture material such as no. 2-0 nylon or no. 2-0 polypropylene is preferred. Vertical mattress, simple interrupted, and continuous interlocking patterns, and Michel clips, have also been used successfully. The suture pattern depends on individual preference, but the raw edges should be in good apposition no matter what pattern is used (Figure 10.3G). To avoid excessive stress on the suture line at its ventral end during breeding or speculum examination, a “breeder's stitch” may be inserted ventral to Caslick's closure.

The area where the stitch is placed is desensitized and is infiltrated 2 cm in all directions from where the suture is to be placed (Figure 10.3G). Using sterile umbilical tape, the surgeon places a single interrupted suture at the most ventral part of Caslick's operation (Figure 10.3H). The stitch should not be so ventral that it interferes with breeding, nor should it be so loose that it may lacerate the stallion's penis (Figure 10.3I).

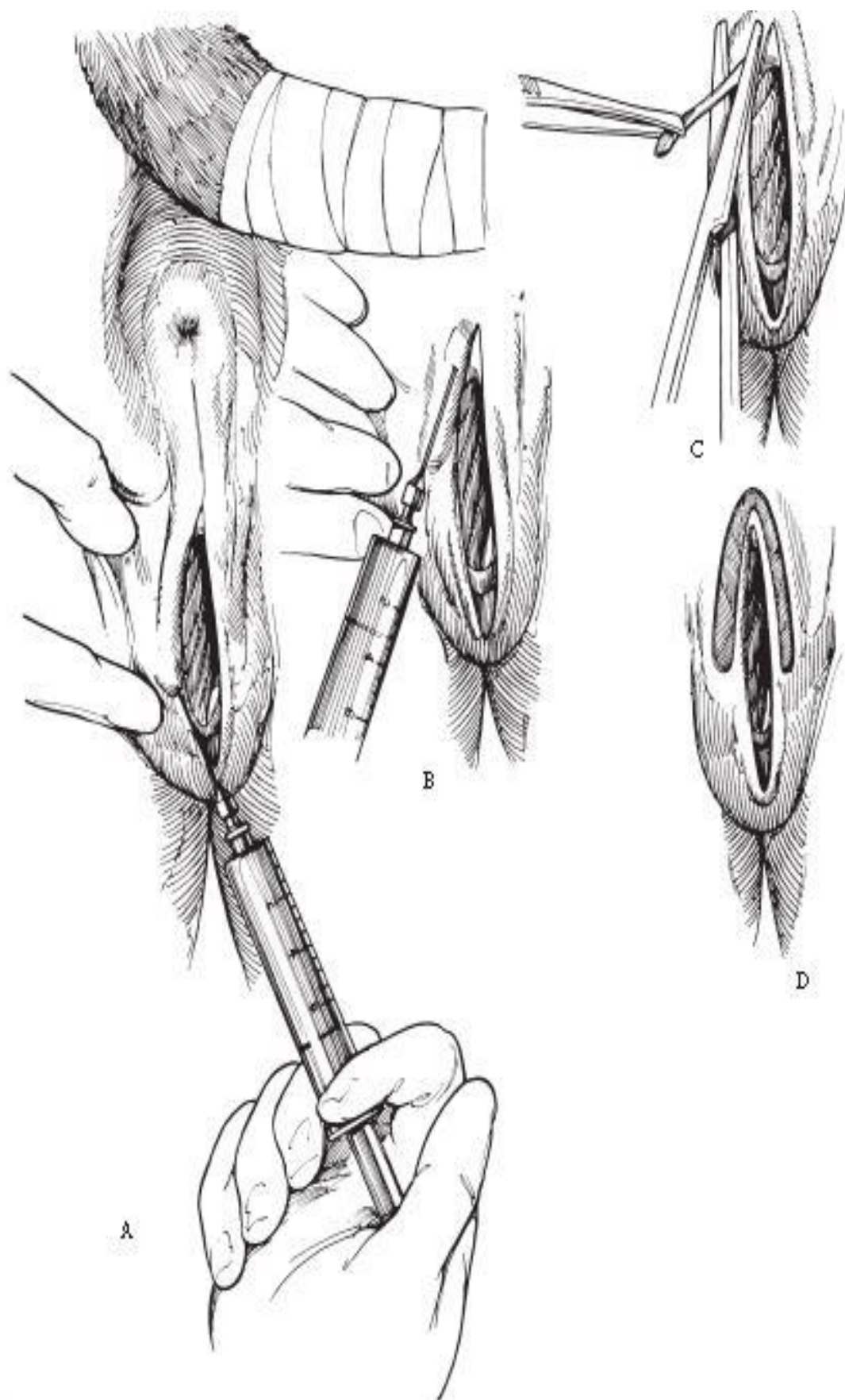


Fig. 10.3. A-I. Caslick's operation.

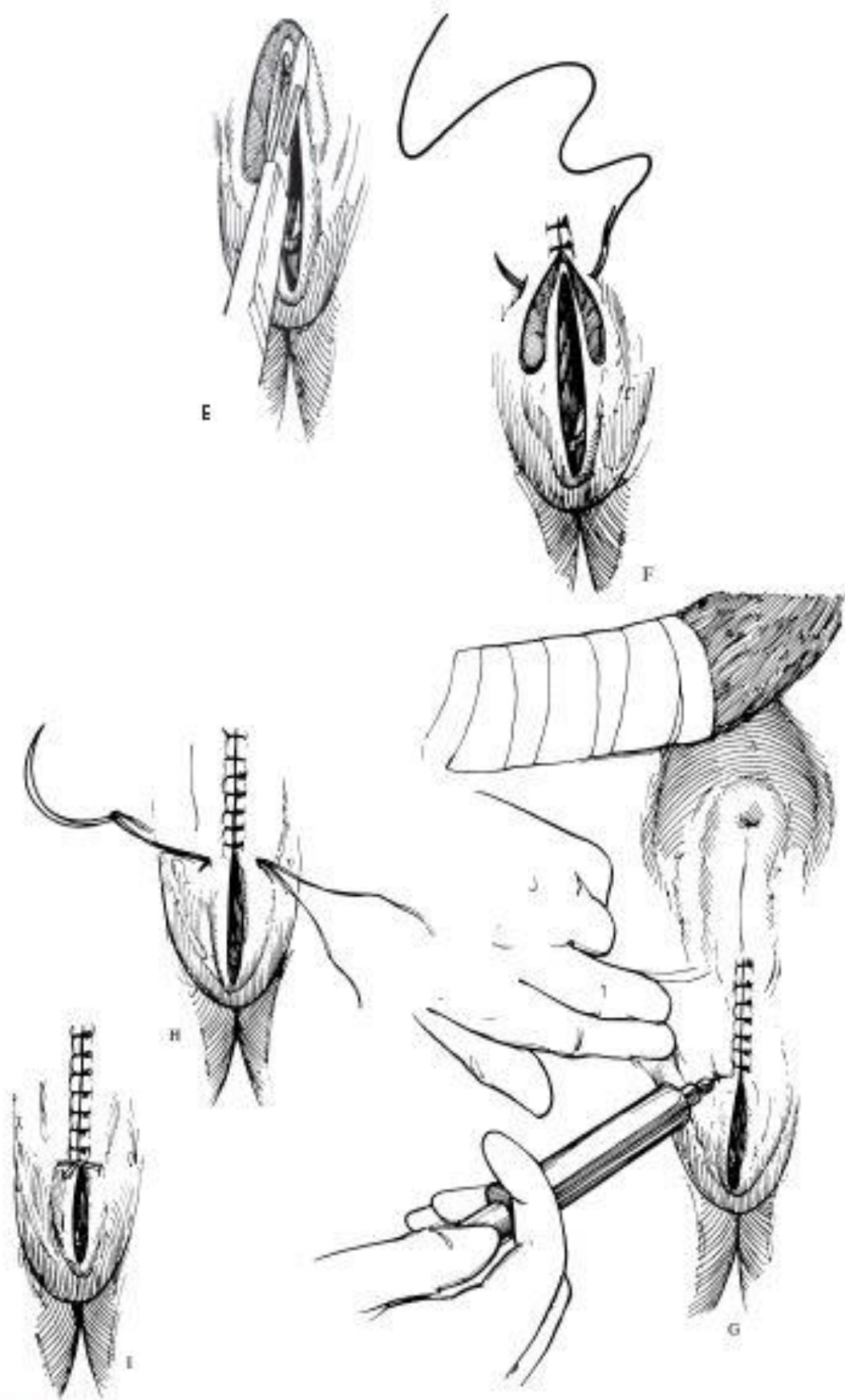


Fig. 10.3. *Continued.*