CASTRATION TECHNIQUES IN CATTLE

Open-Open Castration:

Note: Consider the pre-op applications of NSAIDS, Antibiotics and Analgesics before attempting the following.

1. Wash and clean hands and surgical equipment using an antiseptic solution. Position yourself at the side or rear of the calf and reach forward between the hind legs.
2. Make sure the scrotum is clean. A mild surface disinfectant (such as iodine) to prepare the incision sites may be used. In this lab we used an antiseptic, savlon (cetrimide & chlorhexidine gluconate).
3. Make an incision to open the skin of the scrotum. This may be done by using one incision to remove the bottom third of the scrotum. A scalpel bade was used for the incision.
4. This cut will completely remove the tip of the scrotum and the testicles will fall or can be pulled down by reaching up into the open scrotum.
5. Pull the testicle through the incision. It will be covered with a thin, but tough, white membrane. Separate this from the testicle by pulling it away near the tip of the testicle.
6. The remaining tough cord contains the artery, veins and spermatic cord.
7. In older calves, use an emasculator to crush and cut both blood vessels and spermatic cord at the same time. An emasculator lessens the risk of bleeding. (The emasculator must be placed on the cord correctly in order to crush the cord properly).
8. In younger calves (<3 months), it is common to separate the blood vessels from the vas deferens. Shave through the vas with the scalpel. Gently pull the vessels until the strand breaks.
9. Repeat on the other side.

Advantages & Disadvantages

* not bloodless, bleeding is a risk
* sure castration because the testicles are removed (cannot miss a testicle)
* more time to perform than banding
* risk of infections because of open wounds
* not recommended for castrating bull calves at a feedlot with wet, muddy conditions
* greater reduction in weight gain after castration compared to Burdizzo
* surgical wounds heal more quickly than those from rubber ring
* risk of injury to the surgeon