**Intraoperative**

<https://www.youtube.com/watch?v=Bv5Fv_1UwcE&ab_channel=NZRacingNews>

<https://www.youtube.com/watch?v=qNrAPMBxLSE&has_verified=1&ab_channel=1GoldHorse>

- Grasp lower testis with thumb and forefingers

- Make incision along length of testis through tunica dartos and scrotal fascia leaving the tunica vaginalis parietalis intact.



- Pressure is applied with thumb and forefingers to extrude testis from within common tunic (tunica vaginalis parietalis).



- Grasp testis with hand and strip subcutaneous tissue from common vaginal tunic as far proximal as possible. Gauze sponge may be used to assist in stripping subcutaneous tissue.



- At cranial pole of testis, incise the common tunic. Maintain tension by hooking finger within the tunic and continue with proximal incision to release testis from within common tunic.



- Using fingers, separate the spermatic chord from ductus deferens, common tunic and external cremaster muscle. Remove as much of the common tunic as possible.



- Apply emasculator for short period to musculofibrous portion of spermatic chord and testis is then grasped and spermatic vessels are also emasculated. Emasculator is applied for 2 minutes.



- LDS stapling device can also be used to reduce hemorrhaging by ligating the spermatic vasculature.

- Incision in skin is enlarged using fingers to pull apart until a 10cm opening is achieved. Median raphe is also removed to assist drainage.

- Any excess adipose tissue or facia is removed

- Repeat procedure for the other testicle

Resources:

<https://aaep.org/sites/default/files/issues/476-482.pdf>

<https://veterinary-practice.com/article/a-history-of-castrating-2-000-equines>

Turner and McIlwraith’s Techniques in Large Animal Surgery 4th Edition