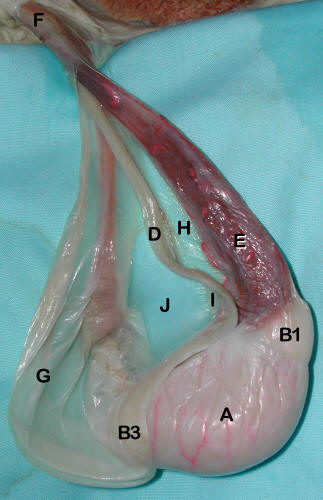
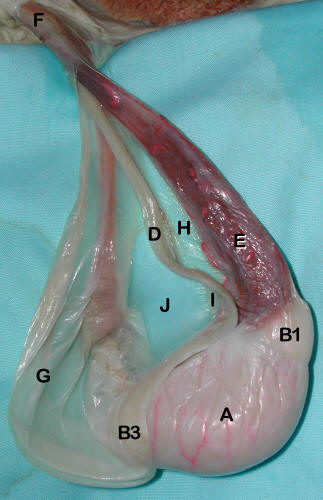
**HOW (open):**

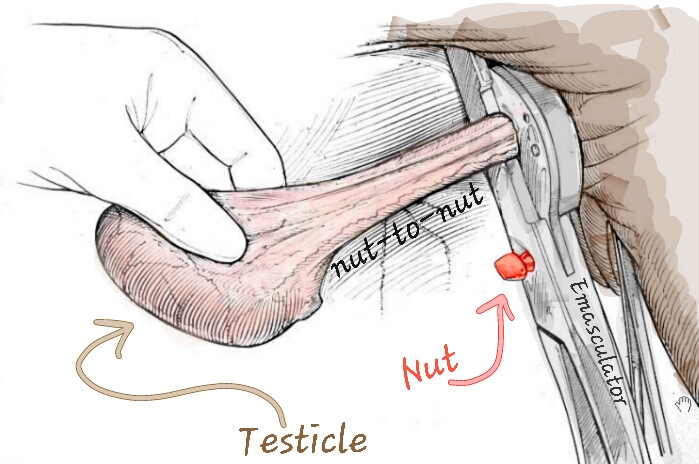
* Restrain horse in standing position and sedate using an alpha 2 agonist, 0.2-0.8ml/kg Xylazine intravenously or Detomidine at 5-40 micrograms/kg IV. Alternatively, an opioid such as Butorphanol at 0.01-0.1mg/kg IV can be used as sedation.
* If recumbent, sedate using 1.1mmg/kg Xylazine IV, 2mg/kg Ketamine IV and 0.05-0.44mg/kg Diazepam IV. The horse may be positioned left laterally or in dorsal recumbency and the limbs tied.
* Using approximately 20-25ml of Mepivacaine or Lidocaine, locally anaesthetize the spermatic cord or testicle. Surgically prepare the testes according to protocol, that is cleaning with Chlorhexidine, alcohol and iodine.
* Incise the scrotum and parietal tunic and extend incision to approximately 10cm and longer, parallel to the median raphe.

 *Parietal tunic* ***(G)***

* Bluntly dissect the ligament of the tail of the epididymis.
* Transect the mesorchium and mesofuniculum to exteriorize the testicle, epididymis and spermatic cord.

 *Mesorchium* ***(H)*** *and mesofuniculum* ***(J)***

* The testicular artery and vein can be ligated using a Miller’s knot or transfixation suture placed directly around each individual vessel



* Place the emasculator ‘nut to nut’ and clamp for a minimum of 1 minute. (usually 1 minute per age of horse) A Serra or Whites emasculator may be used to cut and crush the spermatic cord simultaneously, while a Reimer emasculator may be used to crush only and a scalpel used to remove the testicles afterward.
* The wound is left open to heal.