Box 2. Surgical Technique for the Paramedian Approach to Removal of an Abdominal Testis

**Figure A.** Place the anesthetized dog in dorsal recumbency and prepare the ventral abdomen for aseptic surgery. Depending on the size of the dog, make a 6- to 10-cm incision in the ventral abdomen, approximately 2 to 4 cm lateral to the prepuce but just medial to the nipples.

**Figure B.** Using a scalpel, incise the subcutaneous tissue to expose the fascia of the rectus abdominus muscle and make a nick incision in the fascia. Sharply incise the fascia (not the muscle) with Mayo scissors.

**Figure D.** Tent the peritoneum with thumb forceps and sharply incise it with scissors. Place moistened laparotomy sponges on both sides of the body wall, and place a Balfour retractor to retract the abdominal wall and allow exposure of the viscera.

**Figure E.** If the retained testis is not immediately visible in the abdominal cavity, exteriorize the urinary bladder and retract it caudally. Identify the prostate gland and the vas deferens entering the prostate. Follow the vas deferens cranially to locate the testis. Alternatively, identify the gubernaculum as it exits the inguinal ring and follow it to the testis. Avoid trauma to the ureters, urinary bladder, and prostate gland. Triple ligate the vas deferens and the testicular artery and vein with absorbable suture, cut between the distal two ligatures, and remove the testis.
**Figure C.** Bluntly separate the fibers of the rectus abdominus muscle, beginning with Mayo scissors and continuing with both index fingers.

**Figure F.** Close the abdominal incision by first closing the external rectus fascia with absorbable suture (e.g., polydioxanone) in either a simple interrupted or a simple continuous pattern. It is not necessary to close the internal rectus fascia or the peritoneum. Close the subcutaneous tissue and skin routinely.