CONCLUSIONS
The present study was conducted in 10 mongrel dogs, which were subjected to division of the right spermatic cord completely through inguinal canal and the testis was taken out at different time interval after complete division for macroscopic and microscopic study.

This study gives us the very much important and useful informations for the surgical practice, which are as follows:

(1). It is bitter truth that the testiculopididymocreasterno scrotal arterial and venous system does not comprise a potential collateral circulation for the testis in case of complete division of spermatic cord.

(2). After 24 hours of the complete division of spermatic cord, only 50% seminiferous tubules are intact healthy and epididymis is healthy upto 24 hours.

(3). After 48 hours of the complete division of spermatic cord there is always complete seminiferous tubular haemorrhagic and coagulative necrosis and sloughing of the testis.

After 48 hours of the complete division of spermatic cord there is no chance of survival of the seminiferous tubules so testicular functions can not be recovered after 48 hours of complete division of spermatic cord.

(4). After 10 Days or 21 Days of complete division of spermatic cord whole testicular tissue and epididymis is followed by fibrosis and disturbed architecture.
5. Testicular tissue is very very sensitive to ischaemia caused by hampering the vascular supply to the testis or complete division of spermatic cord and shows very early necrotic changes and sloughing of the testis.

6. In the cases in which spermatic cord was divided except the vas deferens and its artery (deferential artery), 80% seminiferous tubules are intact and healthy upto 48 hours. Epididymis was perfectly normal upto 48 hours.

7. These same findings of 48 hours were seen upto 72 hours without any other added pathological change.

Keeping all these points in mind it is clear that we should be very careful about the operations like herniorrhaphy or hernioplastic repairs lest we may cause any trauma to the spermatic cord. In such cases where the spermatic cord is bisected on road side accidents etc, and patient comes to hospital after 48 hours of the injury then orchidectomy to be done without any getting chance other wise the affected testis will go to gangrenous changes and ultimately infection and will lead to so many problems. If the patient comes within 24 hours then the vascular anastomosis must be done and testis can be saved because 50% of the seminiferous tubules are intact healthy after 24 hours of complete division of spermatic cord.