

Procedure Profile:

# A Sharp Surprise

*Inside Dr. Hannah Smith's process for no-notice involuntary castrations*

*Procedure Profile is a recurring column presenting a deep dive into a featured male care practitioner's approach to a specific treatment or medical procedure. A subject is asked to recount, in his own words, exactly what was done to him and how he was affected. The practitioner complements this perspective with her own notes and thoughts on the process.*

*This month's featured clinician is Dr. Hannah Smith, MD. As a family doctor in a "mandatory cut" jurisdiction, Hannah (left) is an old pro when it comes to breaking a particular kind of bad news to her newly-adult male patients. "Obviously we're not allowed to say anything beforehand, which is for the best anyways," she explains, "but that does mean it hits pretty hard when they finally find out what we have planned for them. I find in the long run the best outcomes arise from staying warm and cheerful throughout the process, but without sugar coating anything. It's important to remember that his experience and memory of the removal is critical to his long-term conditioning and the development of his sense of respect and deference towards women. The process needs to be somewhat traumatic, or else it misses the point".*

*According to this month's anonymous patient, Hannah's approach is right on the mark: he doesn't seem likely to forget her ministrations any time soon.*

Shortly after arriving at her office for my annual physical, Dr. Hannah collected me from the waiting room with a beaming smile. "So honey, I see your birthday was last month?" she asked casually, flipping through my chart. "We have a standard... scan we need to do at your age - nothing to be nervous about, but the equipment's set up in a different part of the building. I'll take you over now".

Dr. Hannah had been giving me checkups for years, and I had expected today to be no different. This was my first indication that might not be the case - we were winding through a maze of corridors, far deeper into the clinic than I'd ever been before for my usual appointments. There were a couple of points where she had to enter a passcode to open a heavy locked door - and it sounded like it locked again behind us. It all seemed a bit odd, but I didn't think about it too much at the time.

When we finally arrived in a stark, spotless exam room at the back of the building, an attractive young nurse was already there, arranging medical instruments on a trolley along the far wall. She quickly covered the tray with a white cloth before turning around to cheerfully greet us. The doctor introduced her as she closed the door behind us: "Sweetie, this is Nurse Sarah, she'll be helping me with your procedure today. Now, we do need you undressed for this... scan... and we understand it's a little embarrassing, so you can disrobe behind that screen if you'd like." I shuffled behind a curtain, a little nervous at the prospect of these two very pretty women seeing me in boxers... so my stomach lurched when Dr. Hannah's sweet voice floated around the curtain: "Oh, and sweetie - fully undressed means underwear off too, alright?"

When I shyly re-emerged from behind the privacy screen, fully naked with my hands not-so-casually resting in front of my privates, the doctor and nurse were waiting for me with those same bright smiles. At first I was worried

those intimidatingly beautiful faces might provoke some poorly timed stiffness between my legs - but that thought quickly faded as I noticed something else. They had been busy - the room's exam table was now fitted with stirrups and head-to-toe restraining straps.

The two women took my hands, pulling them away from my crotch, and guided me towards the table. Sensing my hesitation, Dr. Hannah offered some comfort: "I know it looks a little intimidating, honey, but we're going to need you to be very still and we find these restraints useful to prevent you from moving too much... it makes everything go faster. They're actually very comfortable, lie down and we'll show you."

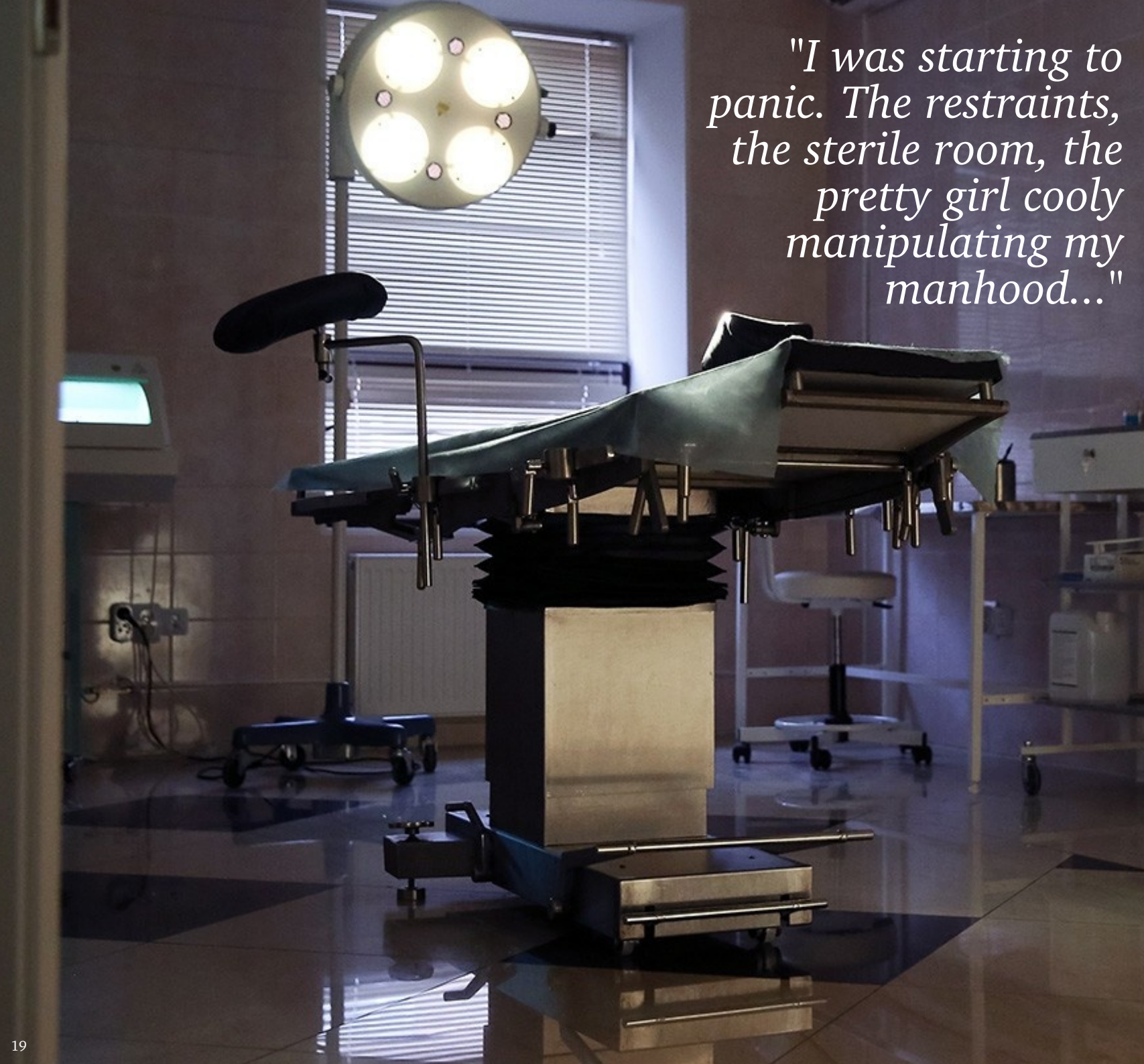
I sheepishly complied, and the next thing I knew I was tightly — very tightly — secured to the exam table. My hands were fastened well above my shoulders, leaving my groin uncomfortably unshielded. Even my head was restrained and positioned at a very specific angle, looking directly into a mirror on the ceiling I hadn't noticed before. Awkwardly enough, the mirror provided a perfect view of my exposed genitals. Nurse Sarah followed my gaze. "Oh, yes, that... well, we want to make sure you can see everything that's going on."

But what was going on, exactly? Why was I in stirrups? Where was the equipment for the 'scan' I was here for? And why had a bright operating room light just started shining between my legs?

That's when I noticed the doctor and nurse were busy donning surgical masks and white rubber aprons. Dr. Hannah must have noticed the worried look on my face because she came over and pulled down her mask to smile at me again. "Oh sweetie, you must be a little confused... don't worry, that's normal, most boys are at this point."

"It's understandable. You see, honey... you're not really here for a 'scan'. This is actually a secure and soundproofed operating room, which we



A photograph of an operating room. In the center is a surgical table with a blue cloth draped over it. Above the table is a large, circular surgical light with multiple bright bulbs. To the left, there's a medical monitor on a stand. The room has a sterile, clinical feel with white walls and a polished floor.

*"I was starting to panic. The restraints, the sterile room, the pretty girl coolly manipulating my manhood..."*

use for a very specific procedure we're legally required to perform on males your age... Boys have a tendency to overreact when they hear about it, so we've learned to make sure you don't know anything until it's time to carry it out - which will be as soon as Nurse Sarah finishes with your shave."

In all my confusion I'd forgotten about the nurse. I looked around and found her seated between the stirrups, meticulously slicing each hair off of my ball sack with a razor blade. My eyes opened wide. "Don't worry, she's being very delicate," Dr. Hannah explained. "We know how sensitive a boy's scrotum is. That's why we have you so tightly restrained, even if you started to struggle for some reason, your genitals wouldn't move a millimeter. It's for your own safety."

This was all a bit much - I was starting to panic. The restraints, the sterile room, the pretty girl coolly manipulating my manhood... My vision was getting blurry. It felt like my brain was shutting down, succumbing to a debilitating cocktail of embarrassment and fear. "Why... why are you shaving my balls?" It took all my efforts to stammer it out. So this was an operating room? Surely they couldn't be... they wouldn't...

"Well sweetie, technically I'm not allowed to tell you just yet... But since you're already tied down, I guess there wouldn't be any harm in giving you a hint." The doctor wheeled the trolley I'd seen earlier over to the table, placing it just beside my head. She pressed a button on the table controls and my neck was slowly rotated to face the tray resting on top. It was still covered with the cloth. "I should explain that we have a special clamp that holds your penis out of the way. Then, once we have clear access to your scrotum..." She pulled back the towel.

The tray was covered in carefully organized surgical tools. A full set of scalpels and forceps. Syringes. And the smallest, sharpest pair of scissors I'd ever seen. They were going to... no, they couldn't... this wasn't possible. Was I some kind of pet to them, tied up in the vet's office? That's when I noticed the Dr. Hannah, still with that warm, welcoming smile, leaning down into my field of view. I tried to speak, but just couldn't form the words. There was no need, though - she could see the question in my eyes. She didn't say a word, just looked at me, smiled... and nodded. This was happening.

What came next is mostly a blur. I remember thrashing, yelling, trying in vain to break free or



even just to move. The women barely seemed to notice, with the doctor calmly repositioning my head restraint to direct my view back at the ceiling mirror. In it I could see the nurse, unfazed, carrying out her precision depilation of my sack. Just as the doctor had promised, for all my struggling my restrained body wasn't moving at all. At some point the doctor gagged me, subduing even my screams.

Eventually Nurse Sarah finished shaving me, and Dr. Hannah took her place sitting between my legs. She started speaking to me, but I could barely process the words - it sounded rehearsed and official, like some kind of formal notification of what they were about to do. At that point the nurse started passing the doctor instruments from the tray... I felt an injection between my legs and heard something about a local anesthetic, to dull the pain and make sure I didn't pass out. And then the cutting started.

It was a strange sensation. My eyes were clamped shut (there was no way I was going to watch this happen in the mirror), but that only served to heighten my sense of touch. Clearly, the local was working, as I could feel every snip, incision, and tug of the forceps, although without the extreme pain I was expecting. Honestly, I might have preferred the pain... it would have at least been a distraction from thinking about what was being done to me.

At one point I felt a sensation that I couldn't explain... and cracked open my eyes to see what was happening. What I saw will stay with me the rest of my life. Dr. Hannah had cut my scrotum open in four quarters, folding each of the flaps back like flower petals. She was pulling a needle out of one of my my bare testicles, tenderly holding the orb with forceps and applying tension to the connected

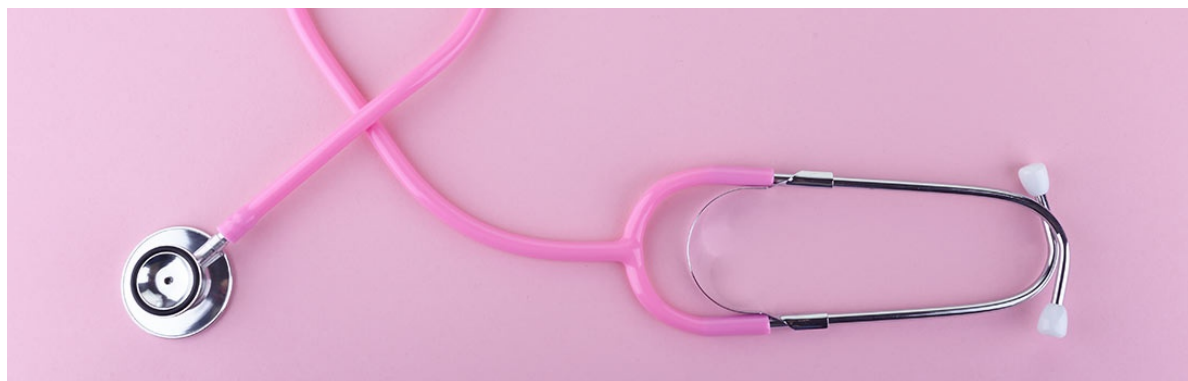
spermatic cord. Then Nurse Sarah picked up the tiny scissors. She leaned in... I quickly shut my eyes, but there was no mistaking the snipping sensation that followed. I screamed into the gag, unable to fully process what I'd just experienced.

Having seen exactly what was happening to me, I think I lost my remaining higher cognitive functions. I remember a lot of screaming and sobbing, but can't recall the moment of the second snip - which is fine with me. Eventually the cutting sensations slowed down and stopped.

Some time later - it's hard to say exactly how long - I felt a hand caressing my tear-stained face. I opened my eyes to see Dr. Hannah standing over me. "There there, sweetie, we're all done... That wasn't so bad, was it? I know you're probably a little upset but trust me, boys are always better off without testicles or a scrotum. Remember, us ladies get by just fine without them! I'm actually really excited for you."

"We've got you all bandaged up now, you'll be able to leave soon. Before you go, Nurse Sarah's going to give you some pantliners and teach you how to use them to catch any leaks while you're still healing down there. And I'll need you to come back in every week for a while, so I can examine you and track your recovery progress... Can you do that for me?"

She stroked my cheek and smiled - that same warm, disarming smile that she'd greeted me with in the waiting room, what seemed like an eternity ago. Somehow I felt like I should be sad, or angry, or hostile in some way, but I just couldn't summon those emotions. She wanted what was best for me. And she wanted me to come back.... so I would.



## Practitioner Notes - Dr. Hannah Smith, MD

This patient's experience was fairly typical of how we run our no-notice orchiectomies. There's obviously an initial challenge in getting the subject into the secure exam room, and while "scans" are a common pretense, we'll sometimes need to come up with other excuses. Some patients are also more hesitant to be restrained or even require multiple nurses to subdue him until he's strapped in. If he's been noted to have a particularly problematic libido, one trick we'll often use is to come out and say we need to extract a sperm sample... but for our own safety he needs to be restrained while we collect it. At that point the poor thing will grossly misinterpret his situation and be quite excited to be tied down... Proving exactly why what we're doing is so important! Ultimately, however we get there, once the subject is immobilized the process becomes fairly straightforward.

As far as the sperm sample goes, like many clinics we've stopped inducing an archival ejaculation in favor of testicular sperm aspiration (TESA) via syringe gun, just before severing the spermatic cords. While no doubt disappointing for the male, with this approach we usually only need one syringe extraction per testicle and are able to effectively exhaust his sperm supply in a matter of minutes. Given that we're opening up his scrotum anyway, this process is extremely convenient, allows freezing much more sperm than would be present in an ejaculation, and is of course significantly more dignified than bringing a man to orgasm.

Of course, some of my colleagues would argue that it's a missed opportunity for psychological manipulation to not extract a final emission. I would respond that clinicians should always feel free to edge or masturbate their patients if they feel it has conditioning benefits - it's just not an efficient means of archiving sperm.

Speaking of conditioning, there is of course wide agreement on the long-run psychological benefits of having boys both see and feel (to the extent practical) their own removals. We take several steps to facilitate this, as outlined in the patient's testimony. Unfortunately, as also illustrated there, even with a local anesthetic and ceiling mirror installed, subjects can simply close their eyes during the procedure if they don't want to watch (most don't - in this matter boys can be just as sensitive as the testicles they're losing!). A number of ways of preventing this have been proposed, and in particular there are now specialized eyedrops that can be applied after restraining him to 'discourage' closed eyelids. There is already discussion of requiring such methods by law, and we intend to start trying them out in the next few months.

Finally, I just want to remark on the amazing physiological and psychological power of castration. As this boy's story shows, the removal procedure can be very upsetting - yet that very removal process also helps eliminate many of the toxic masculine behaviours he would usually use to cope with his distress. By carefully crafting his post-op interactions, we can easily re-condition his responses to stress, fear, and embarrassment away from aggression and defiance and towards submission to the female form, making him highly compliant and easily controlled when exposed to similar stressors (restraints, medical examinations, involuntary nudity or even just general discomfort) in the future. Note how submissive the patient was towards me, mere minutes after his involuntary procedure - a deeply distressing experience that I was personally responsible for orchestrating and carrying out! I think that really speaks to the power of a well-executed removal carried out by a trusted figure like his own doctor.

