# PATIENT & SURGICAL SITE PREP

* The animal should be fasted if possible
* Hydrotherapy is implemented to reduce the inflammation and to clean the laceration for Sx
* POSITIONING
	+ Lateral recumbency:
		- Advantage: decreases bloating in animals that have not been fasting
	+ Dorsal recumbency:
		- Advantage: decreases the risk of milk contamination and improving the view of the surgical field
* The patient can be sedated using the following:
	+ For standing restraint the sedative xylazine (20mg/ml) is administered @ dose of 0.02- 0.025 mg/kg IM.
	+ For lateral and dorsal recumbency the sedative Xylazine (20mg/ml) is administered @ dose of 0.02 mg/kg IM or 0.1 mg/kg IV.
	+ Buturphanol @ dose of 0.01 mg/kg may be added for fractious animals
	+ Ketamine may also be included @ dose of 0.04 mg/kg
	+ Acepromazine can also be used instead of Xylazine for animals in late gestation @ a dose of 0.025 mg/kg
* Once the animal is properly restrained the appropriate teat block is selected. In this lab we chose the ring block. Using a 25-gauge 1.5-cm needle, approximately 5-10 mL of local anesthetic is injected into the skin and musculature encircling the entire base of the teat. Ensure to begin at location of the laceration.
* DO NOT USE EPINEPHRINE WITH THE LOCAL ANAESTHETIC BECAUSE IT CAUSES VASOCONTRICTION => CUT OF BLOOD SUPPLY TO TEAT = SLOUGHING OFF OF TEAT.
* Topical anesthetic can be infused directly into the teat canal to supplement ring block anesthesia. For topical anesthesia, 2% lidocaine.
* To control hemorrhage and milk flow, a rubber tourniquet may be applied to the base of the teat. Doyen forceps clamped across the base of the teat can also be used successfully. When lacerations involve the base of the teat, suturing has to be performed without the benefit of a tourniquet.
* The udder and surrounding teats should be washed thoroughly. Harsh disinfectants should be avoided because they can cause further tissue necrosis if they contact the lacerated tissue.
* **WOUND DEBRIDEMENT**
	+ The wound is carefully but aggressively debrided and lavaged with sterile saline. All the necrotic tissue is removed by scraping the tissue with a scalpel blade until viable tissue is exposed (pink and diffuse bleeding of the tissue). The margin of the skin may need to be trimmed using the scalpel blade or scissors.
* The affected teat can be draped with a slit drape, so it protrudes from the opening in the drape.