# INTRA-OP PROCEDURE

* The wound edges should be freshened to remove any devitalized tissue and foreign material.
* Debridement is one of the most important procedures in repairing lacerated teats.
* Hemorrhage should be controlled because blood clots in the lumen of the teat delay healing by making milking painful and difficult for the animal. The wound edges should be apposed under as little tension as possible. There have been many different closure techniques described in the literature for closure of teat lacerations.
* Evidence suggests that closure in three layers—the mucosa, muscular submucosa, and the skin— yields the most satisfactory healing.
	+ The first layer closed is the mucosa. A simple continuous pattern using no. 3-0 or no. 4-0 synthetic, monofilament, absorbable suture material is generally preferred. When the mucosa has been closed, a teat cannula should be inserted through the teat sphincter, and the suture line should be gently probed and saline injected to check its integrity.
	+ The second layer closed should be the submucosa. Again, this layer can be closed in a simple continuous pattern, using no. 3-0 or no. 4-0 synthetic, monofilament, absorbable suture material, and should support the delicate mucosal closure.
	+ The remainder of the teat and the skin was closed using verticle matress suture pattern or with a near-far-far-near or simple interrupted suture of nonabsorbable suture material, no. 2-0 or 3-0. This suture is placed so the deep bite is adjacent to the previously placed submucosal suture and the superficial layer is shallow. The tourniquet should be removed following closure of the laceration; and, with gentle hand pressure applied to the teat, the suture line should be checked for milk leakage. Milk in the suture line will almost certainly result in a teat fistula.