**Theloscopy**

Lesions involving the streak canal or the rosette of Furstenberg are suitable for theloscopic

surgery. These lesions create partial milk flow obstructions (slow milker). A final diagnosis is

obtained though ultrasound evaluation with the teat end dipped in a plastic cup filled with water.

Always compare the affected teat with the contralateral teat to confirm your diagnosis. A streak

canal injury carries a worse prognosis than a rosette of Furstenberg injury.

With the cow standing or in lateral recumbency, the teat is prepared for surgery. It is anesthetized

and scrubbed. A teat clamp or a rubber band is placed at the base of the teat. A canula is inserted

in the teat. Saline is used to clean the teat cistern through the canula. Then, the theloscope is

inserted into the teat cistern through the streak canal. The teat is evaluated (severe thelitis is a

negative indicator). The telescope is removed and a sharp trocar is inserted into the teat through

the streak canal. The trocar is pushed through the lateral teat wall form the inside out. The

theloscopic sleeve is slid over the trocar into the teat cistern from the outside in. The trocar is

removed and the theloscope is inserted. The distal teat is evaluated. An instrument is inserted