**Materials Needed**

A scalpel handle and a #10 or a #15 surgical blade are needed for debridement. A small size

metzenbaum is appropriate to trim necrotic or redundant tissue. An Adson or Brown-Adson

thumb forceps (better than non-traumatic forceps) is needed for careful manipulation of the

tissue. A small size needle holder and a regular size mayo scissor should be part of the teat

surgery kit. A teat canula, a syringe and some flushing solution should be available.

Absorbable suture material of size 3.0–4.0 mounted on an atraumatic needle should be available

for suturing the mucosa and the subcutaneous layers. Polyglycolic acid (Dexon II) or polyglactin

910 (Vicryl) are frequently used. When delayed healing is suspected or when clinical mastitis is

present, a slow absorbable monofilament like polydioxanone (PDS II) may be more appropriate.

Non-absorbable monofilament of size 2.0 should be available to close the skin.

In the past, chromic catgut was commonly used in teat surgery. Because of the enzymatic

reaction associated with its degradation, this material is not recommended in teat surgery. The

synthetic materials listed above are more expensive but they will increase your success rate for

teat surgery.

Source: <http://c.ymcdn.com/sites/www.michvma.org/resource/resmgr/mvc_proceedings_2014/nichols_04.pdf>