**TEAT CISTERN LACERATION REPAIR (INTRAOP)**

* A simple continuous suture pattern was done on the mucosal layer with an absorbable, fine sized suture material. Bights were placed approximately 3mm apart. The completed suture line should seal the teat cistern.
* A teat canula was inserted and then sterile saline was injected to test for any leaks.
* A simple continuous suture pattern was done on the stoma (muscular and connective tissue) layer with an absorbable, fine sized suture material. Bights were placed approximately 3mm apart.
* The teat canula was inserted again to test for leaks as previously described.
* The skin was sutured in a vertical mattress suture pattern using a fine, non-absorbable suture material and a swaged cutting needle. The sutures were placed about 5mm apart and some of the musculature layer was included with the skin. Considerable tension was applied to the sutures.
* Throughout the procedure the surgery site is frequently lavaged with saline (antibiotics can be added to the lavage solution).
* Hemostasis is performed to avoid the formation of a mural hematoma that may obstruct the teat cistern.