# teat cistern laceration repair

The laceration was firstly classified as an **Acute, complex, oblique laceration located midway along teat of the right fore-quarter.** The laceration was a sharp cut that ripped straight through the skin, stroma and mucosa into teat cistern.

Method:

Clean, lavage, suture.

Milk was drained from teat first using a cannula to decrease pressure within teat. Cannula was left in place to keep tension within the teat canal for suturing.

Using three layer closure:

1. Mucosal layer: simple continuous pattern, 3.0 prolene suture was used, bites were taken approximately 2mm apart to prevent milk leaking.

2. Connective tissue layer: simple continuous pattern again using 3.0 prolene.

3. Skin: vertical mattress suture using 2.0 prolene. The suture was started cranial to where laceration began and ended distal to where it stopped; this was to ensure that all of the laceration was closed.

Each layer was tested after closure by filling a 10ml syringe with water and inserting into canal, the teat was compressed cranially and caudally and water was infused into cistern, leaks were noted and repaired with a simple interrupted suture.

Equipment used:

* *Diluted 2% Chlorhexidine gluconate (2oz per gallon water)*
* *Sterile Saline to lavage*
* *Teat canula (metal)*
* *3.0 prolene, 2.0 prolene to close*
* *An atraumatic pair of forceps*

