**Intraoperative:**

**Tools:**

* A scalpel handle
* #11 surgical blade (for debridement)
* Small Metzenbaum scissors to trim necrotic tissue.
* Brown-Adson thumb forceps (tissue manipulation)
* Needle holder
* Mayo scissors
* Teat cannula, a syringe and some flushing solution.
* Absorbable suture material of size 3.0–4.0 (suturing the mucosa and the submucosal layers) Polyglycolic acid (Dexon II) or polyglactin 910 (Vicryl)
* 2.0 non-absorbable monofilament (to close the skin).

**Procedure:**

1. The wound is debrided by scraping the tissue with a scalpel blade until pink, bleeding tissue is exposed and all necrotic tissue is removed. The margin of the skin may be trimmed using the scalpel blade or Metzenbaum scissors.



1. The mucosa and submucosa are individually closed using 3.0 Vicryl in a simple continuous pattern, with sutures approximately 3mm apart from each other.
2. A leak test is performed after suturing the mucosa by inserting a teat cannula into the teat orifice and injecting 5 ml of flushing solution to ensure no leaks are observed between the sutures. If any leaks are seen, a simple interrupted suture is placed and the test re-performed.



1. The skin is carefully apposed using a vertical mattress, cruciate or ‘near, far, far near’ suture pattern. However, since this was a complex laceration, the “V” flap was also sutured with a corner suture to prevent wound dehiscence.

