The site after being surgically prepped and cleaned, is given local anaesthetic either via an inverted V-block or a ring block avoiding it being given into the canal itself. The teat canal is closed off from the udder by use of a Doyen clamp. A teat dilator or a cannula is inserted into the canal to keep it open.

The mucosal layer is closed using a 3-0 or 4-0 absorbable suture with a simple continuous pattern taking bites 3mm away from the laceration and 3mm from each bite. The sutures are tested for leakage by giving water into the udder using the cannula and a syringe. Any leaks are fixed using simple, interrupted suturing and then rechecked for leaks.

The muscular-connective tissue layer is closed using a 3-0 or 4-0 absorbable suture similar to the way it was done for the mucosal layer. If there are multiple lines of lacerations, they are closed via their own separate sutures. The skin is closed using a vertical mattress pattern with a 2-0 non-absorbable suture material. The Doyen clamp is removed and an indwelling cannula can be placed to help with milking during the healing process.