**Localization and conformation**

Teat lacerations are classified as simple or complex (inverted “Y” or “U”), longitudinal or

transverse, and proximal or distal. The orientation of the blood supply of the teat is longitudinal.

A transverse laceration results in more damage to the blood supply resulting in more edema,

avascular necrosis and dehiscence post-operatively compared with a longitudinal laceration. The

more circumference is involved, the worse is the prognosis. Distal injuries involving the streak

canal are also regarded as having a poor prognosis. Reconstruction of the streak canal is difficult

and can cause partial or complete milk flow obstruction. Injury to the distal end of the teat

compromises the defense mechanisms of the quarter against mastitis making the animal at higher

risk to develop clinical or subclinical mastitis. Finally, distal injuries may lead to avascular

necrosis of the distal end of the teat. Proximal and transverse lacerations are difficult to repair. At

this location, the mucosa is difficult the suture and the teat swell more post-operatively.

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