**Thickness**

Teat lacerations are classified as being partial thickness (skin to submucosa) or full thickness

(skin to mucosa with milk leaking out of the incision). With full thickness lesions, the defense

mechanisms of the teat against mastitis are bypassed, increasing the risk of clinical mastitis.

Prompt surgical re-construction of the injured tissue is needed to protect the quarter against

environmental pathogens. With incomplete lacerations, (when the integrity of the teat cistern has

not been compromised), surgical intervention may not be necessary. In that situation, secondary

healing by medical management of the wound may be sufficient. However, contraction of the

tissue during healing can change the conformation of the teat creating problems during milking.

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