**Teat Laceration Repair**

* The wound edges should be freshened to remove any devitalized tissue and foreign material. Debridement is one of the most important procedures in repairing lacerated teats.
* Hemorrhage should be controlled because blood clots in the lumen of the teat delay healing by making milking painful and difficult for the animal.
* The wound edges should be apposed under as little tension as possible. Evidence suggests that closure in three layers—the mucosa, muscular-submucosa, and the skin—yields the most satisfactory healing.
* The first layer closed is the mucosa. A simple continuous pattern using no. 3-0 or no. 4-0 synthetic, monofilament, absorbable suture material is generally preferred.When the mucosa has been closed, a teat cannula should be inserted through the teat sphincter, and the suture line should be gently probed to check its integrity.
* The second layer closed should be the submucosa. Again, this layer can be closed in a simple continuous pattern, using no. 3-0 or no. 4-0 synthetic, monofilament, absorbable suture material, and should support the delicate mucosal closure
* The remainder of the teat and the skin may be closed with a vertical mattress pattern of no. 2-0 nonabsorbable suture material.
* The tourniquet should be removed following closure of the laceration; and, with gentle hand pressure applied to the teat, the suture line should be checked for milk leakage. Milk in the suture line will almost certainly result in a teat fistula.
* The wound is sprayed with antibiotics and larvicidal spray to prevent infection and fly-strike.
* The animal is observed for proper recovery from anesthesia and sedation.