TYPES OF TEAT LACERATIONS

| Type of Laceration | Description | Prognosis |
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| Simple | Only first layer of skin affected | Fair to good.  Risk of environmental mastitis |
| Complex | Inverted “Y” or “U”  Irregular cut. Often 2 or more layers. Can involve teat canal. Creative and logical suturing required for tissue apposition | Guarded  High risk of complications depending on teat involvement, blood supply involvement, and tissue apposition. |
| Longitudinal | Can involve all layers/teat canal. Straightfoward suturing. In the same direction of blood supply | Good to poor  Good : if only first layer of skin involved and blood supply unaffected  Poor : If teat canal was involved |
| Transverse | Can involve all layers. Potential for blood supply involvement | Fair to poor  Greater risk for severing blood supply |
| Proximal | Usually not near teat but all layers and blood supply can be involved | Fair to guarded  Depends on orientation and layers involved. |
| Distal |  | Guarded to poor  This part of the teat is the main defense mechanism to mastitis |
| Partial thickness |  | Good to guarded  Consideration of blood supply involvement |
| Chronic |  | Fair  If teat canal not involved and blood supply not affected.    or Guarded  Potential for gangrene and sloughing if severely infected. |
| Full Thickness |  | Guarded to poor  Teat involvement and blood supply involvement .  Regaining patency can be a challenge depending on position and orientation of laceration. |