

Monitoring protocol

The sutures should be checked daily for fluid build-up and the teat monitored for signs of mastitis (heat, teat discolouration and pain upon palpation) Intermammary infusion of terramycine udder ointment should be injected into the teat to guard against mastitis. Bandaging may help minimize pressure on the incision; however, this is a difficult area to bandage and may hold in moisture and contamination. Leaving a wound open allows for proper drainage, along with use of Larson's teat plug or a self-retaining plastic teat canula with a cap into the streak canal (cap should be removed to allow free-flow of milk and to reduce tension) which can prevent postoperative stenosis. In the case of dry cows, the self-retaining canula is not used. Otherwise, use of Elasticon tape over a regular Band-Aid or small gauze may hold but will need frequent checking and replacement. In lactating animals, regular machine milking will help remove the edema and eliminate the need for a bandage.

Studies have shown that machine milking is actually less traumatic than hand-milking, so generally, after one milking of the affected teat is skipped, most cows are returned to machine milking following surgery, once a fibrin seal has had a chance to form (after 6-8 hours).

Routine pre-milking preparation will clean the area. Avoid topical medications, as these can enter the milk supply causing contamination of the milk and loss of revenue for the farmer; they also generally do not speed healing in this area. As an exception, first calf heifers with an abrasion injury may better tolerate the milker if a non-irritating salve is first applied.

After 10 days, the sutures, bandages and teat canula are to be removed. Antibiotics are to be continued for another 2 days, as the streak canal does not close immediately post removal of the canula, which leaves the teat susceptible to invasion of harmful organisms.

Care must be taken that it is contra - indicated to carry out such surgery if mastitis is supervening or the lips of the wound are oedematous. This should be first treated before the surgery.