TEAT AND UDDER SURGERY Post-Operative Considerations

POST-OPERATIVE CARE-SURGICAL WOUND CARE • The postoperative period is as important as the surgery itself. Systemic antibiotic therapy should be continued for at least 3 days in all cases; it may be supplemented by intramammary infusions. • NSAID is continued for 24 to 48 hours. • The would should be protected with a bandage. • A cow udder harness can be used to further isolate the udder from the environment.

POST-OPERATIVE CARE-SURGICAL WOUND CARE • Hand milking should be prohibited for 10 days. During hand milking, an uneven external pressure is applied by the fingers and palm, inducing an elevation of the pressure inside the teat cistern. The increased pressure may force milk to dissect through the teat closure, which can allow reopening of the streak canal. Milk will follow the path of least resistance, increasing the risk of fistula formation. • In contrast, during the milking-machine process, the external pressure on the teat wall is evenly distributed by the liner, and the milk is suctioned from the teat cistern by the negative pressure, limiting the risk of milk infiltration. • The farmer should not strip the cow’s first stream before milking the affected quarter. Therefore, he should pay special attention to any inflammation of the upper parenchyma to detect any early mastitis.

POST-OPERATIVE CARE-SURGICAL WOUND CARE • Mechanical milking is carried out on the day after surgery. Because of the presence of inflammation, the use of a large-diameter teat cup may be an option to facilitate the milking in some cases. • If the machine is not used, a cannula is introduced carefully at every milking. When the streak canal is involved in the laceration, a cannula with a lid can be left in the streak canal for a few days. When the cannula is removed, a natural teat insert (wax implant) can be placed in the streak canal between milking. It will promote the healing of the damage streak canal. • It is important to avoid overmilking following teat surgery. After milking, a post-milking teat dip should be performed.

POST-OPERATIVE CARE-SURGICAL WOUND CARE • Keep the surgical site clean with povidone iodine. • Wound dressings are changed daily. • Wound should be observed for signs of fly strike myasis, infection or any other complications.

POST-OPERATIVE CARE-SURGICAL WOUND CARE • Severe post-operative oedema can be treated by applying ice around the teat for a few days. • Crushed ice in a rectal sleeve can be placed around the teat. • Commercial udder bags can be used to hold the ice in place. • Twenty minute applications can be performed several times a day.

POST-OPERATIVE CARE-SKIN SUTURE REMOVAL • Removal of any non-absorbable skin sutures should be done 8-9 days postoperatively to limit the formation of fibrosis in the tissue.

POST-OPERATIVE CONSIDIERTIONS-NUTRITIONAL/ELECTROLYTE BALANCE • The patient should be fed good quality ration, have access to clean water with adequate electrolytes to aid in recovery. Outcome of surgery would determine if additional nutrients are required. • Antioxidants help with the mammary gland and helps to give a better prognosis e.g. Vitamin E and Selenium

POST-OPERATIVE CONSIDIERTIONS-MONITORING OF THE PATIENT • Regular checks on: • Temperature • Pulse • Respiration • General behaviour • Udder inflammation • Eating and drinking habits • Any discharges • Signs of pain and discomfort • Check the surgical incision for any signs of infection, suture breakdown and wound dehiscence.

POST-OPERATIVE CONSIDIERTIONS-CLIENT EDUCATION • Remind the farmers of the [possible complications associated with the surgery. • Differentiate normal signs from abnormal signs so that if they see abnormal signs, they will call you as soon as possible. • Inform them that the sutures must be removed by day 8 or 9 postoperatively. • Inform them that hand milking is to be avoided until the sutures are removed.

Reference - <https://www.slideserve.com/dfager/teat-and-udder-surgery-powerpoint-ppt-presentation>