**Post-op Care**

* Flunixin meglumine may be given to decrease postoperative swelling.
* Studies have shown that machine milking is actually less traumatic than handmilking, so most cows are returned to machine milking following surgery, once a fibrin seal has had a chance to form (after 6-8 hours). Generally, one milking of the affected teat is skipped.
* Bandages are difficult to place on teats and may hold in moisture and contamination. Leaving a wound open allows drainage. Routine pre-milking preparation will clean the area. Avoid topical medications: these can enter the milk supply and 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.

Hand milking should be avoided because it is associated with wound dehiscence. 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 (no more than 3 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 damaged streak canal. 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 per day. The skin sutures are removed no more than 9 days after the surgery. If the sutures are left in place longer, excessive fibrosis and suture tract infection may occur.

**Teat Laceration Post-op Care**

* Traditionally, a self-retaining teat tube, such as a Larson’s teat tube, is inserted for about a week. The cap of the tube can be removed to permit the quarter to drain while the other quarters are being milked; this procedure takes advantage of the “let-down” phenomenon at the time of milking, or it can be left off permanently. The teat should not be hand-milked, but regular drainage is necessary to take the pressure off the suture line. If closure has been meticulous, as previously described, then immediate machine-milking appears to have no adverse effects on healing.
* Intra-mammary antibiotics should be infused into the affected teat, and systemic antibiotics should be used as indicated. If the laceration is of some duration, mastitis will be present. This can be verified with the aid of a California Mastitis Test. Bacterial cultures and sensitivity testing are indicated in some cases.
* The sutures are removed after aseptic preparation at about 8–10 days postoperatively to avoid inflammation and suture tract infection.