

CLASSIFICATION OF TEAT LACERATIONS

Classification	Description	Prognosis/Special Considerations
Duration	Acute	Good prognosis
	Chronic – more than 12 hours	Swelling of the teat can be too severe to permit adequate reconstruction of the tissue
Localization and conformation of the laceration	Simple	Good prognosis
	Complex – inverted Y or U	Good prognosis – slightly difficult to repair
	Longitudinal	Good prognosis
	Transverse	Blood supply of the teat is longitudinal so this laceration results in more damage to the blood supply resulting in more oedema, avascular necrosis and dehiscence post-op, as compared to a longitudinal laceration. Difficult to repair.
	Proximal	Difficult to repair – the mucosa is difficult to suture and the teat swell more post-op.
	Distal	Poor prognosis (especially if involving the streak canal). Reconstruction of the streak canal is difficult and can cause partial or complete milk flow obstruction. Compromises the defence mechanisms of the quarter against mastitis so higher risk of clinical or subclinical mastitis. Lead to avascular necrosis of the distal end of the teat.
Thickness of the lesion	Partial thickness (skin to submucosa)	Good prognosis – may not need surgical intervention
	Incomplete lacerations (integrity of the teat cistern is intact)	Surgical intervention may not be necessary – secondary healing by medical

		<p>management of the wound may be sufficient.</p> <p>During healing contraction may change the conformation of the teat creating problems during milking.</p>
	<p>Full thickness (skin to mucosa with milk leaking out of the incision)</p>	<p>Defence mechanisms of the teat against mastitis are bypassed increasing the risk of clinical mastitis.</p> <p>Prompt surgical reconstruction of the injured tissue is needed to protect the quarter against environmental pathogens.</p>

Teat Lacerations

