

General information

- Teat trauma may result from teats being stepped on or frostbite. Milking equipment that is malfunctioning or milking errors can also lead to teat trauma.
- Teat lacerations can cause severe deficits in milk production
- If teat lacerations are not repaired, teat fistulae or acute mastitis and loss of the quarter are complicated risks.
- Radiography, ultrasound, and theloscopy have improved diagnostic capabilities; and surgical approaches have been refined to improve precision and reduce invasiveness.
- The streak canal & teat orifice tend to constrict after injury – “hardmilker”
- The mucosa of the teat sinus is very susceptible to scar.
- Teat sphincters will not regrow
- Vertical teat lesions heal better than horizontal
- Lacerations penetrating the lumen may need to be repaired multiple times

LOCATIONS

Skin only

Skin & stroma layers

Skin, stroma & mucosa

Circumferential

Vertical

Horizontal

On the distal end of the teat

On the base of the teat

TYPES

Chronic

Transverse

Complex

Partial thickness

Superficial

Deep

ALTERNATIVE TECHNIQUES:

- Leave the laceration and allow for
- secondary intention would healing.
- Amputate the teat as a salvage procedure.