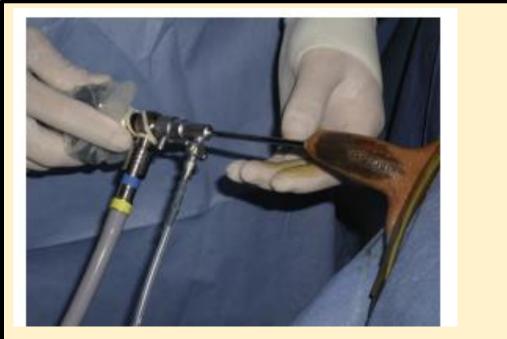
Rosette of Furstenberg Obstruction

After standard surgical preparation and anaesthesia, a teat clamp is applied at the annular ring level to stop the continuous filling of the teat cistern by milk of the teat, 2 procedures are performed:

Retrograde Step

The loscope inserted through the streak canal in direction of the annular ring



Retrograde theloscopy through the streak canal. The theloscope points toward the proximal aspect of the teat. A teat clamp has been installed proximally at the annular ring.

- Performed first by gently introducing the sleeve with the blunt trocar through the streak canal.
- The trocar is removed, and the theloscope is introduced.

The loscope inserted in the lateral teat wall in looking in the direction of the rosette of Furstenberg



introduced through the streak canal.

- sharp trocar through the streak canal.
- third of the length.
- The sleeve is slid over the trocar, and the theloscope is inserted in a normograde fashion after trocar removal, allowing a complete evaluation of the rosette of Furstenberg and entry of the streak canal
- Masses or proliferative fibrous tissue around the rosette Furstenberg are best trimmed using an Eisenhut cutter under direct visualization.
- After completion of the normograde theloscopy, the skin of the teat wall may be sutured with one single suture using small-diameter suture material

Normograde Step

• The normograde theloscopy is conducted by the retrograde insertion of a

• The sharp trocar is then forced through the lateral teat wall at the proximal