

# 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

Theloscope 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.

## Normograde Step

Theloscope inserted in the lateral teat wall in looking in the direction of the rosette of Furstenberg



*Normograde theloscopy through the lateral teat wall. The theloscope points at the rosette of Furstenberg. An Eisenhut cutter has been introduced through the streak canal.*

- The normograde theloscopy is conducted by the retrograde insertion of a sharp trocar through the streak canal.
- The sharp trocar is then forced through the lateral teat wall at the proximal 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