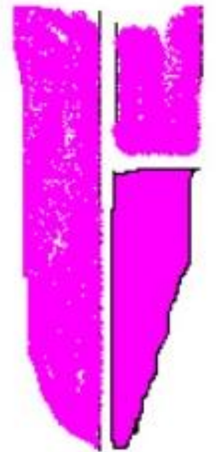
CHRONIC TEAT FISTULA

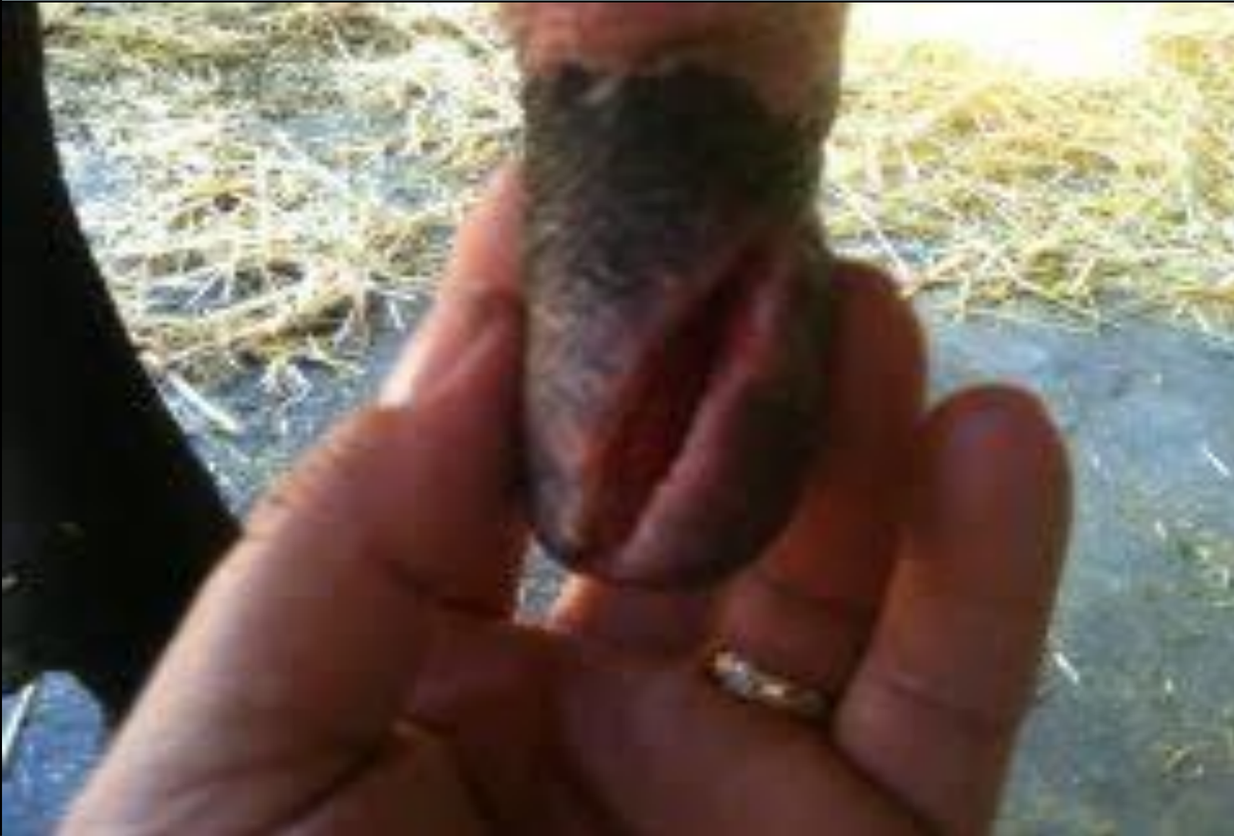
HOW DO WE APPROACH?

WHAT IS A TEAT FISTULA?

A TEAT FISTULA IS AN OPENING IN THE WALL OF THE TEAT, CONNECTING THE EXTERIOR TO THE PRE-EXISTING CHANNEL, THE TEAT CANAL IS CHARACTERIZED BY PERSISTENT OUTFLOW OF MILK.



GENERAL CONSIDERATIONS



- The condition is commonly a sequela to teat laceration (left) involving the teat cistern.
- It may be congenital or a sequela of supernumerary teat removal.
- Incomplete healing after open teat surgery may also be a factor.
- The ideal time to repair fistulas is during the dry period.
- Milk and associated intra-cistern milk pressure should be minimal or nil during this period.

Non-Surgical Treatment

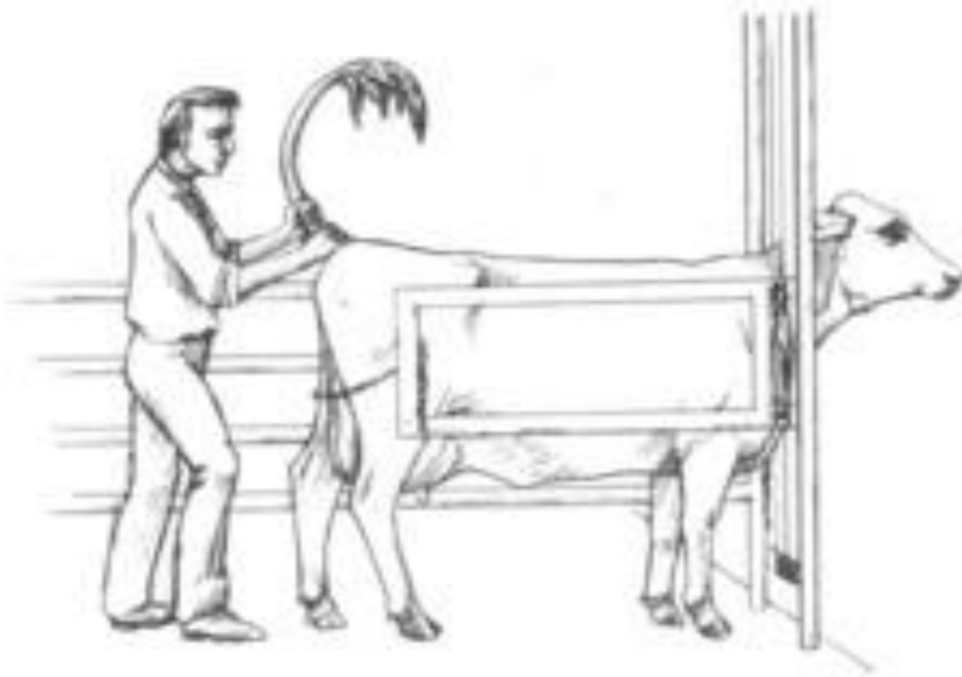
CAUTERIZATION

→Use local applications of carbolic acid or butter of antimony.
→Inject minute quantities of iodine around the fistula.
→Electrocautery may be attempted for stimulation of a tissue reaction (closure) of the fistula.
→Prognosis for success of cauterization is guarded to unfavourable if the fistula is well developed and surrounded by significant scar tissue

RESTRAINT

- Standing restraint is recommended because it eliminates the possibility of further teat and udder trauma associated with casting.
- Lateral or semi-lateral recumbency on a tilted surgical table is recommended for intensive teat surgery.
- Side-line restraint, tail restraint, a halter plus nose lead, and anti-kicking equipment may be useful in certain cases.
- A chute with positive rear leg restraint is recommended.
- Do not over-restrain cows.

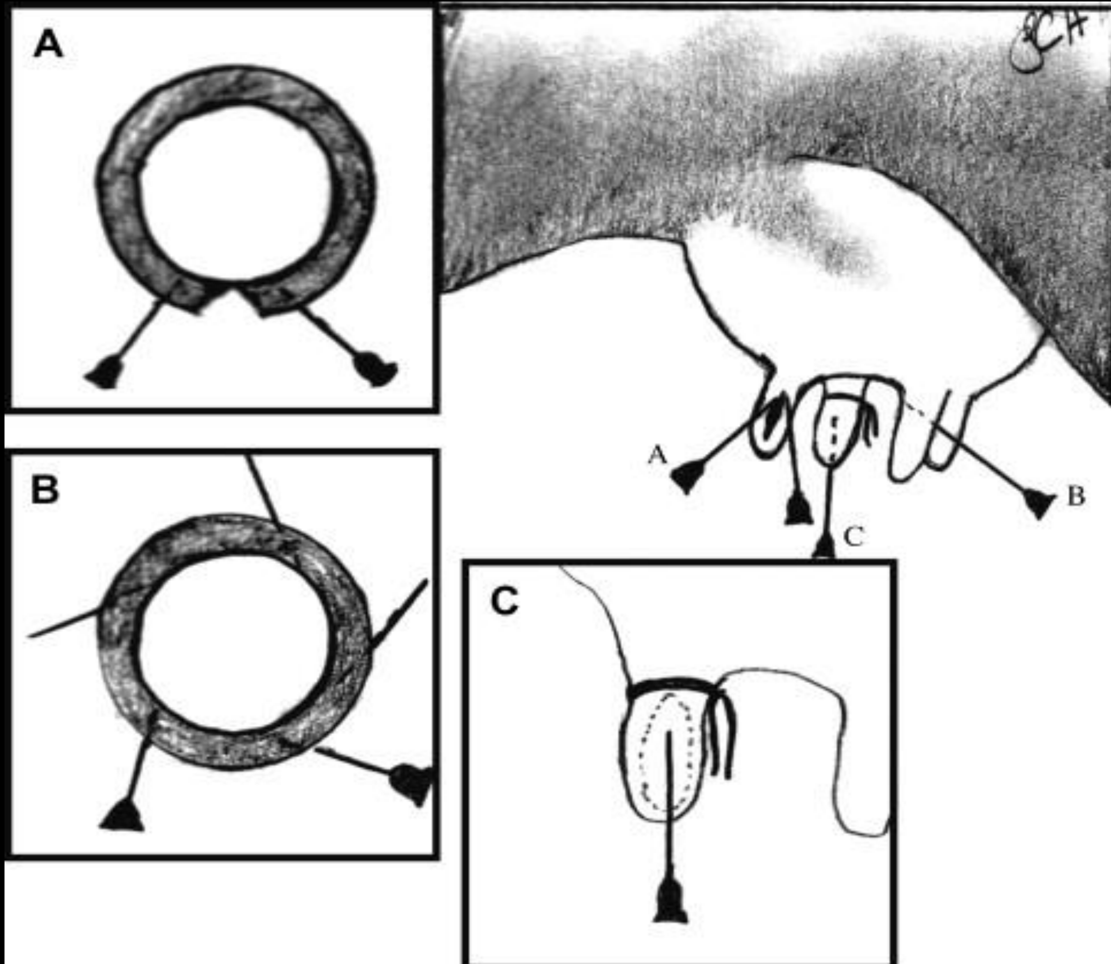
PRE-SURGICAL PROCEDURES



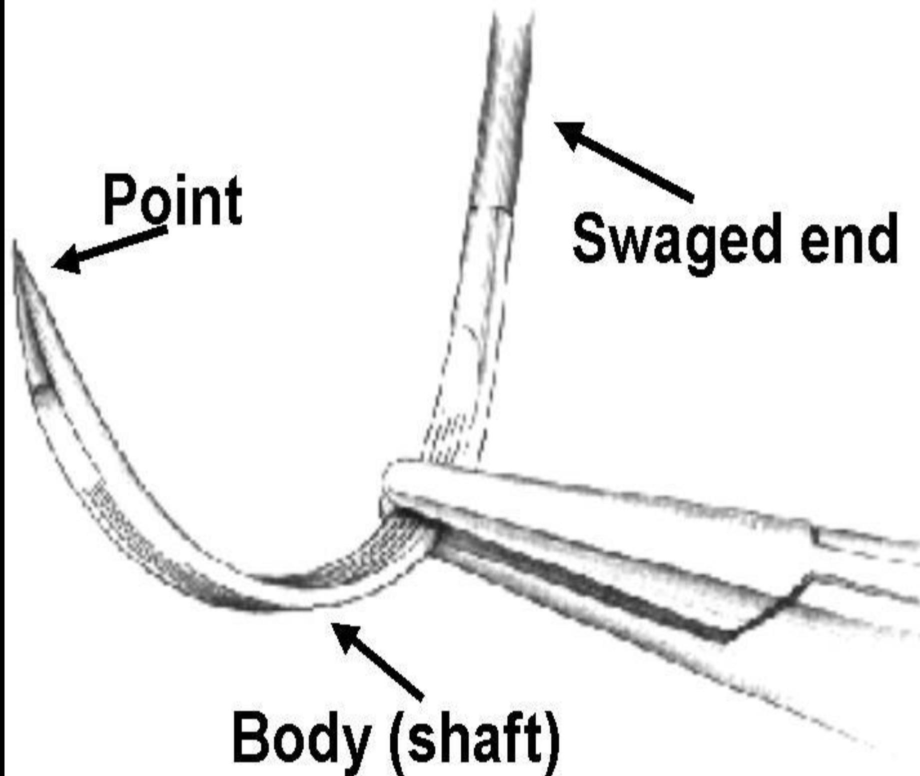
- Thoroughly cleanse the teat and surrounding udder.
- If a tail jack (left) is not necessary for restraint, place a tail rope to prevent wound contamination.
- Consider placing a rubber band or rubber tubing at the base of the teat for haemostasis.
- Carefully examine the fistula, and develop a plan to repair it

ANAESTHESIA

- **A local ring block (left) with 2% lidocaine (below) is generally effective.**

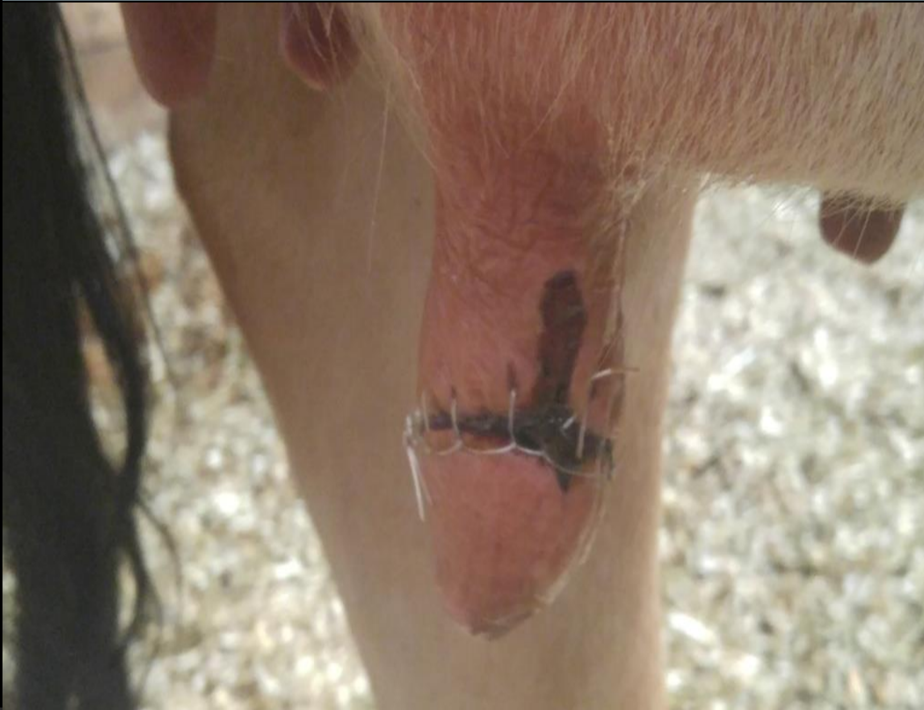


SURGICAL TECHNIQUE



- Make elliptic incisions around the fistula.
- Include all scar tissue
- Continue incising into the teat cistern
- The suturing technique is identical to that used in open teat surgery and for deep lacerations.
- To close the teat mucosal layer, it may be necessary to dissect the mucosa free from the underlying tissue.
- In many cases, only tissue glue and skin staples or sutures are necessary.
- When skin sutures are used, synthetic nonabsorbable suture material and a swaged on cutting needle (left) are recommended.

POST OPERATIVE CARE



- Prophylaxis of mastitis (e.g., systemic injections of antibiotic) is recommended.
- Remove skin sutures (left) or staples in 10 to 14 days.
- If surgery is of an emergency nature during lactation, use of a plastic drainage tubes is recommended for the first 3 to 5 days after surgery.