Chronic Teat Fistula Repair

 General Considerations

* The condition is commonly a sequela to teat laceration 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.
* Nonsurgical 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.

Presurgical Procedures

* administer IV sedation or analgesia as needed.
* Thoroughly cleanse the teat and surrounding udder.
* If a tail jack 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 hemostasis.
* Carefully examine the fistula, and develop a plan to repair it.

Anesthesia

* A local ring block with 2% lidocaine 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 swedged on cutting needle are recommended.

Postoperative Care

* Prophylaxis of mastitis (e.g., systemic injections of antibiotic) is recommended.
* Remove skin sutures 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.

https://maaz.ihmc.us/rid=1RYRKSG30-24SBXW5-205X/Teat%20Procedures.pdf