Classified according to:

• The duration from time of trauma (A or C)

• The localization and conformation of the laceration

• The thickness of the lesion (full or partial thickness)

Full thickness lacerations and punctures should be treated as a medical emergency!

A close-up of a cow's udder

Description automatically generated

Chronic lacerations must be debrided and treated aseptically with open wound management.

A close-up of a wound

Description automatically generated

Complex lacerations have a poor prognosis if the teat sphincter is involved. If the teat sphincter is not involved it can be repaired using there 2 simple interrupted sutures for the mucosal and subcutaneous tissue, and near-far-far-near suture for skin layer.

Close-up of hands with blood on the fingers

Description automatically generated

Transverse lacerations have a worse prognosis than longitudinal ones as more blood supply to the teat will be severed.

A close-up of a heart

Description automatically generated

Partial thickness lacerations can be repaired using a walking suture to eliminate dead space in closure.

A close-up of a tooth

Description automatically generated

Teat stenosis- hard to remove milk and may have teat fibrosis

A close-up of a person's leg

Description automatically generated

Teat fistula- animal must first be dried off, area around is excised and than sutured in 3 layers as previously mentioned for complex lacerations.

Close-up of a pig's foot

Description automatically generated

Supernumerary teat- milk escapes through small opening, must be surgically removed for proper milking.

Teat lacerations – Prognosis

* Fresh better than chronic
* Vertical lacerations better than horizontal
* Proximal better than distal
* Sharp better than crushing
* Streak canal involvement decreases prognosis