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Popular Article

Surgical Management of Teat Laceration of a Doe

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Abstract

At the Veterinary Clinical Complex, ANDUAT, Kumarganj, Ayodhya, U.P., an adult doe, three years of age, was brought in with a history of teat injuries sustained while grazing on barbed wire. One observed a deep longitudinal teat laceration that was infected. The teat canal, which had fibrosed, was still producing milk. After scarification, the injured area was sutured while under sedation and regional anesthesia. In order to keep the milk flowing and avoid adhesion while the wound healed, an infant feeding tube was placed into the teat canal. Mattress sutures were used to seal the muscle and skin, respectively. After the surgery, the animal healed without any problems after three weeks.

Keywords – Doe; Infant Feeding Tube; Laceration; Teat canal;

Introduction

Barbed wires and farm machinery are the main causes of teat laceration in grazing animals (Singh et al., 2012). Because any delay in repair could result in mastitis or even necrosis of the teat, the teat laceration is regarded as an emergency (Singh et al., 2003). Infection must be avoided by treating lacerated teats as soon as possible. According to Roberts and Fishwick (2010), trauma can result in both superficial and profound lacerations, which can be treated with the right care. Reconstructive surgery is typically successful in treating teat lacerations. Adhesion of the teat canal following suturing, however, is a frequent problem that slows the healing process.

History and Diagnosis

A 3 years non descriptive doe was presented to Veterinary Clinical Complex, ANDUAT, Kumar Ganj , Ayodhya, U.P with a history of teat injury while grazing. Clinical examination



revealed that injury was deep longitudinal laceration of the teat with the involvement of skin and muscularis and milk was still coming through the teat canal. Diagnosed as teat laceration.



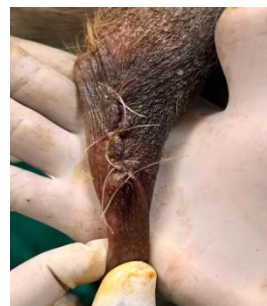
Lacerated Teat after
debridement



Muscularis layer
sutured continuous with



Skin sutured cross mattress
with Polyamide



Fixation of Infant feeding
tube in teat canal

Treatment

After being restrained, the animal was put in lateral recumbency. Through the use of ring block and 2% lidocaine hydrochloride, teat anesthesia was accomplished. In order to prepare the udder and teat for reconstructive surgery, 10% povidone-iodine and 70% isopropyl alcohol were used aseptically. Using a surgical blade, the fibrosed, lacerated teat margins were surgically debrided. To keep the teat canal from closing while healing, an infant feeding tube was placed inside it. Using 2-0 catgut, a straightforward continuous suture was used to close the lacerated teat's muscularis and mucosa. Polyamide was used for closing the skin in a cross-mattress suture pattern. The Infant feeding tube was left in the teat canal until healing. Post-operatively, antibiotic Enrofloxacin (2.5-5 mg/kg) and Meloxicam (0.3 mg/kg) was administered intramuscularly for 3 days along with a daily antiseptic dressing of wound using povidone-iodine for 10 days. The wound was healed completely on the 18th postoperative day and skin sutures were removed

Results and Discussion

Because of their large teats and pendulous udder, goats have a somewhat greater frequency of teat lacerations (Singh *et al.*, 2012). The ideal time to operate on the teat is during



the first 12 hours after the damage. The current case had a teat laceration that was longitudinal, and surgery was tried a few days following the incident. It is difficult to keep the teat canal open after suturing the incision and to avoid adhesion. We kept the teat canal open until it healed using an accessible infant feeding tube.

Conclusion

Goats suffering from traumatic teat laceration injuries with fibrosis and infection in the muscles and skin can be treated by reconstructing the teat's anatomical structure using the appropriate antibiotic medication and placing an infant feeding tube in the teat canal to prevent adhesion.

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