

job. We use a grinder with a #10 grip, which you can use for a couple of hours and you are not worn out. These were designed as a disc to grind tractor tires with for a tractor pull and a guy showed up at our clinic with his own grinder and discs and we talked him out of them and then we went ahead and ordered some. They are made by an outfit called Tunco, but when you use these things, they just shred those feet off like coconut. It takes a lot of the work out of it because you can get a good eighth of an inch every time you make a pass with the buffer.

Question: Does that get very hot?

Answer: No, there's no heat buildup with this. You have to buy their back pad. It is a heavier rubber pad because this is steel and it is flexible and it will back it up. It is good for about 30 cows.

Question: Where did you order those?

Answer: It's Tunco Manufacturing, P. O. Box 408, Geneva, Illinois, 60134.

This is a 18046 7-inch #10 grip.

Emergency Teat Surgery:

Dr. Dwight Bruno, Franklin, New York.

I am in a dairy practice about 100 miles west of Albany, NY. My talk could more appropriately be termed just Teat Surgery. One of the biggest problems that I had when I started practice was having teat lacerations heal correctly. We tried everything from vetafil to some of the synthetic absorbable suture, catgut, but never had much luck. Finally, we decided to keep the suture as simple as possible with one layer closure, using a 00 to 000 nylon. I simply use a splitting muscular, simple interrupted pattern enclosing the laceration. I found that the more suture material you put in the surgery the more trouble you have. I don't know if this was from tissue reaction or increased chance of infection. The other problem that we had was having the farmer get the milk out of the quarter without interrupting the suture line. We figured one way that we could do this was to take an 8-french urinary catheter with an inflatable cuff on the end and place it up through the canal just below the gland cistern and inflate it and then the farmer could simply untape the end of the catheter and allow the milk to drain out. He wouldn't have to be sticking milk tubes up into the teat and infecting the quarter and having problems develop that way. We had a much better healing process going on. The catheter has to be left intact as it is put in. You can't cut the end of it because the inflatable bulb at the end of the catheter will come loose and the whole thing will come out. For a teat that has been cut 5 days previously I freshened the edges and placed the catheter into the teat, just below the gland cistern, with alligator forceps. You can feel the end of the instrument and you can place it very nicely. I used 000 nylon here, again very non-reactive. It has good strength and it holds very nicely. You can see the end of the catheter and there's a little spout off the side that you put your syringe on (about a 3 cc syringe for this size catheter.) Push air into it and again the bulb at the end of the catheter inflates and

holds it right in place. I usually coat the catheter with Beta-dyne ointment to help ensure that I am going to minimize infection and after I place my suture line in I paint it over with flexible collodion which helps keep it dry and, again, aid in healing. If the cow lies down on a wet bed she is not going to contaminate it with urine or manure and have it dehisce. Unfortunately, one owner decided that the catheter was too long and he decided he had to cut the end off so the whole thing blew apart! But if they don't do that they heal very nicely. You have to go through these rules with the client because it is very easy to get disgusted with the length of the catheter and have them cut it or start tugging on it. Once it is pulled out, it is very difficult to replace and you just end up with an infection. I have had much success and I'm very happy with it. Again, I leave the catheter in about a week, have them treat it every day, and then after I pull out the catheter, I have them hand milk it for a few days and remove the sutures at about day 10.

Question: Do you suture deep?

Answer: No, I don't. I like to split the muscular layer. I found if I went too deep, I had infection, and of course then you could not put the catheter up through if you had suture material into the duct itself.

Question: Where do you put the alligator forceps to place the catheter?

Answer: I go into the end of the teat, right up through the end of the teat and just below the gland cistern; so the tip of the catheter is exposed to the entrance of milk in the top of the teat.

Question: Have you had trouble with the sphincter closing to its normal tone after removal of the catheter?

Answer: No, I have not.

Question: What do you do if mastitis sets in?

Answer: If mastitis develops, I just treat it as I would any other mastitis, leaving the catheter in place, and hoping that we can clear up the infection.

Question: Doesn't the catheter plug up?

Answer: Yes, that is a problem, if you get a real chunky mastitis you just have to work with it the best you can. I did have one case where we did get a really cheesy, chunky mastitis, and we had to pull the catheter and just try to work it out by hand. That is a problem.

Question: What is the source of flexible collodion?

Answer: We go to the local drug store and just ask the pharmacist to make it up. I don't know what is in it. It smells like ether.

Question: How much air do you introduce?

Answer: Usually about 3 or 4 ccs. I've often wondered if I inflated it too much whether I would get some necrosis of the area around where the balloon inflates or not.

Question: Have you ever tried the 4M Teat Shield in place of collodion?

Answer: No, I would suspect that it would not stay around as long, it would tend to wash off a lot more easily than collodion which dries just like plastic. It's really thick and works very nicely.