

Practice Tip Session

Dr. Robert Harris, Chairman

A Bandage for Teats

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I have been using a product called "Tubegauz" to cover injured and cut teats and feet, and as the name implies it is gauze in tubular form. It is packaged in five sizes from 5/8 in. to 3-5/8 in. and comes in 50-yard rolls. "Tubegauz" is sold by Scholl Hospital Products Division, Scholl, Inc.: 1) Chicago, Ill. 60610; 2) East Rutherford, N.J. 07073; 3) Los Angeles, Calif. 90058; and 4) Atlanta, Ga. 30341.

It was developed for human use to cover extremities. The material is a loose weave and works on the principle of the Chinese finger trap.

The tube gauze is put over a tubular carriage slightly larger than the injured extremity. For example, a cut teat. The carriage is slid over the teat to the base of the udder. A small end of tube gauze is slid over the end of the carriage and held firmly with one hand at the base of the teat. The other hand slowly pulls the carriage down off the teat twisting it at the same time.

The more twist applied, the greater the tension or pressure put on the extremity being covered.

In my practice this has been most useful on injured teats. My clients have started cutting the ends off of 35 to 60 cc monject syringe cases and using them as carriages. They are easily able to select a size they need and the cases are readily available and inexpensive. During milking the farmers carry them in their pockets and are quickly able to redress teats at each milking.

The larger size tube gauze also makes good foot bandages. These may be applied by cutting the ends off of juice cans, plastic gallon jugs or any other make-shift carriages. (*Slide illustrations followed.*)

Practice Tip

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A simple practice tip in the form of a time-saver and frustration-avoider that may help someone:

For the restraint of cows for vaccinating with Nasalgen® in stanchion barns, tie-stalls, and even when running cows through chutes. Instead of a nose-lead, we have the person helping us use a discarded fan belt (V-belt) to restrain the cow's head. This produces adequate restraint in a "quick-release" form.

Miscellaneous Tips

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Easy Method for Bagging Feet: This procedure was shown to me by Dr. Roger Batchelder of Cortland, N.Y. Using a burlap bag (or bath towel) fold it around the lower leg and foot in such a way that there are more thicknesses of bag on the back of the leg and bottom of the foot than anyplace else. Then tie the bag tightly with bale string two places above the dewclaws and one place between the dewclaws and the hoof. This is especially useful for foundered feet when water is poured on these bags twice a day.

Simple Method for Claw Amputation: First I should mention that I never amputate a claw without first checking the opposite foot to make sure it is sound. I will only describe this procedure for coffin joint infection in a rear foot because rear feet are most often affected. However, the operation is very similar for a front foot.

The leg is elevated by picking it up by the hock. A tourniquet is applied above the hock and 20 cc of 2% lidocaine hydrochloride (plain) is injected into the dorsal metatarsal vein which courses along the anterior lateral aspect of the leg between the hock and fetlock. This idea for intravenous local anesthesia was taken from "Intravenous Local Anesthesia of the Lower Limb in Cattle," by A. D. Weaver, J.A.V.M.A., Vol. 160, No. 1, Jan. 1, 1972. I have found this method to be about 80% effective and if it is effective, anesthesia will be complete in about five minutes. If it is not effective or if I can't hit the vein, I clip and surgically prep the leg midway between the dewclaws and hock and use local nerve blocks. This is accomplished by injecting 10 cc of 2% lidocaine near the deep peroneal nerve and medial and lateral plantar metatarsal nerves. The deep peroneal nerve should be blocked by injecting the anesthetic in front of the metatarsal bone and between the extensor tendons. The medial and lateral plantar metatarsal nerves are blocked by injecting the anesthetic just beyond the subcutaneous tissue along the medial and lateral sides respectively of the flexor tendons. Following the injection of the local anesthetic, the leg is let down and picked up differently so that the fetlock area will be straight for tight bandaging after amputation. This is done by fastening beam hooks four to five feet behind the cow, and then with a lariat fastened around the metatarsal area, the rope goes to the beam hooks and then around the leg above the hock in a half-hitch fashion, then the free end of the rope is secured to a post near the front of the cow after