# MANAGEMENT/AFTERCARE

* Machine milking is preferred opposed to hand milking because hand milking is associated with dehiscence.
* A self-retaining teat tube e.g. Larson’s teat tube, is inserted for about a week. The cap of the tube can be removed to permit the quarter to drain while the other quarters are being milked, in order to take pressure off the suture line. This is referred to as the let down phenomenon.
* When the cannula is removed natural teat can be inserted with a wax implant in the streak canal in between milking to promote healing of the damaged teat canal.
* Applying ice to the teat and surgical area can treat postoperative oedema. The ice should be applied for 20 mins several times daily
* The ice can be crushed and placed into a rectal sleeve and secured around the teat and surgical area to reduce the swelling.
* Intra-mammary antibiotics should be infused into the affected teat, and systemic antibiotics should post operatively [Pen/Strep @ D = 22,000IU/kg twice daily for 3 days].
* The sutures are removed after aseptic preparation at about 8–10 days postoperatively to avoid inflammation and suture tract infection.