



CHANGES, ADDITIONS AND PERSPECTIVES FOR VETERINARY SURGICAL CENTERS (VSC)

As the autumn season unfolds, and 2009 comes to a close, we've found ourselves looking back over a year with many changes, challenges and additions that have renewed and refreshed our perspectives.

In 2009, VSC has added new technology: The Sliding Humeral Osteotomy (elbow dysplasia), Tantalum Cage Vertebral Body Fusion (cervical spondylopathy/wobbler's disease), Fixin (orthopedic trauma repair), Vacuum Assisted Wound Closure and Ureteral and Microvascular Surgery. These efforts have encouraged us to embrace new developments in veterinary surgery, and to bring these technologies to the clinic for the benefit of pets and pet owners.

This year we have relocated our Berkeley surgical operations to the PETS Referral Center at University and 10th Avenue (510-548-6684) to more completely receive your referrals 24 hours a day with the added benefit of specialist availability at all times.

We have added new personnel: Greg Goodman, BS RVT (operations manager), Christine Hilliard BA (technician manger) and an entire complement of technical/reception staff to our new Berkeley location. As part of our affiliation with PETS Referral Center (www.berkeleypets.org) we have been pleased to collaborate with the internal medicine services of Jen McCown.

In 2009, we have added the expertise of a new surgeon: Alastair R. Coomer BVSc, MS (see his full biography at www.vscdsurgerycenters.com).

This year we added 24/7 appointment scheduling, and verbal and electronic consultations to the expanding list of services we provide our referring veterinarians. You can speak with a VSC surgeon any time, weekday, weekend, whenever.

As we have grown, and added to our family of veterinary

providers we have also been asked to adapt to our present economic conditions. Our lower overhead operations, our focused attention on value, and our commitment to service and communication have provided us with relationships with many new veterinarians looking for a 'change', a fresh perspective, or, quite honestly, another affordable and available surgical option. These commitments encourage us to maintain easy and ongoing access to our surgeons for our pet owning clientele and referring veterinarians alike, and have reminded us that all of us are 'in this thing together'.

2009 has been both a learning process and a growth opportunity. It has been both economically challenging, and personally enriching. 2009 has added "Creativity" to our commitment of enriching our relationship with you—our referring veterinarians. If you can think of anything, need a favor, consultation or help with a case/patient, or just wish to drop us a 'new idea' please feel free to email or call anytime! We will apply as much 'Creativity' to your requests in our continual effort to achieve our goals of meeting your in-house and referral surgical needs.

We look forward to sharing 2010 with you...

John J. Haburjak, DVM Diplomate ACVS

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To experience the VSCD
High-Tech High-Touch commitment,
Give us a try...



CONTINUE TO EXPECT...

Direct contact with a VSC surgeon – 7 days a week for consultation, case support and for scheduling referral and mobile surgery.

(925-201-3400 or 510-595-4600)

Electronic case and radiographic case consultation 7 days a week.
deltasurg@yahoo.com

24 hour/day surgery by a completely trained veterinary surgeon. Residents will not be performing surgery on your referrals.

Mobile veterinary surgical services by a skilled and experienced surgeon with 'low-impact' on your daily staff and procedural operations.

Most surgeries (including TPLO) are performed in less than 2 hours.

SUMMARY OF SERVICE OFFERINGS

WHAT CAN VSCD OFFER YOUR FACILITY?

Board-certified surgical expertise

Receiving referrals for advanced consultation, diagnostic and surgical services

Providing surgical services at your facility with minimal impact on your daily operations and resources

Offering telephone or electronic (email) consultations

Giving on-site continuing education lectures personalized to the needs of your staff

Providing complimentary informational brochures and pamphlets for use internally and for clients

week he suffered several episodes of falling and difficulty posturing to urinate/defecate.

MRI was performed and revealed dorsal and ventral compression at C6/C7 (figure 1) and mild dorsal compression at C5/C6. In addition, MRI showed ligamentous hypertrophy and facet changes characteristic of a chronic dynamic lesion. Traction myelography of the cervical

THE SURGEONS OF VSCD



John J. Haburjak



Kimberly Carlson



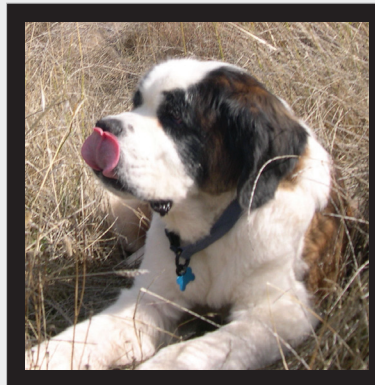
Alastair Coomer



Heather Towle

FEATURED MEDICAL CASE

CERVICAL DISTRACTION AND STABILIZATION OF DYNAMIC SPONDYLOMYELOPATHY



Jackson, a 7 year old male, neutered, St. Bernard presented to our surgical service with a two-month history of pain when turning his head to the right, intermittently holding up his left front leg, and progressive weakening in the hind limbs. Periodically, Jackson would vocalize when jumping down and when turning to the right, progressing to the point where he would deliberately avoid turning in that direction. Exercise restriction moderated his discomfort but his neurological signs did not improve. Unrestricted play at day care led to increased hind limb weakness, hunching of his back and unwillingness to raise his head. At presentation, Jackson had complete CP deficits on the left pelvic limb, decreased conscious proprioception on the right pelvic limb, hypermetric pelvic limb gait, resistance to turning the head to the left or right, and spastic patellar, tibial and sciatic reflexes. Jackson's weakness persisted and over the subsequent

week he suffered several episodes of falling and difficulty posturing to urinate/defecate.

MRI was performed and revealed dorsal and ventral compression at C6/C7 (figure 1) and mild dorsal compression at C5/C6. In addition, MRI showed ligamentous hypertrophy and facet changes characteristic of a chronic dynamic lesion. Traction myelography of the cervical

...Featured Medical Case continued

spine eliminated the compression at both locations confirming the dynamic nature. Disc protrusion in the caudal cervical spine of large breed dogs is known to be the most common of all 5 forms of caudal cervical spondylomyelopathy (CCSM). Also known as wobbler syndrome, CCSM occurs primarily in large breed dogs, particularly Dobermans. The multiple forms differ in pathogenesis and direct causes of cord compression and thus require different surgical approaches for management. Clinical signs are typically from cervical myelopathy of varying degrees, ataxia and paresis of the pelvic limbs with hypermetria of the thoracic limbs predominate, but,

also seen are minor neurologic abnormalities such as ataxia of the pelvic limbs alone or complete non-ambulatory tetraparesis. These signs are usually chronic and progressive (as demonstrated by this case) but can deteriorate suddenly.

We elected to proceed with a distraction and stabilization surgical procedure using a Biomedtrix tantalum implant (figure 2). Jackson was placed in dorsal recumbency and a ventral surgical approach taken. A standard incision and exposure of the intervertebral space was performed and the disk space was fenestrated leaving the dorsal and lateral ligaments intact. Small holes (approximately 4mm) were

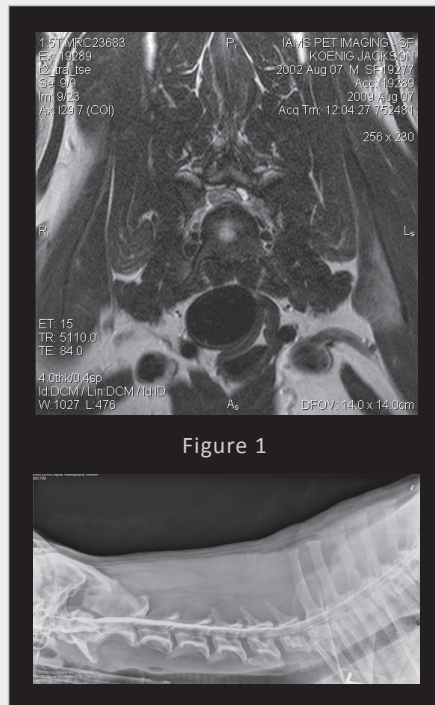


Figure 1

NOTABLE NEWS

JOHN HABURJAK CERTIFIED IN PENN HIPS

Provided only by individuals specifically trained in the administration of this specialized diagnostic imaging technique, the Penn HIP method assesses, measures and interprets hip joint laxity. Three radiographic views (distraction, compression and extension) offer information about osteoarthritis, hip joint congruity and quantitative measurements of hip laxity, giving the maximum available information about the current status of the joint.

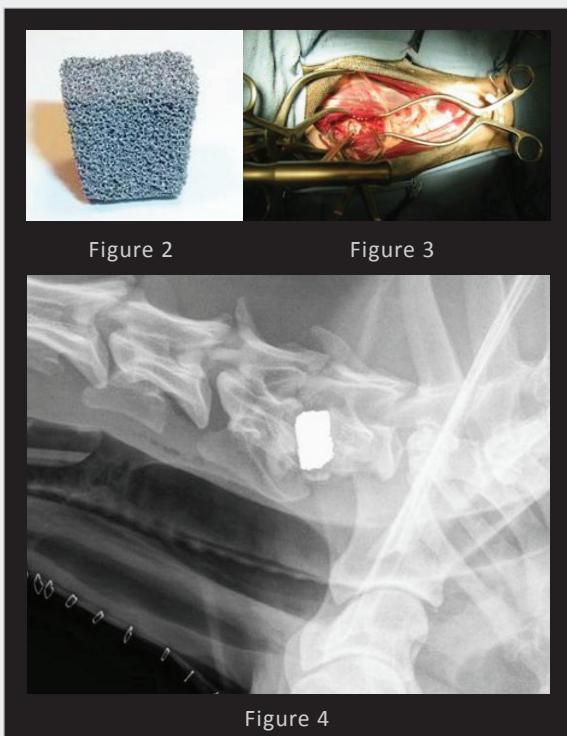


Figure 2

Figure 3

Figure 4

drilled in the cranial and caudal vertebral bodies to allow sites into which the distractor instrument could lodge securely. The space was expanded with the distractor and a "trial" implant placed to determine the size of the permanent implant (figure 3). The correct-sized porous tantalum implant was placed into the space and tapped into its final location using a bone tamp. Bone graft from both humeri along with banked bone graft was placed at the surgical site to facilitate healing and fusion.

Post-operative radiographs were taken (figure 4) and demonstrated good distraction and stabilization of the space. Recovery was excellent and Jackson returned to near pre-surgical function immediately postoperatively. Approximately 2 weeks post-surgery Jackson was doing extremely well: his neck was completely pain free with good range of motion. Proprioception on both thoracic limbs was ideal and his gait improved. We expect a complete recovery with return to full function.

Kimberly R. Carlson, DVM

Diplomate of the American College of Veterinary Surgeons

NOTABLE NEWS

JUVENILE PUBIC SYMPHYSIODESIS

Early detection of hip dysplasia in medium to giant breed dogs is ever more important. If detected early enough, hip dysplasia may be corrected by juvenile pubic symphysiodesis, a procedure using electrocautery to arrest the growing pattern in the growth plate of the pelvis. This results in an alteration in the alignment of the pelvis which actually protects the patient from the debilitating effects of dysplasia. More importantly, the protection is typically life-long. Again, the key to success for the JPS depends on exceptionally early (ideally <4 months of age!) identification of hip dysplasia.

NEWSROOM FEATURES

NEW LOCATION

Just a reminder that VSCD's advanced surgical service is up and running at the new Berkeley location and is complemented by PETS Referral Center's specialists. Dr. Jennifer McCown now manages the new internal medicine unit. Our services have enjoyed collaborative case management as well as the support of the emergency/critical care overnight service. Please call 510-548-6684 any time, 24 hours a day, for more information or to schedule an appointment with any of these services.



Dr. Jennifer McCown

PROFESSIONAL INTEREST ARTICLE

VACUUM ASSISTED WOUND MANAGEMENT

[Vacuum-assisted closure is here!!](#)

Many dogs and cats present with either wounds that are large, contaminated or chronic, that require intensive management to ensure successful healing. Traditional first-line wound management tools are analgesia, sedation or anesthesia, debridement, lavage and wet-to-dry bandages. Such bandages may require frequent (multiple times per day) dressing changes, often requiring heavy sedation or anesthesia. In both human and veterinary medicine, many clinicians are choosing wound management options that minimize cost, morbidity and risks associated with frequent sedation or anesthesia.

Vacuum-assisted closure (VAC) therapy is a non-invasive, active, wound management system that exposes a wound bed to local sub-atmospheric pressure contained within a closed environment. By creating this closed, negative pressure environment, VAC therapy removes fluid from the extra vascular space, improves circulation, enhances the proliferation of granulation tissue, increases bacterial clearance and hastens wound closure.

Basic wound care principles must be adhered to prior to the initiation of VAC therapy. Proper debridement of devitalized tissues is essential to eliminate any potential nidus for bacterial growth and to allow for successful wound closure following VAC therapy. Incomplete wound debridement prior to the application



Contaminated, devitalized open thoracic wounds subsequent to a dog bite 48 hours earlier



VAC placement, after wound debridement and lavage

...Professional Interest Article continued

of VAC therapy may result in the proliferation of granulation tissue over necrotic tissues, delaying wound healing and promoting abscess formation.

The frequency of VAC bandage changes depends on the characteristics of the individual wound. VAC bandages are typically changed every 48-72 hours, although with initially traumatic or highly contaminated wounds the bandage may need to be changed every 24 hours to allow for adequate debridement. If VAC bandages are left in place for more than 4 to 5 days, granulation tissue may grow into the pores of the open cell foam requiring surgical removal of the foam bandage.

Dr. Alastair Coomer utilizes VAC in many clinical scenarios, including snake-bites, shearing and degloving injuries, bite wounds, septic peritonitis, skin grafting and many others. Veterinary Surgical Centers now has a VAC therapy unit and welcomes your consultation or referral for wounds or other soft tissue pathologies.



72 hours after VAC placement;
healthy, contiguous
granulation tissue



72 hours after VAC placement;
wound closure

NEWSROOM FEATURES

CONSTRUCTION HAS BEGUN

Groundbreaking for the remodel of the referral center at 1048 University Avenue in Berkeley is underway! The modifications will expand reception areas and examination rooms, increase cage space and treatment areas, and modernize the operating suite. We look forward to sharing our renovation with you at an open house to show off our new and improved facility at its completion.

RESOURCE CORNER



www.dogfoodanalysis.com

Dog Food Reviews: An independent site for dog food information, ratings and reviews.



www.dogramp.com

Telescoping Dog Ramp: A great resource for lightweight, telescoping ramps for the canine friend having difficulty jumping into the car or onto the bed.



www.luckypupdesigns.com

Lucky Pup: Designer collars and tags for the "rock 'n roll dog", this is a great source for retro canine apparel.

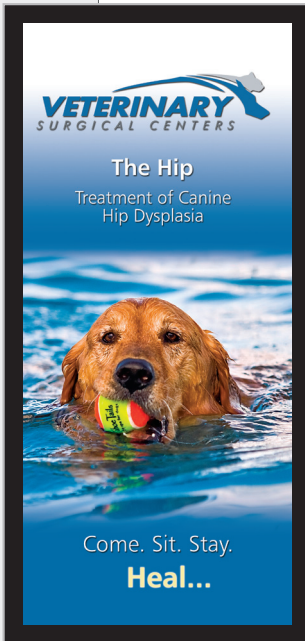
FEATURED BROCHURE

TREATMENT OF CANINE HIP DYSPLASIA

This issue's featured pamphlet summarizes canine hip dysplasia and potential physiologic changes consequent to the condition. It further describes diagnosis and a number of treatment options including pelvic osteotomy, femoral head & neck excision, total hip replacement and juvenile pubic symphysiodesis.

This is an excellent tool to supplement the alternatives and information you already provide your clients. The brochure is also a useful mechanism for your staff to achieve greater familiarity with these procedures as well as cultivating a common language to use with each other and with your clientele.

This and other brochures can be found at and downloaded from our website at www.vscdsurgerycenters.com. Simply access the appropriate pamphlet under the drop-down menu or click the link under "disease conditions" on the home page. For complimentary copies of any of our brochures or business cards email us any time at deltasurg@yahoo.com.



This issue is fondly dedicated to the memory of Petra, beloved dog of our Technician Manager, Christine. She loved greatly, was greatly loved and will be missed by all who knew her...



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