



Reflections on the “Human-Animal Bond” Part II Lessons in Creative Play

One Saturday morning last month, as I was walking down the hall from the family room to the kitchen, I passed by our children’s play room. Inside I saw Eva, our 5 year old, dressed in a fairy costume ‘hosting’ a tea party that included our 18 month old daughter Emery, still in her jammies, a stuffed unicorn, an Elmo doll and Addison, our Japanese chin dressed in a miniature pink ballet tutu and barrettes in the fur of her ears. This scene was both amusing and reminiscent of many I remember from growing up in which my sister would dress Sam, our cat, in doll clothes and push him around in a baby carriage. It’s moments like these that reinforce what I’ve come to learn, that our first daughter Eva has a phenomenal imagination – one that can find fun and make believe in almost any endeavor and almost any environment. I am but an amateur in my understanding of the nuances of childhood development, but I have come to know that imagination and creative play are crucial and necessary parts of a child’s development of coping skills.

Being a veterinarian for almost 20 years, I have seen many pets at the hospital brought in with all kinds of dress, costume, and paraphernalia including purple and blue fur-streaks, painted nails, leather chaps, diapers, and even a bustier. In my more simplistic way of thinking, I’d always ‘tolerated’ such folly as amusing – yet somehow I always found myself concerned that ‘dressing’ animals up as if it were Mardi gras lacked a certain dignity. I have even found myself wondering at times – what these dressed up pets might say if they could speak?

So, on this particular Saturday morning, I found myself confronted with quiet a paradox. Could the dignity of Addison our family dog be in the process of being compromised with her ballet attire and forced attendance at a tea party with a unicorn, a toddler, Elmo and my five year old daughter? While standing there

staring into the center of this peaceful tea party, I was struck by the notion that Addison did not appear ‘horrified’ or ‘frightened’ or in desperate need of retirement to safe ground. In fact, she seemed quiet and content, curled up next to Eva, seemingly listening to the endless imaginative chatter of a five year old who gently stroked her and showered attention onto her. What seemed to come over me next was that perhaps this was no paradox after all. In fact, perhaps my preconceived ideas of dignity needed some fine tuning! What was in front of me, for my own eyes to witness was more than the contentedness of a tea party without controversy. What was there for me to see was a happy, loved, and peaceful family pet. What I saw there in the play closet was the attention, validation, gentle touch, and imagination of a 5 year old little girl toward another living being – one for which she deeply and richly cares for. Can there really be any better example of dignity than that? Consequently, rather than being at ‘odds’ with my sense of how dignity may be displayed, it seems to me that I was literally witnessing dignity before my own eyes.

So, although it may still seem ridiculous to conceive of a bubble-headed brachycephalic spaniel in a pink tutu, I can graciously admit that through creative play I have learned a new way of viewing how the human-animal bond has made me see pet companionship in a wholly dignified way.

We look forward to bringing the final installment of ‘Reflections on the Human-Animal Bond’ later this fall. Until then, enjoy your long summer days!

Sincerely,

John J. Haburjak, DVM Diplomate ACVS

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THE SURGEONS OF VSC



FEATURED MEDICAL CASE

ADVANCES IN OCD MANAGEMENT AND PROGNOSIS

PATHOGENESIS

Osteochondrosis represents a disturbance of endochondral ossification, with failure of deeper cartilage layers to mature and mineralize appropriately, resulting in thickening of articular cartilage. Common breeds affected include: Labrador Retrievers, Golden Retrievers, Newfoundlands, Mastiffs, Great Danes, and German Shepherds.

OC lesions may remain dormant, or can (naturally) progress to osteochondritis dissecans (OCD) by cleavage or fracture of abnormal cartilage. Displacement of the osteochondral flap, resultant articular incongruity and exposed subchondral bone results in effusion, synovitis, subchondral edema, sclerosis, and degenerative joint disease (DJD) causing pain and lameness.

TREATMENT

Surgical treatment of OCD has typically included removal of the diseased articular cartilage (flap), followed by debridement or osteostixis of underlying subchondral bone to stimulate fibrocartilaginous ingrowth. Most dogs improve clinically with surgical management, but most continue to have lameness, and all have inevitable and progressive DJD.

Prognosis after palliative surgery is variable, and related to anatomic location, necessary lifestyle/function post-operatively and lesion location. In the shoulder, lameness commonly resolves and the long-term outcome is favorable, particularly after arthroscopic management. However, up to 25% of cases managed by arthrotomy and debridement may have a poor outcome; and large (versus small), caudocentral (versus caudomedial) lesions have universally been associated with suboptimal clinical outcome.

Many dogs with OC of the elbow and stifle will have poor outcomes with traditional (surgical or nonsurgical) treatment. These poor outcomes are generally attributed to loss of articular cartilage and subchondral bone structure, inferior biomechanics of reparative tissue, incongruity, and/or

...Featured Medical Case continued

or pre-existing or subsequent secondary OA in these high-demand and complex joints. Therefore, for large caudocentral shoulder OC lesions, and any OC lesion in the stifle, elbow or hock, we typically provide clients a guarded-to-poor prognosis for high-level, pain-free function in the long term with traditional treatment.

OAT PROCEDURES:

Osteochondral autograft transfer (OAT) procedures involve transplantation of one or several cylindrical cores of normal articular cartilage and underlying subchondral bone. Donor cores are harvested from a region of limited load bearing, to an osteochondral defect in a load-bearing area. OAT procedures allow accurate reconstruction of subchondral and articular contour, resurfacing with hyaline or hyaline-like cartilage, and creation of an immediate barrier between synovial fluid and subchondral bone.

Preclinical and clinical outcomes after OAT procedures have been reported in the canine elbow, shoulder and stifle joints - all with repeatable success. Donor sites from the canine stifle have been established and currently represent the only reliable available source of canine donor osteochondral autograft material. OAT grafts from the sulcus terminalis and medial trochlear ridge of the femur are used to reconstruct OC defects in the shoulder, elbow and stifle. For very large OC lesions, multiple smaller OAT cores are transplanted in a mosaicplasty, to more anatomically reconstruct the articular contour. (Figure 1 & 2)

OC of the stifle and shoulder have also been successfully treated with OAT procedures, and are less technical than the elbow, thanks to a more uniform articular surface. In one study of stifle OAT procedures, all dogs showed significant improvement in their lameness and quality of life, 6-15 months post-operatively. In this same study, over 15% of dogs were completely free of pain and lameness after surgery.

IMPORTANT POINTS

- OC is a common cause of lameness in large, young dogs
- Surgical treatment should be considered for any dog with clinical pain/lameness attributed to OC
- Arthroscopic debridement of shoulder OC is consistently successful for small or caudomedial lesions on the humeral head
- Very active dogs, dogs with large/caudocentral shoulder OC, or dogs with elbow or stifle OC usually have suboptimal outcomes with traditional treatment
- OAT procedures represent an important advance in OC management, and dramatically improve the prognosis for a majority of dogs
- OAT procedures are now available by consultation at both VSC locations: Berkeley and Dublin
- contact info@vscsurgerycenters.com if you have any questions, or would like to refer a case for evaluation and possible OAT procedures.

Alastair R. Coomer BVSc, MS, Diplomate ACVS

NOTABLE NEWS

*Dr. Kimberly R. Carlson, DVM, Diplomate ACVS
DEPARTS FROM VSC*



All of us at VSC would like to wish a heartfelt farewell to Dr. Kimberly Carlson, who has parted professional ways with VSC. Kim was part of the VSC team since September of 2006, and we have sincerely appreciated all of Kim's hard work and dedication while part of the VSC team. We share in her excitement for her future opportunities and wish the best for her. Take care and best wishes from VSC!

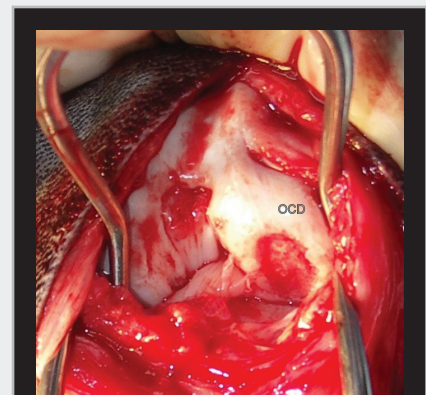


Figure 1

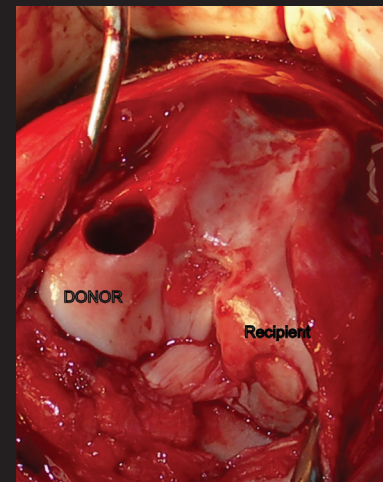


Figure 2

NOTABLE NEWS

VSC IS GROWING!

We would like to express our warmest welcome to several recent additions to the VSC team. Erin R. Paster, DVM Diplomate ACVS has joined the VSC team of surgeons offering specialty and referral surgery to the SF Bay Area. Her academic path has included stops at the U. of Minnesota, Michigan Veterinary Specialists, Veterinary Specialists of Rochester, in New York, the U. of Pennsylvania, and U.C. Davis. Soft tissue surgery for critical patients and extrahepatic biliary surgery are clinical interests. See Dr. Paster's full bio on our website: www.vscdsurgerycenters.com

We'd also like to welcome our two newest technicians, Erin Phillips and

Amanda Terry. Erin is an RVT with 4 years of experience. She lives in San Francisco with her partner Tobias, has two short dogs named Thor and Ripley, and is a skater for roller derby.

Amanda comes to us with eleven years experience, and has had a career as a vet tech since her very first job. She is from Hayward, and has recently started culinary school to pursue her passion for cooking.



PROFESSIONAL INTEREST ARTICLE

Wound Management: Passive And Active-suction Drains PART II: USE OF ACTIVE DRAINS

DRAIN REMOVAL

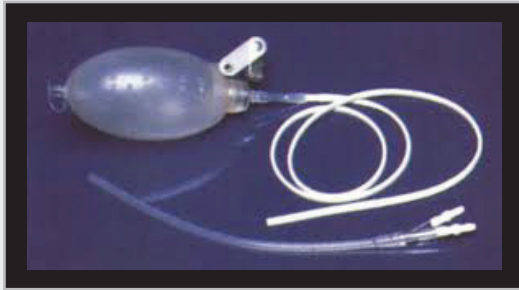
Active drains, such as Jackson-Pratt drains, increase drain efficiency and reduce associated infection when compared to Passive drains. Negative pressure is applied to active drains intermittently or continuously with continuous suction reducing risk of occlusion from fibrin or blood clots and encouraging tissue re-apposition. Vacuum literally draws the pocket shut, keeps it closed, and allows fibrin adhesion to rejoin the two wound surfaces. There are a number of commercial closed suction systems available with most providing approximately 30-50mmHg of negative pressure. Active collection systems should be emptied frequently to maintain constant negative pressure as most collection systems begin to lose effective suction when the reservoir is over half-full. The volume of fluid should be measured, cytologically examined and recorded as these data are key indicators in deciding when to remove the drain.

Drains are foreign bodies and will, themselves, cause drainage until removed. Drains made of latex tend to incite more inflammatory reaction than do drains made of silicone. Removal of drains placed to prevent accumulation of serous fluid depends on the size and nature of the wound and the potential for complications if a seroma develops. The major disadvantage of drains is that they can potentially serve as retrograde conduits for skin contaminants to enter the wound. Further, they do impair tissue resistance to infection, reducing the amount of bacteria required to cause an infection by a factor of 10,000. While it is not always necessary to obtain cultures following the routine use of surgical drains, it may be useful in patients whose drain sites may be infected or in pyrexic patients.

Finally, draining wounds can be managed by vacuum-assisted closure (VAC) techniques in which continuous negative pressure removes fluid and desiccated tissue, enhances blood flow through the affected region, lowers bacterial levels, stimulates cell growth, closes wound edges and promotes granulation tissue. This technology is available at both our Berkeley and Dublin site; please see the Winter 2009 newsletter for details about and indications for this technology.

Regardless of type, drains should be protected from the patient and the environment by:

1. Placement and maintenance of e-collars;
2. Patient restriction to a clean, dry and safe setting;
3. Appropriate bandaging and dressings; and
4. Frequent monitoring



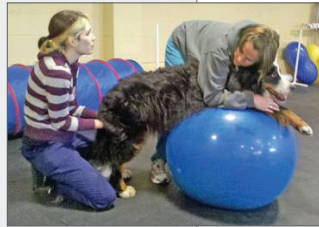
REMOVAL OF DRAINS

1. Remove drains when discharge is serosanguinous and the volume has diminished to $\frac{1}{4}$ or more of the original drainage, usually in 2-5 days. Alternatively, remove the drain when the volume accumulating is at or below 1ml/kg/day (this represents the amount of lymphatic fluid that is normally present in the region of the wound).
2. Use caution! Avoid disrupting the skin-wound bed interface.
3. Verify that the entire drain has been removed: Penrose drains should have a clean, cut edge and should not appear jagged or torn.
4. Consider culturing the buried tip of the drain to monitor for residual infection or development of nosocomial contamination.

John J. Haburjak, DVM Diplomate ACVS

NEWSROOM FEATURES

MAY 12TH GRAND OPENING OF HOLISTIC VETERINARY CARE!



Congratulations to Dr. Richter and all our friends at Montclair Veterinary Hospital on the grand opening of their newest facility, Holistic Veterinary Care in Oakland. Holistic Veterinary Care provides complementary medicine for animals, including acupuncture, herbal medicine, chiropractic care, rehabilitation therapy, pulsed signal therapy, nutrition counseling, swimming for fun and exercise, and vaccinations for dogs and cats. Holistic Veterinary Care is located at 4382 Piedmont Ave. Oakland, CA 94611.

RESOURCE CORNER



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Veterinary Surgical Centers is now on Facebook! Come check us out and get a glimpse of the different sides of VSC. You'll find behind the scenes photos, interesting and fun links, upcoming event info, and more.



www.trupanionpetinsurance.com

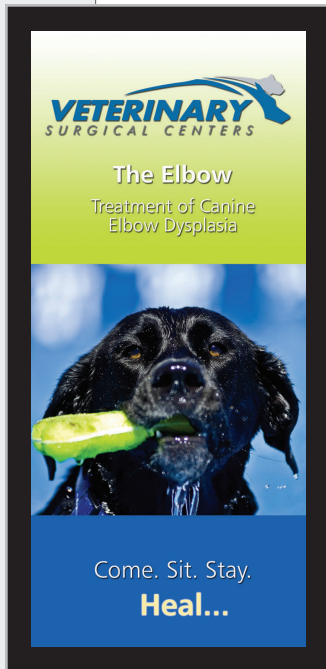
For many of us, our pets are just like another member of the family, and like any member of the family there is a chance of a major healthcare crisis within their lifetime. These incidents can be emotionally and financially draining, which is why pet health insurance is something worth considering. With pet health insurance, you'll be able to provide your puppy, kitten, dog, or cat the best medical care possible.



www.dogster.com

If you fancy yourself a dog person then this site is for you. It is packed with all sorts of articles and information, from extensive dog breed profiles, to health and care, to behavior and training, and much more. The site has the format of an online magazine which keeps things fresh, interesting, and relevant, with large volumes of information, making it a highly educational resource for dog lovers.

FEATURED BROCHURE



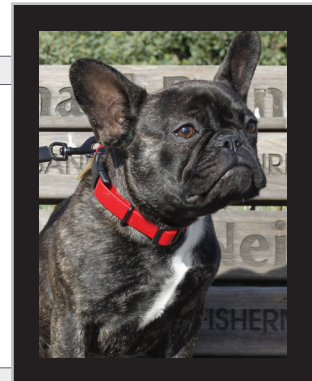
THE ELBOW

This month's featured brochure offers insight into the treatment of canine elbow dysplasia. The brochure provides an explanation of the condition, diagnosis information, treatment options, and the future of treatment.

This is an excellent tool, in conjunction with a doctor's examination, to help supplement an owner's understanding of what is going on with their dog, and what options they have, prior to making a treatment decision. The simple language and helpful images of this particular pamphlet also make it a valuable resource for any staff and clientele who want to develop a fundamental understanding of canine elbow dysplasia.

This and other brochures can be found at and downloaded from our website at www.vscdsurgerycenters.com. For complimentary copies of any of our brochures or business cards email us any time at info@vscdsurgerycenters.com.

This newsletter is dedicated to "Olive" Coomer. Olive is a one year old female brown/brindle French bulldog weighing seventeen pounds. Sorrowfully, Olive went missing on May 9th at approximately 10am on Mountain Boulevard (Broadway and Florence) in Oakland. She was wearing a red collar with a heart shaped tag. If you have any information please call 510-595-4600.



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