VETERINARY
SURGICAL CENTERS

Reflections on the "Human-Animal Bond"
Companions for Our "Firsts"

This past weekend I was daydreaming and recalling some family memories from 2010, including one very sad event for us, the untimely passing of our family rabbit. What seemed so odd to me about my recollections were my own actions when we realized that he had developed 'gut stasis.' Knowing very little about rabbits, I rallied to VIN sites, called a group of 'rabbit' veterinarians whom I know (after-hours!), arranged ultrasound studies, and desperately shuttled him between daytime and after-hours clinics. Our family seemed at a standstill for the three days that he remained in the infirmary, and I vividly remember when the call came in that "he didn't make it." My wife and I were stunned, as he had seemed to be improving, and then there were the tears as we tried to organize our plan for telling our four year old daughter Eva what happened to her bunny.

For me, my sorrow represented a transformation. Originally, when my wife and daughter returned home from the local feed store with a rabbit hutch, corn cobs and nuzzle sticks, as well as a shoe box with a baby dwarf lop in it, I was not happy! Up to that point there had been several 'family' discussions in which the topic of a rabbit came up. I was adamant, as I rationalized that the endless 'mammal collecting' that dual veterinary households seem apt to feature must stop somewhere. My wife countered with many persuasive arguments such as: "they can be litter box trained," "they are gentle companions for little girls," and the kicker… "Eva really, really wants one." Even with these rather compelling attempts, I remained stoic in my resolve. So, at the moment they walked in, I was flabbergasted. My daughter, in an attempt to mediate the substantial tension suggested, as a peace offering, that I had been selected with the honor of naming our new rabbit. After my mood warmed a bit, but in my otherwise humorless state, I named him "Stew."

Stew-stew was a much loved and well fed rabbit! And, over the course of his short life, Stew had become very important to Eva. So important that she had even proclaimed, "When I go to college, I want Mama and Stew-stew to come... and you can come too Papa, if you don't have to work."

Since his passing, I've considered what this pet meant to our little girl. Stewart was the very first pet Eva had picked out by herself (with my wife catalyzing in the background!). In his daily care, there had grown a bond between Stew and Eva. This bond was even more unique in that Stew was her very first pet. And, in being a 'companion in this first' he entered a special, cherished and soulful place in the life of our daughter. In realizing this, I have come to understand that there can be many more pets, but only one steward of this important milestone for her.

In the moments that I reflected on this thought, the names of the pets of my past, and all the milestones they have been part of unfurled themselves to me. I wonder if I would be the person I am today without their company on my journey?

This year, our group has elected to dedicate our newsletters to the 'Human-Animal Bond.' In 2011, please share with us as we reflect on the importance animals have to us and our lives. I look forward to sharing these thoughts.

Sincerely,

John J. Haburjak, DVM Diplomate ACVS
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HIGH TECH HIGH TOUCH VSCD

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. info@vscdsurgerycenters.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

THE SURGEONS OF VSC

John J. Haburjak *Kimberly R. Carlson* *Alastair R. Coomer*

FEATURED MEDICAL CASE

FOXTAIL MIGRATION

Wally

Every summer in Northern California (and around the world), foxtail barley (Hordeum jubatum) matures and becomes the bane of adventurous outdoor pets and their owners. This summer was no exception, and with a combination of clinical suspicion, advanced imaging, and good luck, we were able to help a number of dogs with foxtail related morbidities.

Foxtail spikelets are adapted for animal dispersal. That is, they disarticulate easily. The barbs cause the foxtail to cling to fur, and the movement of the animal causes the foxtail to burrow into the fur, permitted to move only one direction (inward) by the barbs. Therefore, the foxtails can become irreversibly lodged.

Muscular movements (or air flow, in the case of nostrils) can cause the foxtails to continue to migrate through soft tissues, causing infection and physical damage to associated tissues.

Foxtails that have progressed no further than the hair or skin, are readily removed. Once a foxtail has passed beneath the skin however, it can be difficult to diagnose, and clinical cases may be managed as chronic abscesses. The regional disease and inflammation is often extensive during acute or recurrent episodes, but is readily consolidated with a course of broad-spectrum antibiotics. This "resolution" can lure pet owners into a false sense of security, and many dogs will have dramatic relapses unless the offending foxtail is retrieved. Unfortunately, because radiography and ultrasound rarely identify plant material as small as a foxtail, pre-operative identification and surgical planning are difficult. Advanced imaging (CT, CT fistulogram, MRI) have revolutionized this planning, and have therefore greatly decreased the associated operative morbidity.

...Featured Medical Case continued

Wally exemplifies this clinical dilemma, and evolution in diagnostic imaging.

Wally, a 4-year-old male neutered Plott hound, was presented to VSCD for evaluation of a persistent and recurrent 10cm fluctuant swelling in the right paralumbar fossa of six weeks duration. Five months earlier Wally had previously been evaluated by his family veterinarian for a nonproductive cough and fever. Diagnostic workup at that time was consistent with mild-moderate bronchopneumonia and equivocal pancreatitis. The cough and fever responded to a four-week course of enrofloxacin. However, Wally presented again in late summer for a right paralumbar fossa abscess. Culture of the exudate yielded a polymorphic growth of E.coli and corynebacterium species, raising suspicion for a migrating foxtail or plant material.

Based on susceptibility testing, a two-week course of ampicillin and enrofloxacin was prescribed to consolidate the paralumbar disease in preparation for imaging and surgery. CT and CT fistulogram were performed and revealed a right abdominal subcutaneous abscess and cellulitis, with sublumbar myositis suspected to be originating from a small linear foreign body within the sublumbar musculture subjacent to L3-L4. (Fig 1)

Based on the 3D spatial localization provided by contrast CT, we explored the right paralumbar fossa (Fig 2 & 3) and extended this dissection to the retroperitoneal sublumbar musculature, identifying and retrieving a single foxtail spikelet. (Fig 4)

Wally was discharged 48 hours after surgery and has not had a recurrence of his paralumbar swelling or pain in the three months post-operatively.

Wally's case is a great and humbling example of the merits of advanced imaging in reducing operative and perioperative morbidity for suspected and confirmed foxtail disease.

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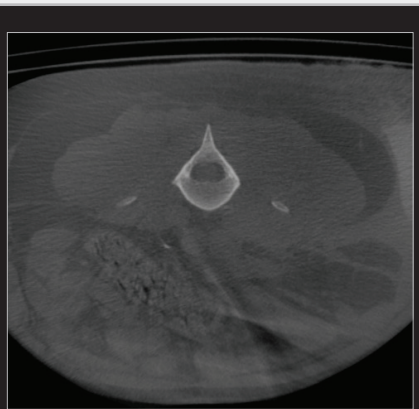


Figure 1: CT Assisted Fistulogram

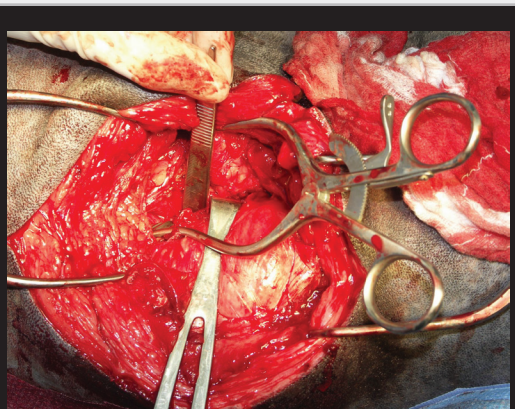


Figure 2: A graduated Bard-Parker number 3 handle highlighting the depth of the surgical dissection beneath the longissimus muscles

Figure 3: Closure of the surgical incision with closed suction drains in place

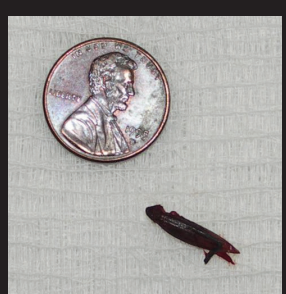


Figure 4: The offending foxtail spikelet - a little smaller than a penny

NOTABLE NEWS

GREG GOODMAN ACCEPTED TO MBA PROGRAM

VSCD would like to offer its heartiest congratulations to our Chief Operations Manager, Greg Goodman B.S., RVT for his recent acceptance into St. Mary's University MBA program. Though his full-time presence will be greatly missed by the staff, we unreservedly support him, and wish him the best of luck in what promises to be a bright future for a gifted and deserving individual.

SAINT MARY'S COLLEGE of CALIFORNIA

NOTABLE NEWS

GADGETS, GIZMOS, AND GEAR, OH MY!

New equipment has arrived! We now have VAC assisted wound closure units, Ligasure units, and 1.0mm trauma sets for our miniature patients. All these new devices can be found at both the Pets Referral Center in Berkeley and VetCare in Dublin. We are excited by our increased capabilities, which will undoubtedly allow us to continue to provide the best possible treatment and care for your patients.

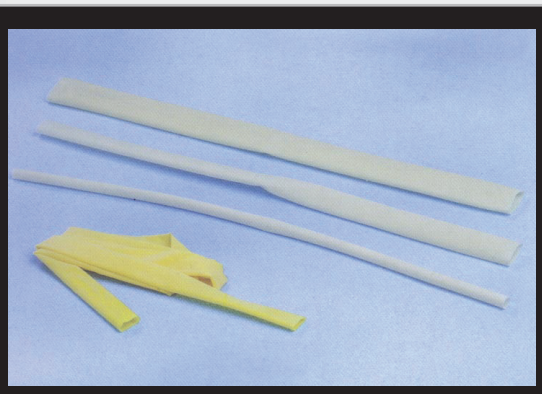


Figure 1a

Figure 1b

PROFESSIONAL INTEREST ARTICLE

WOUND MANAGEMENT: PART I
PASSIVE AND ACTIVE-SUCTION DRAINS

Uses and Indications

Dead space is a cavity in the subcutaneous tissues which, after wound closure, retains air. Dead space can allow the accumulation of blood and serum in a warm, moist environment ideal for bacterial proliferation. There are only two effective ways to ameliorate these effects of dead space: compressive dressings and drains. Although dead space can be reduced by layered wound closure and suturing technique, these methods are only partly effective in obliterating wound dead space. These techniques serve to compartmentalize rather than abolish dead space. Further, certain high motion areas of the body, such as the inguinal or axillary regions, are particularly prone to formation of seromas and are not amenable to tacking sutures. Drains are used to prevent the formation of a hematoma and/or to evacuate potentially harmful fluids (blood, exudate and serum) which can easily become infected and result in tissue irritation or breakdown of overlying structures. Drains can also be used to monitor leakage or to divert body fluids away from a particular surgical site. Drains may be superficial (placed in the wound) or deep (intra-peritoneal or in a hollow organ or duct), and can be passive or active. Drains are commonly used to facilitate draining wound beds when grafting techniques are applied. The extent and site of surgery will influence the type and number of surgical drains used.

Use of Passive Drains

Passive drains, such as Penrose (see 1a) and closed gravity drains (see 1b), rely on gravity for fluid evacuation. These are most commonly used for emptying the subcutaneous space and are most effective used in combination with external, compressive bandages. Ideally, passive drains should be used in clean wounds only if the exposed end of the drain and the wound can be covered with a sterile dressing. Unless a Penrose drain is covered sterilely, bacteria that come into contact with the exposed drain can be cultured at the tip of the interior portion within 6 hours of exposure. Superficial, passive drains should be secured to the skin at the most dorsal aspect of the wound, should exit through a stab incision at least 1cm from the primary incision, and positioned so gravity will best encourage flow.

...Professional Interest Article continued

Preventing Complications with Drain Use

1. Use the smallest diameter and the fewest number of drains possible.
2. Drains should not exit or lie directly under the initial wound or primary incision.
3. No part of the drain should be in contact with haired skin.
4. Drains should be secured to the skin so that they cannot be inadvertently removed and cannot retract into the wound.
5. Drains should be protected from the patient and the environment by placing e-collars, keeping the pet in a clean, dry environment, and restricting exercise.
6. Remove drains as soon as prudent.
   a. The longer a drain remains in place, the greater the risk of infection to the drain site and surrounding tissues.
   b. Prolonged drain maintenance can also lead to the development of granulation tissue making drain removal locally traumatic and more painful to the patient.

Kimberly R. Carlson, DVM, Diplomate ACVS
John J. Haburjak, DVM Diplomate ACVS

NEWSROOM FEATURES

OPEN HOUSE
FEBRUARY 9th, 2011

Phase III of PETS Referral Center's construction and remodeling project is now complete, and we would like to invite you to join our open house celebration on Wednesday, February 9th 2011. We will be showcasing our newest improvements, including the much cozier and spacious entry and reception area, as well as all the facility improvements and increased capabilities from phases one and two of the project. We look forward to seeing you there!

RESOURCE CORNER

PETIZENS
Social Networking for pets and their owners

www.petizens.com

Tired of running into the same old people or just people in general on traditional social media sites? Well this one's for the birds… and cats, dogs, hamsters, or any other of your beloved critters. Create a profile for your pets the way you know they would for themselves if they had thumbs. And of course, network with other humans who love pets too.

www.coolpetproducts.com

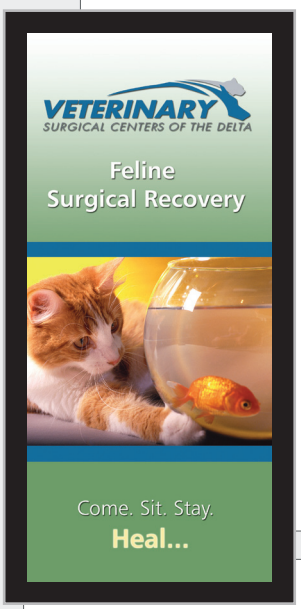
Find the most unique and innovative products for your dog, cat, bird, or fish. You will find items from the practical to the zany, and everything in between. The site groups products by each of these four pet types or has a site search feature. It also includes a link to the product's seller.

FDA U.S. Food and Drug Administration

www.fda.gov/AboutFDA/Transparency/OpenGovernment/ucm225435.htm

A list of pet food recalls dating back from January 1, 2006 until the present. Downloadable in Excel and PDF formats.

FEATURED BROCHURE

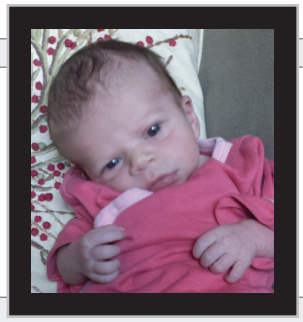


FELINE SURGICAL RECOVERY

This month's highlighted pamphlet features advice for taking care of recovering feline surgery patients upon returning home. The information is broken down into an easy to follow question and answer format, covering the most pertinent and commonly asked questions that arise following a feline surgery. The brochure covers a wide range of topics including medications, activity restrictions, integrating with other pets, feeding, and more.

This is an excellent tool, in conjunction with a doctor's specific post-op care instructions, to help supplement an owner's preparedness for their feline's recovery time back at home. The simple language and format of this particular pamphlet also make it a valuable resource for any staff and clientele who want to develop a foundational understanding of feline post surgery at home care.

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 excitedly dedicated to Torunn Marguerite Goodman-Carlson (7 pounds, 14 ounces, 20" long) born to Greg and Kim 1-12-2011. Their beautiful new born daughter is the couple's first child, and an early riser, arriving at 7:38am, before the morning cup of coffee! Veterinary Surgical Centers wishes her and her tired parents a long life full of happiness, health, and service to those causes they find worthy.

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