



Veterinary Specialty & Emergency Care

RIGHT CARE. RIGHT TIME.

Fall Newsletter 2008





VSEC Surgeons Resume Travel Surgery

Back by popular demand! In an effort to provide the best and most complete surgical service to you and your clients, our board certified surgeons will once again travel to your clinic to perform surgical procedures. Our surgeons will bring a surgery nurse to minimize the impact of our visit on your clinic and staff. Additionally, epidurals will be performed on all pelvic limb procedures and selected abdominal procedures. Please call for a current rate chart or to schedule Dr. Dave Edinger or Dr. John Silbernagel for a travel surgery appointment: 608-845-0002.

Multiple Specialties Team Up to Save Lives

Several patients that have arrived at VSEC on emergency or by referral have come in with complicated presentations. Thankfully, at VSEC, boarded specialists in various disciplines have the opportunity to work together to resolve the patient's problems. Recently, a 12 year old Shih Tzu presented with a right adrenal gland tumor, a resistant E. coli urinary tract infection, and a deep corneal ulcer.

This fragile patient was carefully prepared for surgery with an anesthesia and pain management plan by criticalist Dr. Todd Duffy. Presurgical phlebotomy was performed to harvest a unit of autologous blood for potential intra-operative transfusion of the patient. The patient's blood volume was replaced with hetastarch (Hextend®), which helps limit the risk of thromboembolic complications through a dose-dependent decrease in vWf and factor VIII. The decision to perform acute normovolemic hemodilution is generally reserved for stable patients that have risk for rapid exsanguination. There are several advantages of this technique over the use of standard allogenic blood products: 1) availability of fresh whole blood with functional platelets; 2) room temperature blood, minimizing hypothermia risk; 3) no risk of immediate or delayed immunologic transfusion reaction; 4) no risk of infectious disease transmission; 5) ability to avoid "sensitizing" the patient to other DEA blood antigens, making future transfusions less risky; 6) if hemorrhage occurs, the absolute mass of RBCs lost is less given the reduced RBC volume present after the dilution with colloid. Epidural administration with morphine (not including bupivacaine) and use of a lidocaine CRI were employed to help encourage early mobility by limiting the need for systemic opioids, further minimizing the risk of thromboembolic complications. Cefoxitin was utilized to help provide coverage for both the resistant E. coli UTI and cutaneous organisms that are most likely to cause a post-operative incision infection. Keeping the available urine culture results in mind, alternative therapies would have

consisted of injectable doxycycline, a fluorinated quinolone, or TMS-SMZ. Due to the left eye ulcer, TMS-SMZ therapy was not chosen for fear of any possible compromise in tear production. Doxycycline is a bacteriostatic antibiotic, which is inappropriate to use in a patient that may have a compromised immune system (due to Cushing's disease).

Dr. David Edinger removed the large adrenal tumor with meticulous surgical technique, and the patient was recovered by joint effort of the critical care and surgical teams. His recovery was smooth and uneventful and his clinical signs of hyperadrenocorticism have since resolved.

Ophthalmologists Dr. Katie Diehl and Dr. Amy Pauli proceeded with care of a large corneal ulcer that needed aggressive therapy. The ulcer is expected to finish healing with medical management over the coming weeks.

Continuing Education at VSEC

We have had fantastic turnout for the monthly CE events held in our conference room and we'd like to thank the DCVMA for approving CE credits. We'd also like to thank all of those who have attended with excellent questions for our specialists. The November date has been changed from the 12th to the 19th (which is the third Wednesday, but different from previously published dates). Dr. Chess Adams will be speaking on the topic of Digital Radiology as requested by the DCVMA membership. In December we will take a break due to busy schedules, but we will resume CE seminars in January, 2009 on the third Wednesday of each month.

We'd love to have you join us for any of our upcoming events. We start with a social at 6:30 with beverages and light snacks and then present a topic from 7-8pm. All talks are approved for 1 CEU by the DCVMA. Please call Julie Cotton at 608-845-0002 to sign up for any of the meetings. Feel free to recommend a topic we can schedule for an upcoming event, and look for a full 2009 CE calendar in our Winter newsletter!

November 19th, 2008 *DCVMA Meeting

Digital Radiology

Chess Adams, DVM, DACVR

December 17th, 2008

Happy Holidays! – No CE event.

January 21st, 2009


CCL tears: The good, the bad and the ugly-

TPLO TTA, LFS pros/cons

John Silbernagel, DVM, DACVS

Continuing Education Events at VSEC

Eastern Veterinary Blood Bank

Eastern Veterinary Blood Bank 

Veterinary Specialty & Emergency Care (VSEC) has teamed up with Eastern Veterinary Blood Bank (EVBB) to serve as a distribution center for southern Wisconsin. EVBB is the United States' first all volunteer canine blood bank. Canine blood products have been available through EVBB for 14 years, and EVBB follows strict FDA guidelines for processing, drawing, handling, storage and shipping of the products.

VSEC stocks both DEA1.1 positive and DEA1.1 negative packed red blood cells (pRBCs). By including DEA1.1 positive donor dogs in the donor pool, EVBB has greater availability of this life-saving commodity. Although you can typically administer DEA1.1 positive blood to a DEA1.1 negative dog and not have an immediate transfusion reaction, there is greater risk of a delayed transfusion reaction and a much greater risk of a severe reaction with any future transfusions the patient may require. Therefore, all initial pRBC unit purchases for a given patient will include blood typing in the cost of the unit. Subsequent units are purchased at a comparatively reduced rate.

Canine Blood is available 24 hours a day, 7 days a week:

- Call us at (608) 845-0002 to confirm availability and to provide us with an estimated number of units needed.
- Notify VSEC whether you will also need blood administration set(s) (hemonate filters are not recommended).
- Send a courier or hospital representative to VSEC with a cooler (with ice packs if available) and a minimum of 1.0 ml of recipient blood in an EDTA tube for typing. Blood typing typically takes less than 20 minutes
- Once blood typing is completed, the type specific unit(s) will be packaged and returned to your hospital for administration. Packaging includes a product insert +/- blood administration set(s).

Alternatively, your patient can be transferred to VSEC for blood product administration and ongoing care. Please contact Dr. Duffy if you have any questions regarding blood product use.