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CUTTING EDGE

www.DFWVetSurgeons.com

Through specialty training and state of the art equipment, the DVSC is committed to providing the highest quality minimally invasive surgery for your clients and patients.

Minimally invasive surgery is becoming more commonplace in both human and veterinary surgery. Minimally invasive surgical techniques can be utilized for both orthopedic and soft tissue surgical applications. At the DVSC, we have made a commitment to providing the highest quality minimally invasive surgery for your clients and patients.

Figure 1: Arthroscopy tower/monitor demonstrating magnified intra-articular structures

MINIMALLY INVASIVE SURGERY

All of our surgeons at the DVSC have completed three-year residency programs accredited by the American College of Veterinary Surgeons (ACVS). In addition, our surgeons have completed additional specialty training in the field of minimally invasive surgery under the supervision and guidance of world-renowned board certified surgeons who have gained a reputation of being in the forefront of applications and training for minimally invasive surgery. Our minimally invasive surgical equipment is state of the art, offering us the best opportunity for a successful surgical outcome, and we are continually seeking the newest and most innovative tools to assist us in caring for your patients.

Arthroscopy

The surgeons at the Dallas Veterinary Surgical Center (DVSC) have utilized arthroscopy to treat joint disorders for the past 10 years. Advantages of arthroscopy over open approaches to joints include:

1. better visualization of intraarticular structures and pathology,
2. less pain and morbidity to the patient,
3. quicker return to normal activity,
4. ability to both diagnose and treat diseases of the joint,
5. accurately assess the degree and extent of articular cartilage damage, and
6. ability to perform bilateral procedures under one anesthesia.

During the initial consultation with your client, the surgeons at the DVSC evaluate the patient and discuss with the client whether we feel that arthroscopy may be used in the diagnosis and treatment of the problem. The client is informed that if arthroscopy is utilized, the surgeon may need to convert to an open procedure if everything cannot be completed to our satisfaction using the scope.

continued on page 2 . . .

DVSC

The highest quality surgical care for the well-being of your pet.

After-Hours Emergency Pager

214.246.2819 or 214.289.3215

Diagnosing and Treating Disorders with Arthroscopy

These are some of the specific disorders that the DVSC can diagnose and/or treat with arthroscopy.

Elbow

elbow dysplasia, fragmented coronoid process, humeral OCD, intraarticular fracture verification, microfracture technique for cartilage regeneration

Shoulder

OCD of humeral head, rotator cuff/medial compartment injury, damage to caudal glenoid cavity, biceps tendonitis, microfracture technique

Stifle

verification and debridement of torn ACL, identification and treatment of meniscal injuries, stifle OCD, caudal cruciate ligament injuries

Tarsus

identification and treatment of tarsal OCD/DJD

The Dallas Veterinary Surgical Center currently uses three completely equipped scoping towers to serve the pets of the North Texas region. At the DVSC, we routinely utilize a 1.9 mm, 2.7 mm or 4.0 mm arthroscope to perform intraarticular assessment of joint surfaces, depending upon the size of the patient. The image from the scope is displayed on a video monitor, where it is magnified to provide exceptional visualization of joint structures.

Both video and still picture images are saved for future reference and to allow for consultation with the owners in the postoperative period. Small, additional portals are made to allow introduction of a motorized shaver and small hand instruments to allow for probing and smoothing of bone and cartilage surfaces, and for removal of loose, or displaced bone chips or fragments.

In patients with ACL disease, we have the capability to debride the ACL remnants, inspect the articular cartilage surface, and evaluate the menisci arthroscopically, thereby avoiding the need for an arthrotomy. We do not routinely utilize arthroscopy for all of our ACL patients, but have the capacity to provide this service if the referring veterinarian and/or client request this. If requested, we would complete the arthroscopic portion of the surgery first, then proceed with the definitive repair of the stifle, either with extracapsular stabilization or with leveling procedures such as the tibial plateau leveling osteotomy (TPLO), or the tibial tuberosity advancement (TTA).

Postoperatively we have your clients and patients meet with our rehabilitation specialists. This consultation is included in the professional fee. The rehabilitation specialists will instruct your clients on the appropriate activity levels for the patient, as well as specific exercises which can be performed to maximize the outcome from the surgery.

Minimally invasive surgery in soft tissue applications

In addition to arthroscopy, the DVSC offers a complete array of laparoscopic and laparoscopic assisted procedures. As the demand for minimally invasive soft tissue procedures has grown, so has our commitment to providing cutting edge care for our small animal patients. The advantages of laparoscopic procedures

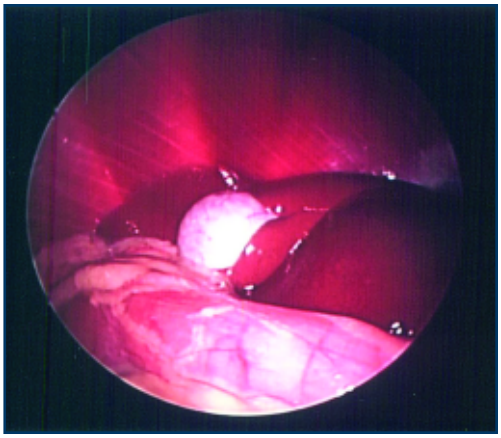

Figure 2: Laparoscopic view of liver & gallbladder

As the demand for minimally invasive soft tissue procedures has grown, so has our commitment to providing cutting edge care for our small animal patients.

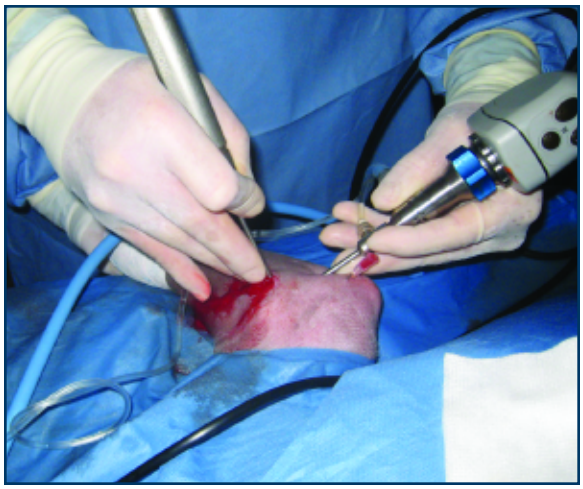

Figure 3: Removal of fragmented medial coronoid process (FCP) with motorized shaver

versus open procedures are similar to our arthroscopy patients:

1. less invasive with less patient morbidity,
2. quicker recovery time with less post-operative pain and
3. quicker return to normal activity.

During the initial consult with the client, the surgeons at the DVSC discuss the options of laparoscopic intervention versus a traditional open approach to the abdomen. Many diseases and cases presented to the DVSC are not candidates for laparoscopy. Often times, we need to be able to manually and digitally evaluate the intraabdominal organs, and a laparotomy may be recommended.

We also warn every client that if laparoscopy is recommended, and if we find that the procedure cannot be completed with the scope, then conversion to an open procedure may be necessary.

With laparoscopy the abdomen is first distended with carbon dioxide. We then introduce a 5 mm laparoscope that is connected to a video monitor. One or more additional portals are established to provide access for our hand instruments, which allow us to complete the surgical procedure. A special cauterization and cutting device (Liga Sure) is often used to facilitate removal of organs while providing hemostasis.

Following is a partial list of the laparoscopic and laparoscopic assisted procedures that may be done at the Dallas Veterinary Surgical Center.

1. Biopsies of the liver, kidneys, small intestine, stomach, etc.
2. Ovariectomy
3. Gastropexy
4. Placement of feeding tubes (jejunostomy, gastrostomy, etc.)

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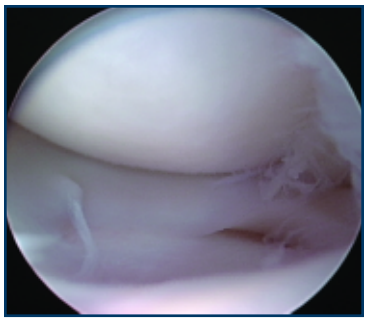

Figure 4: Normal caudal pole of the medial meniscus

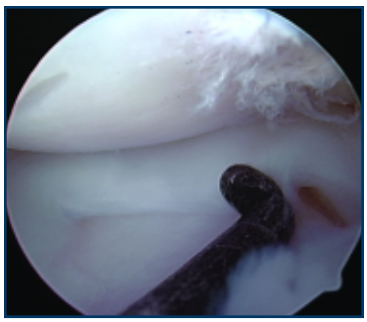

Figure 5

Above and below: Using probe to evaluate meniscal tears

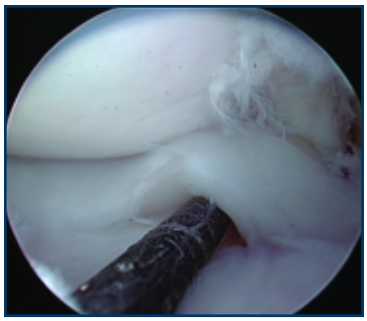

Figure 6

Our Surgeons

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MINIMALLY INVASIVE SURGERY (continued)

5. Removal of certain tumors.
6. Examination for presence of diaphragmatic hernia
7. Abdominal cryptorchid castration

As research progresses in the field of minimally invasive surgery, the surgeons of the DVSC will be able to provide more and more services to the clients and referring veterinarians of the north Texas region. If you have any questions about a potential referral of a patient requiring minimally invasive surgery, please do not hesitate to give us a call at any of our locations.

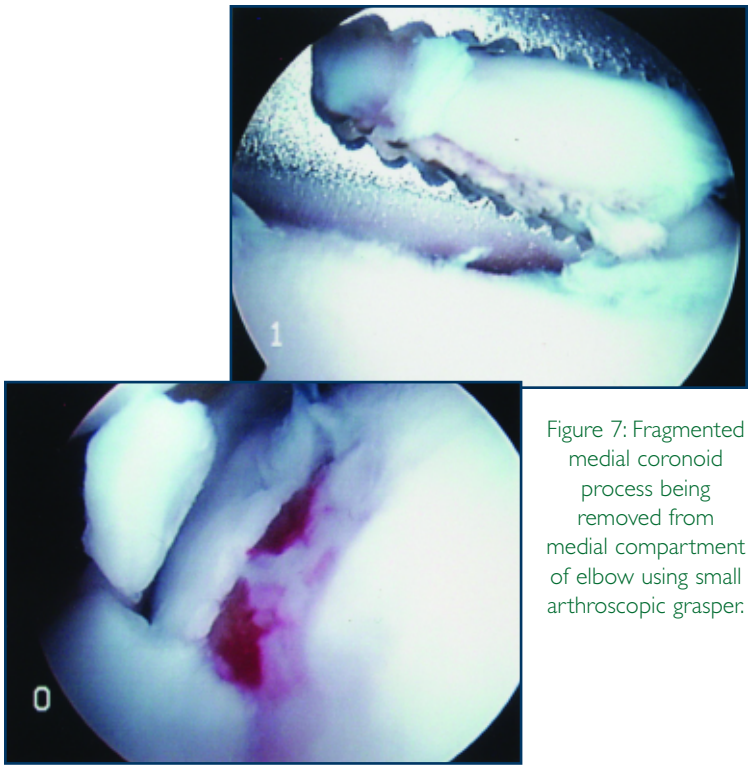

Figure 7: Fragmented medial coronoid process being removed from medial compartment of elbow using small arthroscopic grasper.

Figure 8: Multiple OCD fragments of caudal humeral head

Why Refer?

Referral of a patient and client to a specialist is a big decision. Excellent communication between all parties is essential to ensure a satisfactory relationship.

The general practitioner is the primary advocate for knowing what is medically best for their patients. Practitioners are also the primary trusted source of medical recommendations to clients. Willingness to refer a case that is challenging, uncommon, or requires special expertise or equipment strengthens the bond between the client and the primary care veterinarian. Offering referral to a specialist shows clients you are eager to serve their best interests.

The referral of cases to a specialist should benefit all involved. The practitioner proves genuine care and concern for the health and well being of a client's beloved pet when referral is recommended. The specialist is an extension of the lifelong commitment the practitioner has made to provide the best health care possible to their clients' pets.

There are several reasons for referral. The most common is basic comfort level with a particular procedure or disease process. If a surgery involves a skill the practitioner does not perform on a weekly basis, or if it would be best performed with equipment not available, referral to a specialist should be offered. Also, owners are more and more aware of the high level of specialist expertise available to their pets. Practitioners have an ethical responsibility to offer referral, but should also keep in mind the increasing trend of a litigious society. There may be potential liability for failure or complications if referral to a qualified specialist is not offered.

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