

Our Clinicians



Dentistry, Oral & Maxillofacial Surgery

Peter Southerden

BVSc MBA Dip.EVDC MRCVS
RCVS Recognised & European
Specialist in Veterinary Dentistry



Andrew Perry

BVSc MRCVS



Soft Tissue Surgery

Tim Charlesworth

MA VetMB DSAS (ST) MRCVS
RCVS Recognised Specialist in
Small Animal Surgery (Soft Tissue)



Orthopaedics

Duncan Barnes

MA VetMB DSAS (Orth) MRCVS
RCVS Diplomat in Small Animal
Surgery (Orthopaedics)



Surgery Referrals

Poppy Bristow

BVetMed MVetMed DipECVS MRCVS
European Specialist in Small Animal
Surgery



Internal Medicine

Paul Higgs

MA VetMB CertSAM DipECVIM-CA
MRCVS, European Veterinary Specialist
in Small Animal Internal Medicine



Internal Medicine

Jenny Reeve

BVSc DipECVIM-CA MRCVS
European Veterinary Specialist in
Small Animal internal Medicine



Ophthalmology

Ida Gilbert

BVSc CertVOphthal MRCVS
RCVS Advanced Practitioner in
Veterinary Ophthalmology



Ophthalmology

Mark Ames

BVSc CertVOphthal CertVDI MRCVS
RCVS Advanced Practitioner in
Veterinary Ophthalmology

Total hip replacement in a seven-year-old male English Springer Spaniel



*With Duncan Barnes MA VetMB DSAS
(Orth) MRCVS RCVS Diplomat in Small
Animal Surgery (Orthopaedics)*

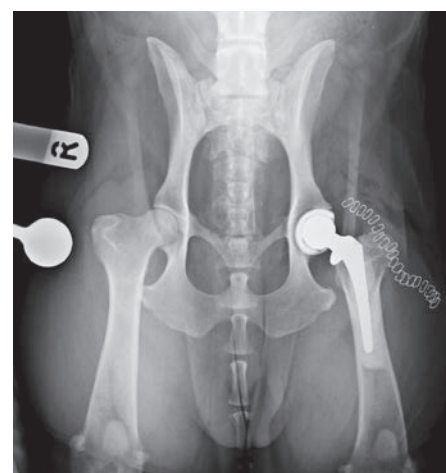
We are now offering total hip replacement using the well-developed and successful Biomedtrix Universal Hip system. Total hip replacement can be a very effective salvage surgery for a number of conditions leading to pain or loss of hip function, including hip dysplasia, chronic hip luxation and femoral head fractures.

Marley was presented with a history of progressively worsening hind limb lameness secondary to arthritis of the left hip (Radiograph 1). Despite conservative treatment with weight control, hydrotherapy, physiotherapy and multimodal analgesia he was increasingly unable to exercise and reluctant to perform normal day to day tasks. After failing to improve with conservative treatment the decision was made to perform a total hip replacement. A hybrid technique was used with a cementless acetabular component and a cemented femoral stem (Radiograph 2). He made an excellent recovery following surgery and has now been able to return to hour long walks during which he is happy to run freely. He has also been able to come off all analgesics.

Total hip replacement can offer an excellent outcome for dogs like Marley. However, it is a major surgical procedure and dogs are thoroughly assessed for suitability and clients are counselled regarding the expected outcomes and potential complications of surgery.



Radiograph 1: Pre-operative ventrodorsal radiograph of the pelvis showing osteoarthritis of the left hip joint.



Radiograph 2: Post-operative ventrodorsal radiograph of the pelvis immediately after total hip replacement using a Biomedtrix BFX cementless acetabular component and CFX cemented femoral stem.

Eastcott Referrals

Eastcott Veterinary Hospital
Edison Park, Dorcan Way, Swindon, Wiltshire SN3 3FR

Tel: 01793 528341 Fax: 01793 401888

Email: referrals@eastcottvets.co.uk

www.eastcottreferrals.co.uk

Opening Hours

Monday to Friday 7am - 8pm

Saturday and Sunday 8.30am - 8pm



Immediate Mandibular Bone Reconstruction Following Segmental Mandibulectomy in a Dog



With Peter Southerden BVSc MBA
DipEVD, MRCVS, RCVS Recognised and
European Specialist in Veterinary Dentistry

Mandibulectomy is a recognised and commonly used technique to treat a variety of mandibular tumours and severe mandibular trauma. Significant bone defects after segmental mandibulectomy allow mandibular drift towards the side of the resection resulting in malocclusion, difficulty in eating and temporomandibular joint pain. Though segmental mandibulectomy without reconstruction produces acceptable and functional results in almost all cases I believe that there are clear benefits to jaw reconstruction where this is possible.

Herbie was an eight-year-old neutered male cross breed dog that presented to Eastcott Referrals for the treatment of a canine acanthomatous ameloblastoma affecting the right mandible at the level of the second mandibular molar.

A CT scan was performed which allowed accurate assessment of the limits of tumour invasion and consequent surgical margins (Fig 1). These were drawn onto a sagittal view of the affected mandible allowing detailed preoperative planning of the resection (Fig 2).

Preoperatively a 10mm cuffed tube was placed using a transmyelohyoid approach and secured with finger-trap sutures to allow unimpeded access to the oral cavity. The mandible was initially accessed by an extraoral approach and the margins of the resection marked. A ten hole 2.7mm PAX locking plate (Securos, UK) was then contoured to the mandible and fixed with two locking screws caudal to the proposed resection and three rostral. The plate was then removed and the surgical approach temporarily closed.

The mandible was then accessed via an intraoral approach and the tumour resected precisely according to the predetermined margins using a piezotome bone saw (Piezotome Solo – Acteon) and the oral wound was closed in two layers. The bone plate was then replaced via the extra-oral approach and secured in place with four 10mm and one 8mm locking screw. A template was made to fit the defect precisely and this was used to cut a compression resistant bone grafting matrix (Master Graft Strip, Medtronic, Hertfordshire, UK) to the correct size. The CRM (compression

resistant matrix) was then infused with 1.32 mg of rh-BMP (TruScient – Zoetis) in 2.8ml of saline and placed in the defect and sutured circumferentially to the bone plate with poliglecaprone-25 to prevent movement of the graft. The extra-oral incision was then closed carefully in three layers (Fig 3).

Herbie had excellent occlusion postoperatively and throughout his follow up period. Hard tissue spanning the defect was palpable and evident on CT examination at six weeks and this had increased to more substantial bone repair at six months postoperatively. The owner reported that Herbie had returned to normal function and had an excellent quality of life (Fig 4 and 5).

I believe that the result of this procedure was considerably better in terms of recovery, comfort and function compared to a resection without reconstruction and would be very happy to discuss this with referring veterinary surgeons who have patients for whom this might be a suitable procedure.

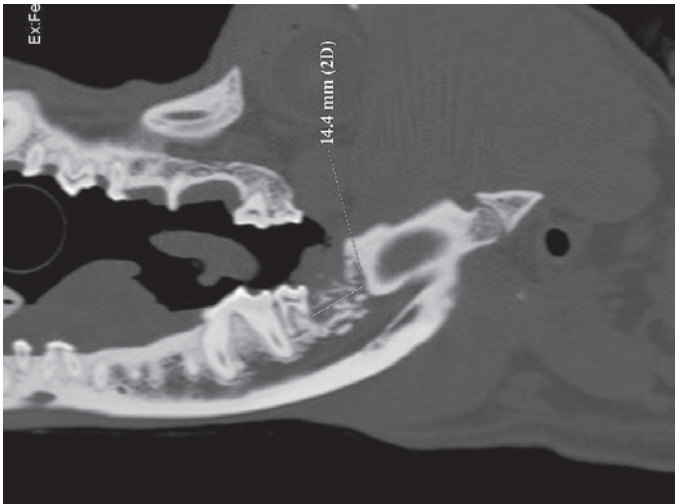


Fig 1 - Sagittal view of a CT scan showing the presence of an invasive mass at the level of the right second mandibular molar in a dog.

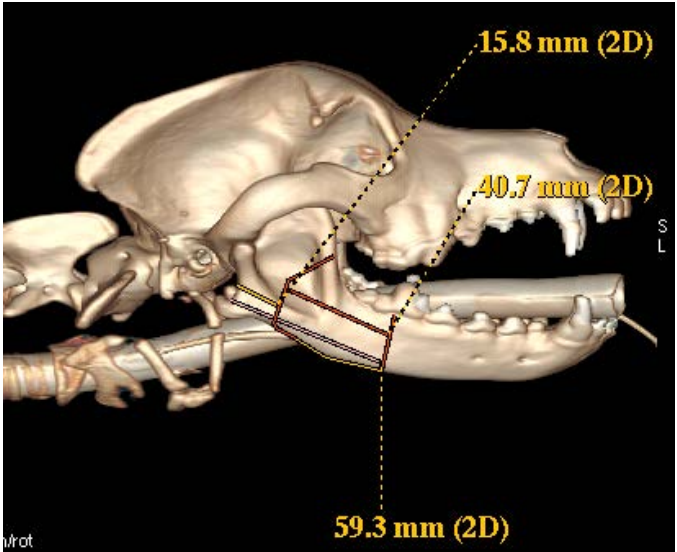


Fig 2 - Right lateral view of a three-dimensional reconstruction of a CT scan of the skull of a dog showing measurements taken for surgical planning to ensure a 1 cm surgical margin for resection of an acanthomatous ameloblastoma.

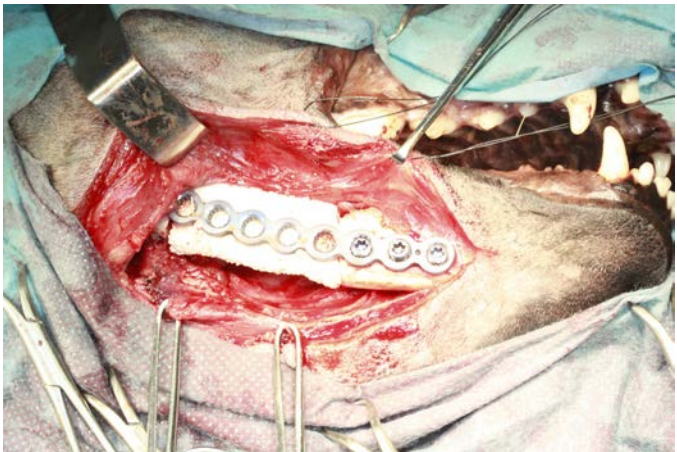


Fig 3 - Intraoperative picture showing the placement of the rh-BMP infused CRM in the defect caused by the resection of an acanthomatous ameloblastoma in a dog.

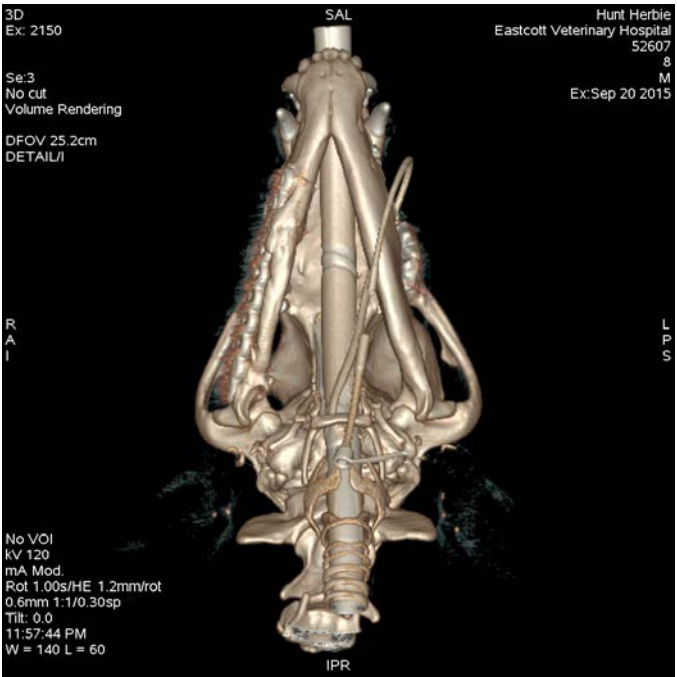


Fig 4 - Ventral view of a three-dimensional reconstruction of a CT scan of the skull of a dog taken six months post operatively showing complete bridging of the bone defect caused by the resection of an acanthomatous ameloblastoma from the right mandible.



Fig 5 - Sagittal view of a CT scan of the right mandible of a dog taken six months post operatively showing complete bridging of the bony defect caused by resection of an acanthomatous ameloblastoma.

Introducing Anne and Tara

As the first point of contact to referring vets and clients, Tara and Anne are a vital part of the Referrals team. They organise the day to day business for our rapidly growing team of referral vets. We thought it was time to put faces to the voices at the end of the phone. Tara and Anne are available between 8am until 8pm, Monday to Friday.



Anne



Tara



Upcoming CPD Courses

Small Animal Laparoscopic Surgery 2 Day Practical Course

26th – 27th January 2017

2 Day Practical Veterinary Laparoscopic (Keyhole) surgery course. For vets interested in laparoscopic (Keyhole) surgery in companion animals.

This is a very popular course and places book quickly. If you are interested in the next course, please contact us and we will notify you before it is advertised.

Information for Referred Clients

We have information and FAQ's on our website to help owners understand the referrals process. Owner can browse or download and print or the link can be emailed to them for reference.

Information for Visiting Pet Owners

FAQs for Referred Pet Owners

Welcome to Eastcott Referrals. As a visiting client we have put together a few FAQs (Frequently Asked Questions) to help you understand the referrals process. After reading, if you have any further questions or concerns, please feel free to contact us

[CLICK HERE](#) if you would like to download or print this information

- How is a referral arranged?
- What time should I arrive?
- How should I prepare my pet?
- What should I bring with me?
- Will I be able to talk to the vet before the operation/procedure?
- Where will my pet stay?
- How do I receive updates on my pet's progress?
- What is there to do whilst I am waiting if my pet is coming home the same day?
- Is there somewhere nearby that I can stay overnight?
- What happens if my pet is hospitalised?
- How can I find out how much it will cost?
- Can I claim on my insurance?
- When and how can I pay?
- Where do I go for check ups after the operation or procedure
- Directions & Map



Michelin Starred Treat for Vets

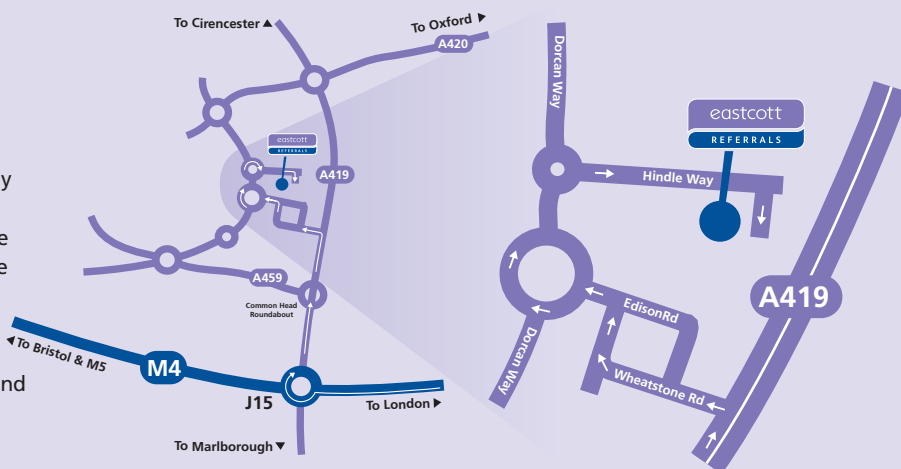
Each time you refer to us, your name will be put in a 'hat'. Every 3 months we make a draw and the winner receives £200 towards a meal at a Michelin starred restaurant near them.

CONGRATULATIONS TO **IMOGEN READ** WHO WAS OUR SEPTEMBER WINNER.

How to find us

From M4 westbound exit at junction 15 and take the 3rd exit onto the A419 signposted Swindon. Take the second turning from the A419 signposted Dorcan (B4006 - Wheatstone Road). At the end of Wheatstone Road keep right onto Liden Drive and then immediately left onto Edison road. At the roundabout take the 3rd exit onto Dorcan Way. At the next roundabout take the 2nd exit. Arrive at Edison Park, Hindle Way take the first road on the right to arrive at Eastcott Veterinary Hospital. Wheatstone Road can only be accessed from the A419 Northbound, if travelling Southbound on the A419, proceed to Common Head Roundabout and then rejoin the A419 Northbound.

For satnav follow: SN3 3RB



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