

REFERRALS Newsletter



ISSUE 4

Our Clinicians



**Dentistry, Oral
and Maxillofacial
Surgery**

**Peter
Southerden**

BVSc MBA DipEVDC MRCVS



Andrew Perry

BVSc MRCVS



**Soft Tissue
Surgery**

**Tim
Charlesworth**

MA VetMB DSAS (ST) MRCVS
RCVS Diplomate Small Animal
Surgery (Soft Tissue)



Orthopaedics

**Duncan
Barnes**

Ma VetMB CertSAS MRCVS



Ophthalmology

Ida Gilbert

BVSc CertVOphthal MRCVS



Imaging & CT

Esther Barrett

VetMB DVDI DipECVDI MRCVS

Exam Success!

Congratulations to Tim on passing his exams! Tim has recently gained the RCVS diploma in small animal surgery (soft tissue) making him one of only 12 surgeons who hold this qualification which is widely regarded as the highest level of specialist qualification in its field. We are now one of only two referral

centres in the South West with an RCVS diplomate soft tissue surgeon.

How will this affect our prices?

In short, it won't. We are not raising our fees making us an affordable choice for specialist-level soft tissue referrals.



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
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Inhaled Foreign Body in a Cocker Spaniel

"Berkely" is a 2 year old, very active Cocker Spaniel. Like most spaniels, he enjoys the sunshine and in particular, likes running through the crop fields near his home. After just such a walk, Berkely started coughing and was taken to his vets who took chest radiographs and performed a bronchoscopy which revealed lower airway inflammation and some purulent discharge from the left cranial bronchus. Berkely was placed onto a course of antibiotics for a presumptive infection but his cough persisted.

Berkely was referred to Eastcott where a CT scan was performed. This showed an area of consolidation within the left cranial lung lobe (Fig 1) and also a small abscess adjacent to the proximal left cranial bronchus which was compressing the bronchus leading to the caudal portion of the cranial lobe due to its "mass effect" (fig 2).

After failure to respond to continued antibiotics, the decision was taken to proceed to surgical exploration to remove the affected lung lobe and remove or drain the peribronchial abscess. A left 5th intercostal thoracotomy was performed and after dissecting around the hilus of the left cranial lung lobe, the abscess cavity was visible. This was in turn dissected away from the bronchus to the left caudal lobe. The left cranial lobe (both portions) was removed with a V3 TA stapling device and then the abscess caudal to this was resected and a small bronchotomy performed to remove 2 cereal awns (fig 3). All the wounds were closed routinely and Berkely made a good recovery being discharged 3 days after the surgery (Fig 4). Another cereal awn was removed

from the parenchyma of the excised lung lobe and histopathology subsequently confirmed a lobar pneumonia and E.coli was cultured and treated.

Although inhaled foreign bodies are relatively uncommon, they can cause sudden onset severe coughing and this differential diagnosis should always be considered when presented with an active breed dog with this history, particularly if symptoms persist or do not respond to trial antibiotics therapy. In Berkely's case, the cereal awns had penetrated through the bronchus and resulted in the abscess forming. If left, this abscess may have grown and ruptured leading to a diffuse pyothorax which is associated with a significant morbidity and mortality. Dogs do, however, normally recover quickly and very well from an intercostal thoracotomy and so this is truly an instance of a stitch in time saving nine. Berkely is currently doing very well and will hopefully soon be running through his favourite fields again. We just hope that he doesn't open his mouth quite so wide next time!

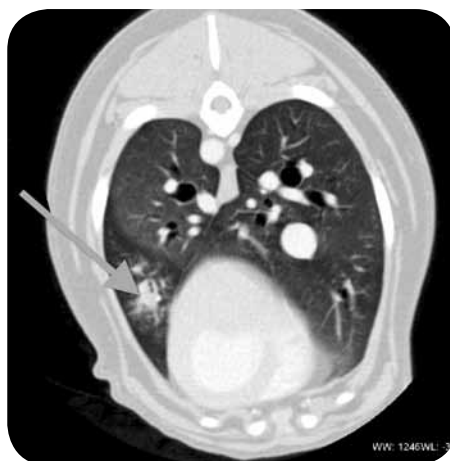


Figure 1: Transverse CT image of the mid thorax showing an area of marked consolidation within the left cranial lung lobe (arrow).



Figure 2: Transverse CT image of the mid thorax showing a peribronchial abscess (arrow) causing partial obstruction of adjacent bronchus.



Figure 3: The cereal awns removed from the peribronchial abscess and the lung lobe.



Figure 4: Berkely at the time of discharge.

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Minimally Invasive Surgery – Laparoscopy and Thoracoscopy

Eastcott Referrals was one of the first veterinary practices in the UK to start offering laparoscopic and thoracoscopic referral services and we have been performing “keyhole” surgeries here for over 5 years.

Keyhole surgery offers many advantages to both patient and surgeon.

The main advantages are:

- Smaller wounds so faster wound healing times and decreased risk of wound infection.
- Decreased postoperative pain
- Quicker return to normal activity (especially relevant to working, guide or agility dogs).
- Increased visualization of anatomical

structures – many areas that are not readily seen at open surgery can be accessed with the laparoscope (eg prostate, cranial surface of the liver). The surgical view is also magnified revealing much more detail than is usually seen.

- Decreased surgical time – many surgical procedures (eg liver biopsy) can be done in significantly shorter time than using a traditional “open” approach.
- More acceptable approach to many owners of geriatric pets who would not want “open surgery” performed.

Surgical procedures commonly performed laparoscopically include:

- Gonadectomy – ovariectomy, ovariohysterectomy (eg

pyometra), cryptorchid castration.

- Tumor staging + biopsy eg liver/ splenic masses etc
- Biopsy – liver, pancreas, kidney, bowel, lung lobe, lymph node
- Gastropexy
- Exploratory surgery
- Lung lobe biopsy

We believe that laparoscopy offers many advantages but are experienced enough that we also acknowledge that there are also limitations. We are more than happy to have a frank discussion with any vets about the potential suitability of this approach to any case. All laparoscopic/thoracoscopic surgeries are performed by Tim Charlesworth MA VetMB DSAS(ST) MRCVS.



Ovariectomy being performed with a vessel-sealing device (“VetSeal”)



Final appearance of wounds following routine (3 portal) laparoscopic spay



Grossly dilated common bile duct entering duodenum in a cat suffering extrahepatic biliary obstruction (EHBO)



Liver tumour being staged and assessed for feasibility of resection.

CT protocol to assess the hind limb alignment of dogs with patella luxation

We have developed a CT protocol to assess hind limb alignment in dogs. This protocol is especially useful for assessing dogs with medial patellar luxation. This common disease can be caused by a number of conformational abnormalities including:

- Excessive distal femoral varus
- External torsion of the femur
- Internal torsion of the stifle
- Internal torsion of the tibia

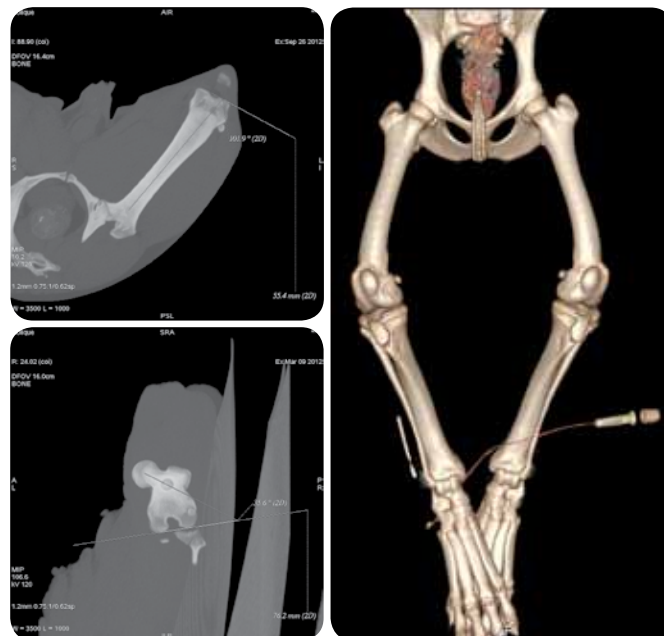
These abnormalities are very difficult to assess accurately from standard radiographs, especially where there are more extreme angular deformities or a combination of deformities present. Other factors such as the degree of degenerative joint disease and trochlear groove depth may also be assessed.

We are using this CT protocol to assess patients prior to surgery, allowing a more rational selection of the most appropriate surgical technique for each individual. Many patients are adequately treated with traditional techniques such

as tibial tuberosity transposition, wedge or block recession trochleoplasty and joint imbrication techniques. However, it identifies patients in which these techniques alone will lead to failure, and which require more complex techniques such as a closing wedge femoral osteotomy.

We are also using the protocol in a research study to establish the pattern of limb alignment changes in various different breeds of dog predisposed to patellar luxation. We are hoping to recruit further patients to this study and are keen to receive referrals of dogs for either preoperative assessment on a 'CT only' basis, or for assessment and treatment of their

patellar luxation. For CT only referrals the referring vet will receive a full assessment of the dog's limb alignment and advice on which procedures are likely to give the best surgical results.



Upcoming CPD & Talks

Oral Surgery

Wednesday 5th December 2012

Practical Dental Radiology

Tuesday 26th February 2013
Tuesday 21st May 2013
Tuesday 10th September 2013
Tuesday 19th November 2013

Practical Dental Extraction

Wednesday 27th February 2013
Wednesday 22nd May 2013
Wednesday 11th September 2013
Wednesday 20th November 2013

Nurse Dental Practical

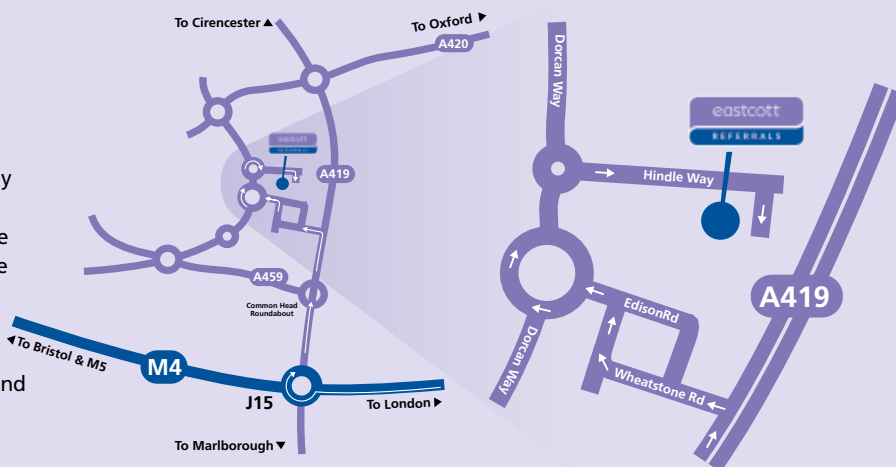
Thursday 14th March 2013

For more information on the above CPD please contact Athena Wilcox 01793 404884 or e-mail referrals@eastcottvets.co.uk.

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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