REFERRALS Newsletter

eastcott REFERRALS

ISSUE 9

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 CertSAS MRCVS

Internal Medicine

Paul Higgs

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

Ophthalmology

Ida Gilbert

BVSc CertVOphthal MRCVS

Imaging & CT

Esther Barrett

VetMB DVDI DipECVDI MRCVS

Internal Medicine

European Specialist Joins the Eastcott Referral Team

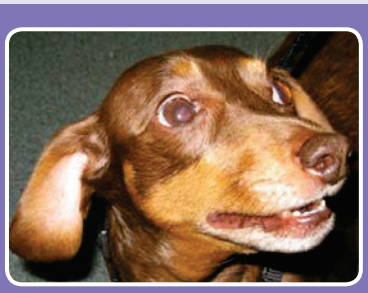
We are delighted to welcome Paul Higgs MA VetMB CertSAM DipECVIM-CA MRCVS, European Veterinary Specialist in Small Animal Internal Medicine, who is joining us as Head of Internal Medicine.

Paul qualified from the University of Cambridge in 2006. After graduating he joined a busy Small Animal Practice in Somerset with a side-line in safari animal care at Longleat Safari Park. He was made Small Animal Clinical Manager of the practice in 2009; responsible for the implementation of best practice protocols and mentoring new graduates. In 2010 he achieved the Certificate in Small Animal Medicine. Between 2010 and 2013 he then undertook a residency in Small Animal Internal Medicine and critical care at Bristol Veterinary School, following which he worked part time as a senior clinician. He was awarded Diplomate status at the European College of Veterinary Internal Medicine in 2014 and is a recognised European Specialist in this area. Paul will be starting on 7th April but will be supporting our medicine referrals from February. We continue to welcome your internal medicine referral cases and advice calls and are very much looking forward to him joining the team.

Optimum timing for Cataract Surgery

As a rule of thumb, cataracts are best operated on early, as soon as effective vision is lost. This is especially important for diabetic cataracts which can swell rapidly causing lens-rupture. If left untreated, lens-induces uveitis will cause inflammation in the eye and predispose to glaucoma which can preclude surgery at a later date. Not all eyes are suitable for surgery so an appointment should be arranged for early assessment.

Before



After

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

RCVS ACCREDITED PRACTICE CORE STANDARDS

Vet practice of the year winner

Soft Tissue

Cholesteatoma - a New Disease?

By Tim Charlesworth

Cholesteatoma is an epidermoid cyst that forms within the middle ear cavity. Contrary to what the name suggests, it is non-neoplastic and has nothing to do with cholesterol or fat. Rather, it is charaterised by a cornifying stratified squamous epithelium which produces keratin leading to a slowly expansile lesion within the tympanic bulla. The aetiology is incompletely understood but, although congenital forms are possible, they are most likely a result of chronic otitis externa in which keratinizing stratified epithelium has had the opportunity to seed and establish within the middle ear chamber.

Although in theory the cyst is benign, it can cause a range of signs relating to its position and size. Symptoms therefore include signs of otitis media – head tilt, nystagmus, circling etc but animals can also present as dogs who are reluctant to fully open their mouths and/or are reluctant to eat and this is due to encroachment of the cholesteatoma on the temperomandibular joint (TMJ). We have also seen some dogs which presented with dysphagia due to orpharyngeal compression from ventral outgrowth from the bulla. The lesions can also extend medially and erosion of the cranial vault can lead to otitis interna and even meningoencephalitis.

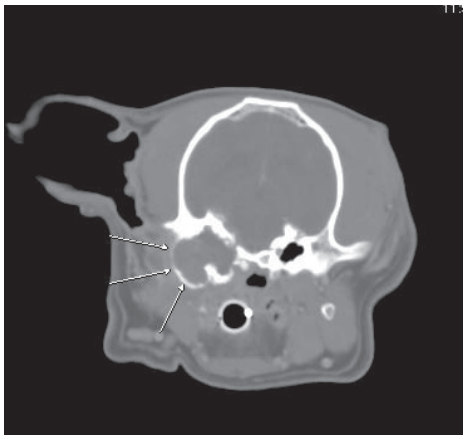


Fig 1: Transverse CT showing expanded and irregular, tissue filled left tympanic bulla.

The treatment of choice is surgical removal of the keratin contents together with the secretory lining responsible for the lesion and this involves either total ear canal ablation and lateral bulla osteotomy or ventral bulla osteotomy (or both!). Surgery can be challenging as the distorted anatomy makes it hard to remove all of the responsible epithelium and this leads to recurrence which is reported in approximately 50% of cases (Hardie et al 2008). Recurrence is most likely in dogs with either neurological signs, bone lysis or inability to open the mouth.

With the increasing availability of advanced imaging (CT, MRI etc) increasing numbers of Cholesteatoma are being diagnosed and so it is being regarded as an emerging disease. There is no reason to think that this is the case, however with cholesteatoma recognised in 10% of cases of otitis media in the early 1990's (Little et al 1991). We are now better at diagnosing the condition, however, and early detection of these lesions leads to better clinical outcomes. We therefore advise considering CT examination of dogs with persistent otitis externa and early surgical intervention in dogs which are diagnosed with this condition.

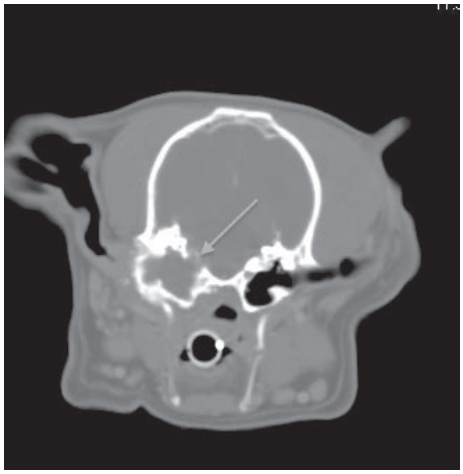


Fig 2: Transverse CT of the same dog in Fig1 showing erosion into the cranial vault and meningeal enhancement (meningitis).

Free Evening CPD

Surgical management of Canine Ear disease with Tim Charlesworth 4th March 2015

Ear Surgery in Dogs – How, When & Why?
A very practical talk with lots of photographs. It is aimed at teaching relevant and useful tips to take back to general practice.

8pm – 9pm with refreshments from 7.30pm

Orthopaedics

Hock fracture secondary to osteochondritis dissecans of the medial talar ridge repaired with lag screw and trans-articular external skeletal fixator.

By Duncan Barnes

An 18-month old male Labrador retriever was presented with a 4/5 right hind limb lameness after getting up awkwardly and twisting suddenly to the right. Pain and swelling was found on palpation of the right hock joint. A CT scan of the hind limb revealed an osteochondritis dissecans lesion of the medial talar ridge. However, there was also a minimally displaced fissure fracture extending adjacent to the medial cortex or the medial talar ridge. A caudomedial approach to the medial talar ridge was made. The OCD lesion and associated osteochondral flap was identified and debrided. However, unusual amounts of blood were present within the joint at the time of arthrotomy suggestive of an acute fracture. Close inspection and gentle stress on the joint allowed identification and slight displacement of the fissure fracture running parallel to the medial cortex of the medial talar ridge. A 2mm lag-screw was placed across the fissure fracture from the medial side and recessed into the medial cortex to prevent interference with the medial malleolus. The repair was protected with a trans-articular external skeletal fixator for three weeks. Six weeks after surgery he was using the leg with minimal evidence of lameness and only a mild reduction in the range of motion within the joint. Repeat radiographs showed the screw in position and no sign of instability of the hock.

This is a highly unusual fracture and appears to have occurred as a result of the stress riser created by the presence of an OCD lesion of the medial talar ridge. CT was extremely useful both for the identification of the fracture as well as planning of the precise positioning of the lag screw used to repair it. Application of a TESF is a very useful and adaptable technique which allowed good weight bearing on the limb throughout the recovery period. This was especially important for this dog that has also been treated for bilateral elbow OCD, bilateral medial coronoid disease and bilateral hip dysplasia.

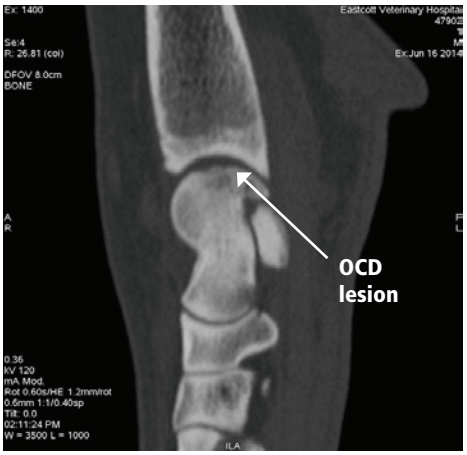


Fig 1: Sagittal image of hock showing OCD lesion of the medial talar ridge.

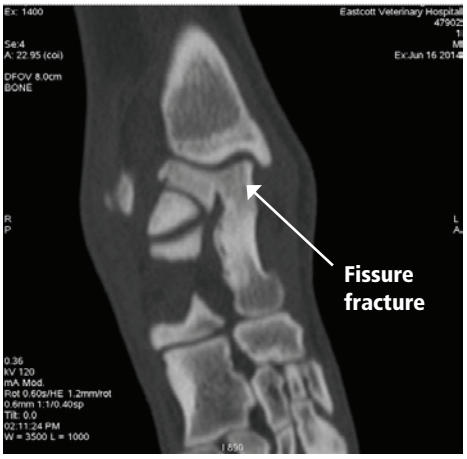


Fig 2: Dorsal plane image through the medial talar ridge showing fissure fracture parallel to medial cortex.

Fig 3: Post-operative radiograph showing lag screw repair being protected by a trans-articular fixator.

Fig 4: Post-operative CT scan showing position of screw (red) stabilising medial talar ridge fracture.

Upcoming CPD Courses

Free Evening CPD
4th March 2015

Ear Surgery in Dogs – How, When & Why?
A very practical talk with lots of photographs. It is aimed at teaching relevant and useful tips to take back to general practice.
8pm – 9pm with refreshments from 7.30pm.

2 Day Dental Radiology & Extraction CPD for Vets
24th – 25th June 2015

Radiography is the key to practicing good dentistry and tooth extraction is one of the most common surgical procedures that many vets will perform. Yet both are common causes of frustration! This 2 day intensive practical course will teach you to master these essential techniques.
£725 Course fees are exclusive of VAT and include course notes, lunch, tea and refreshments.

2 Day Feline Dentistry CPD Course for Vets
15th – 16th October 2015

This is a two day practical course for vets who want to further their knowledge and practical skills in the field of feline dentistry.
£830 Course fees are exclusive of VAT and include course notes, lunch, tea and refreshments.

Small Animal Laparoscopic Surgery 2 Day Practical Course
Date TBC

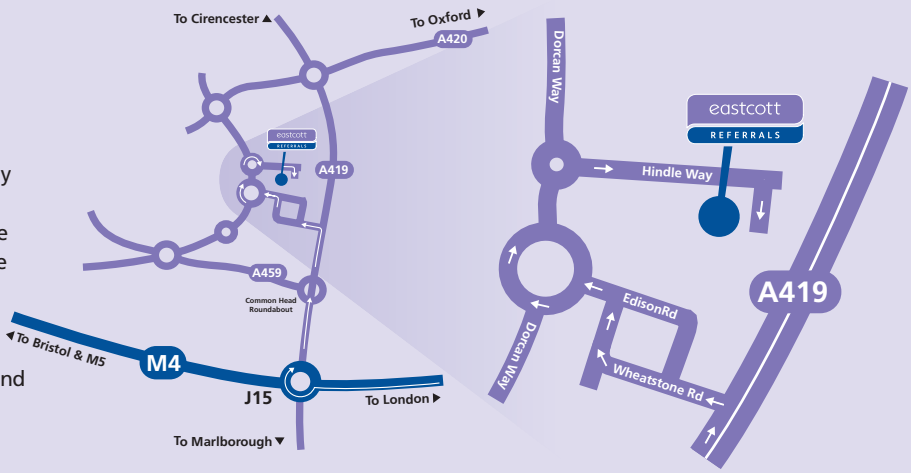
This is a two day practical course aimed at vets who are interested in laparoscopic ("Keyhole") surgery in companion animals. The course will consist of lectures and wet-lab practical sessions. This is a very popular course and places book quickly. Please contact us via our website to register your interest in this course and we will contact you when the dates are released.

For more information or to book a place on one of our courses, please visit our website. Alternatively courses can be booked via email or phone. If there is a course that you would like to see run or a topic that you would like covered, please contact us and we will see if we can help.

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



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

RCVS ACCREDITED PRACTICE CORE STANDARDS