



CAPITAL CITY SPECIALTY & EMERGENCY ANIMAL HOSPITAL

# SURGERY NEWSLETTER

MARCH 2025



## *New Internal Medicine Specialist Starting at Cap City!*

We are very excited to have Dr. Emilie Véran, a specialist in internal medicine, joining our team at Capital City.

Dr. Véran hails from Nice in France and completed her DVM degree at the National Veterinary School of Toulouse. After graduating, she completed a rotating internship and then an internal medicine internship, both at the Veterinary Hospital of Pommery in France. Afterwards, Emilie worked as an internal medicine clinician for 1.5 years at the Olliolis Referral Centre before doing her internal medicine residency at the Faculté de Médecine Vétérinaire de l'Université de Montréal.



After becoming a Diplomate of the American College of Veterinary Internal Medicine, Dr. Véran worked at the DMV Centre in Blainville, QC, for just over 2 years before deciding to join us at Capital City. We are very happy to have Dr. Véran join us, expand our internal medicine service such that we can now offer a 5-day weekday service, and offer bilingual options. Dr. Véran will start with us in early to mid May! Welcome Dr. Véran!!

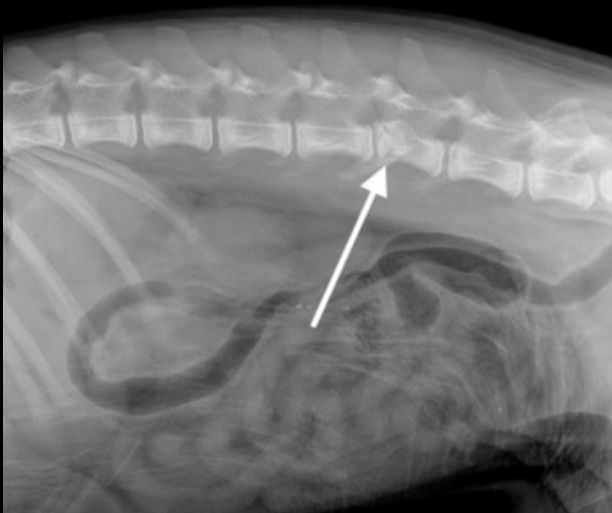
**SURGERY@CAPCITYVET.COM - (613) 244-7387**



## **CASE OF THE MONTH - SNOWMOBILES AND A PAINFUL BACK**

**Dr. Jeff Biskup, DVM, DACVS-SA**

A 6.5-year-old male intact Husky presented to the clinic after being hit by a snowmobile. After the accident, he stood and walked to the owner. They brought him to their car, and he became extremely painful. He was immediately taken to our emergency service. On presentation a full exam could not be completed due to pain. He was non-ambulatory. He was started on CRIs of fentanyl, ketamine, lidocaine, and dexmedetomidine. An orthopedic exam revealed discomfort on abdominal and spinal palpation. Radiographs of the thorax and abdomen were performed revealing a L5 fracture with suspected spinal cord compression.



The dog was kept immobile and a neurologic exam was performed (limited given the CRIs and immobilization). No purposeful movement was appreciated, patellar reflexes were normal, withdrawal reflexes absent, and anal tone was poor.



## **CASE OF THE MONTH - SNOWMOBILES AND A PAINFUL BACK**

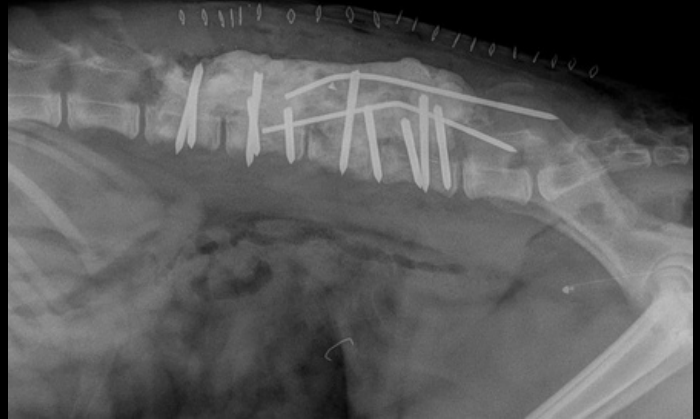
**Dr. Jeff Biskup, DVM, DACVS-SA**

Surgical decompression and stabilization was recommended. The dog was placed on a radiolucent spinal board and secured for any further movement around the hospital. A CT was pursued to assess degree and location of compression and allow pre-operative measurements for pin placement.



A right-sided pediculectomy and fragment removal was performed. Surgical stabilization was accomplished with pins and bone cement. Intra-operative CT confirmed decompression and appropriate pin placement.

Postoperative care included continued analgesia, placement of a urinary catheter, rotation of the dog every 4 hours, and passive range of motion.



The dog regained deep pain the day following surgery and purposeful movement 3 days postoperatively. A week after surgery, the dog was ambulatory with sling support and was discharged. Two weeks after surgery, the dog was ambulatory without support with improving fecal incontinence.

### **Learning points:**

- Spinal trauma can quickly worsen after injury if there is further displacement
- Chemical and physical immobilization is important if spinal trauma is suspected or diagnosed
- Neurologic status is difficult to determine once a patient is given analgesia
- Patients can have a good outcome despite initial severe clinical signs



# **DID YOU KNOW**

## **About Surgical Checklists?**

Did you know that surgical checklists could save your patient's life and decrease your complication rate? Surgical checklists, commonly known as pre-operative and post-operative checklists, have become a cornerstone in improving patient safety and procedural efficiency in human medicine. Their adoption in veterinary practice, while more recent, has shown promise in enhancing surgical outcomes and reducing errors. These checklists are designed to ensure that all necessary steps are followed before, during, and after surgery, from confirming the patient's identity and procedure to proper sterilization protocols. Studies indicate that by utilizing a checklist, surgical teams can prevent common mistakes, such as incorrect site surgeries (e.g., incorrect side/laterality), missed medications (e.g., pre-/intra-operative antibiotics), and incomplete patient assessments (e.g., pre-operative bloodwork). Additionally, checklists contribute to better communication among anesthesia and surgical team members, ensuring a more cohesive and organized environment. Some veterinary hospitals have reported a decrease in post-surgical complications, including infections and delayed recovery times, since incorporating these protocols.

Challenges in implementing surgical checklists remain, such as resistance from veterinary professionals who may feel that these protocols are redundant or time-consuming – a common misconception. Checklists have improved workflow and decreased personnel stress. In our hospital, pre- and post-operative checklists do not take more than 60 seconds each to get through. The advantages in patient safety and the reduction of human error make the case for widespread adoption compelling.

The best example for a complication which could have been avoided by strictly adhering to a surgical checklist is gossypibomas (i.e., retained gauze within the abdominal cavity). This complication is totally avoidable by performing a pre-operative and a post-operative gauze count ensuring that both counts match. Although radio-opaque gauze squares can help identification of forgotten gauze squares in a patient, these are more expensive and therefore uncommonly used in a general (and specialized) veterinary practice. Additionally, they tend to only be helpful when a checklist raises concerns regarding mismatch in pre- and post-operative gauze square counts which would then justify a radiograph to look for the missing gauze.



## DID YOU KNOW

## About Surgical Checklists?


Now that you are convinced you should integrate a surgical checklist in your practice, here is a suggestion of items you should consider including in your PRE-operative checklist:

- Patient name
- CPR status
- Procedure (surgery type and SIDE)
- Critical or non-routine steps
- Risks of bleeding/anticipated blood loss
- Expected duration of procedure
- Preoperative antibiotics given and when
- Preoperative gauze count

Items you should consider including in your POST-operative checklist:

- Postoperative gauze count
- Specimen submission (bacterial culture, histopathology, etc.)
- Recovery details (e.g., recovery location, post-operative analgesic plan)

A team member should be assigned to take the lead on the adherence of the surgical checklists for each patient -this ensures the checklist is not forgotten. Furthermore, a checklist should not take more than 30-60 seconds to complete, so keep it succinct to maximize buy in by all team members involved!

 <b>WORLD HEALTH ORGANIZATION</b>			<h1>SURGICAL SAFETY CHECKLIST (FIRST EDITION)</h1>		
Before induction of anaesthesia		Before skin incision		Before patient leaves operating room	
<b>SIGN IN</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> PATIENT HAS CONFIRMED               <ul style="list-style-type: none"> <li>• IDENTITY</li> <li>• SITE</li> <li>• PROCEDURE</li> <li>• CONSENT</li> </ul> </li> <li><input type="checkbox"/> SITE MARKED/NOT APPLICABLE</li> <li><input type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED</li> <li><input type="checkbox"/> PULSE OXIMETER ON PATIENT AND FUNCTIONING</li> </ul> <p>DOES PATIENT HAVE A:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> KNOWN ALLERGY?               <ul style="list-style-type: none"> <li>NO</li> <li>YES</li> </ul> </li> <li><input type="checkbox"/> DIFFICULT AIRWAY/ASPIRATION RISK?               <ul style="list-style-type: none"> <li>NO</li> <li>YES, AND EQUIPMENT/ASSISTANCE AVAILABLE</li> </ul> </li> <li><input type="checkbox"/> RISK OF &gt;50ML BLOOD LOSS (7ML/KG IN CHILDREN)?               <ul style="list-style-type: none"> <li>NO</li> <li>YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED</li> </ul> </li> </ul>		<b>TIME OUT</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE</li> <li><input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM               <ul style="list-style-type: none"> <li>• PATIENT</li> <li>• SITE</li> <li>• PROCEDURE</li> </ul> </li> </ul> <p><b>ANTICIPATED CRITICAL EVENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?</li> <li><input type="checkbox"/> ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?</li> <li><input type="checkbox"/> NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?</li> </ul> <p><b>HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> YES</li> <li><input type="checkbox"/> NOT APPLICABLE</li> </ul> <p><b>IS ESSENTIAL IMAGING DISPLAYED?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> YES</li> <li><input type="checkbox"/> NOT APPLICABLE</li> </ul>		<b>SIGN OUT</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> NURSE VERBALLY CONFIRMS WITH THE TEAM:</li> <li><input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED</li> <li><input type="checkbox"/> THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)</li> <li><input type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)</li> <li><input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED</li> <li><input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT</li> </ul>	

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE, ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.



**WSAVA**  
WORLD SMALL ANIMAL VETERINARY ASSOCIATION

# WOOF CANCER SURGERY CHECKLIST



### BEFORE INDUCTION OF ANESTHESIA

- ☐ Consent form presented (and ID collar matches patient)
- ☐ Pre-operative bloodwork seen and signed (if indicated)
- ☐ Consent form signed, and procedures clearly stated
- ☐ Anesthesia plan agreed
- ☐ Current medication confirmed
- ☐ Known allergies present
- ☐ Surgical room ready
- ☐ Anesthesia machine check completed
- ☐ Difficult airway or aspiration risk and equipment/assistance available
- ☐ Risk of moderate/severe hemorrhage recorded
- ☐ Blood type known
- ☐ Blood products located and available
- ☐ Calculate blood volume at 8% of body weight in kg
- ☐ Equipment to be checked and available
- ☐ Area to be clipped is known
- ☐ Veterinarian performing surgery is available
- ☐ Owner is called

### BEFORE MOVING INTO SURGERY AREA

- ☐ Preoperative skin prep finished
- ☐ Bandster empty
- ☐ Purse string placed and patient identified on head
- ☐ Radio/CRUs ready
- ☐ Scrubbed personnel are informed patient is about to move to OR
- ☐ Minor/groin groundplane in place
- ☐ Is the warming unit turned on



Please mark area to be clipped

### BEFORE SKIN INCISION

- ☐ All team members have been introduced
- ☐ Confirm pre-ID collar information matches that of the intended patient
- ☐ Confirm site of incision
- ☐ Confirm procedure/s
- ☐ Is antibiotic prophylaxis administered & appropriate
- ☐ Are the critical steps in the procedure listed
- ☐ Any specific concerns (anesthesia)
- ☐ Any specific concerns (surgery)
- ☐ Is the expected procedure length recorded?
- ☐ What is the anticipated blood loss? Confirm team members know where blood products for this patient are stored
- ☐ Are the rules of the surgical team members clear?
- ☐ Are the swabs/sponges counted?
- ☐ Are the instrument table set up and sterility of instruments confirmed?
- ☐ Are the instruments counted?
- ☐ Is the ground plane connected and electrically on?
- ☐ Are essential diagnostic imaging displayed?
- ☐ Are there appropriate form/linen jars available?

### BEFORE PATIENT LEAVES OPERATING ROOM

- ☐ Completion of instrument, swab/sponge, and needle counts
- ☐ Calculate blood loss and record
- ☐ Is the purse string removed (if applicable)
- ☐ Person taking tissues identified
- ☐ Specimens rinsed & labelled, including name, and history provided
- ☐ Person calling owner identified
- ☐ Anesthetic record completed
- ☐ Surgery and anesthesia pricing sheet updated
- ☐ Ward sheet completed and ward handover completed
- ☐ Medication & monitoring orders completed
- ☐ Respiratory concerns mid/mild/moderate/severe
- ☐ Anticipated pain mid/mild/moderate/severe
- ☐ Anticipated hemorrhage mid/mild/moderate/severe
- ☐ Person to be called if there is an emergency identified



**CAPITAL CITY SPECIALTY & EMERGENCY ANIMAL HOSPITAL**

# MEET OUR TEAM

## Sara Surgery Technician

My name is Sara, and I am a Registered Veterinary Technician. For the last 2 years, I have worked as a Surgery Technician at Capital City Specialty & Emergency Animal Hospital.

My love for animals started at a very young age, and for as long as I can remember, I have always wanted to help care for any animal in need. So when I learned about the role of Veterinary Technicians in high school, I knew it would be the right career path for me. After a high school co-op placement at an animal shelter where I shadowed some amazing and compassionate Technicians, I made up my mind and knew this was what I wanted to do.

I attended St. Lawrence College in Kingston and graduated in 2019 with an Advanced Diploma in Veterinary Technology. In late 2019, I passed my certifying exam to become a Registered Veterinary Technician. After working for a general practice, I knew I wanted to try something different, so I applied to work in the surgery department at a specialty hospital in Toronto. It was there, working alongside some amazing Veterinary Surgeons and Technicians, where I found my passion for surgery



and knew that it was something I wanted to specialize in.

I have now been a surgery technician for 5 years, and just this year, I started the 2-year process of applying for my Veterinary Technician Specialty (VTS) in Surgery. Although it is a lot of hard work, I have a lot of support from the surgeons and technicians I work with at Cap City.

Outside of work, I spend my time with my dog, Ollie, whom I adopted last year. Together, we like to go on adventures, hiking, camping, and even riding vintage motorcycles. I also enjoy reading and painting in my free time.

**[SURGERY@CAPCITYVET.COM](mailto:SURGERY@CAPCITYVET.COM) - (613) 244-7387**



**CAPITAL CITY SPECIALTY & EMERGENCY ANIMAL HOSPITAL**

# REFERRALS

As the largest specialty hospital in the National Capital region with five small animal surgery specialists (Drs. Julius Liptak, Jeff Biskup, Lea Mehrkens, Phil Larose, and Sarah Boston) we are able to offer the complete range of surgeries to our referring veterinarians and owners. From TPLOs to total hip replacements, from basic to complex fractures and luxations repairs, from hemilaminectomies for dogs with IVDD to brain tumor resections, from cystotomies to portosystemic shunt attenuations, from laparoscopic spays,

gastropexies and cholecystectomies to subcutaneous ureteral by-pass and thoracoscopic lung lobectomies, and from cutaneous tumor resections to limb-sparing surgery and oral and maxillofacial tumor resections, we do it all. Not only do we do it all, but we do it all on weekdays for elective and emergency cases and after hours on weekends for emergency surgeries. We also have 24/7 support from our emergency team as well as specialists in anesthesia, emergency and critical care, and internal medicine.

To refer cases to our surgeons, go to our website at <https://capcityvet.com/surgery-referral-form/>, or call or email Jenn at (613) 244-7387 or [surgery@capcityvet.com](mailto:surgery@capcityvet.com).



**SURGERY@CAPCITYVET.COM - (613) 244-7387**