



CAPITAL CITY SPECIALTY & EMERGENCY ANIMAL HOSPITAL

SURGERY NEWSLETTER

JULY 2025



What's So Funny About Surgery?

By Dr. Sarah Boston

A quick note from not Sarah Boston ... For those of you who do not know, in addition to being a wonderful surgical oncologist, Sarah is also a stand-up comedian, a career that started after she published her very funny book, *Lucky Dog*, and blossomed after attending comedy school at Humber Polytechnic. She has a contract with Yuk Yuks Ottawa, has her own podcast (*Comedicine*), and has performed at both the Guelph and Ottawa Fringe Festivals. Now, without further ado

Surgery is a very serious discipline. So



Why am I doing stand-up comedy when I'm not at work? In many ways, the two disciplines could not be more different. But as I have worked on firing up the other side of my brain over the past few

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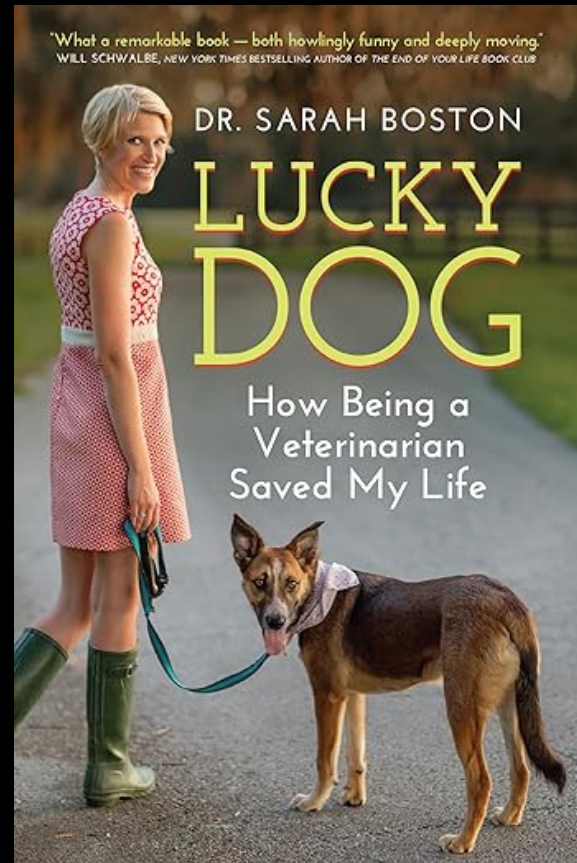
WHAT'S SO FUNNY ABOUT SURGERY?

years, I have realized that comedy writing and performing actually helps with some of the soft skills of being a surgeon.

Comedy is about creativity, and surgery, especially cancer surgery, often requires creative solutions to problems. Surgeons are problem solvers and comedians spend a lot of time thinking about problems. Veterinary medicine is a stressful discipline, and for me, nothing helps relieve stress like finding the humour in a situation. Comedians are trained to find the funny in absurdity and there is no shortage of absurdity in our profession. Comedy is also a wonderful way to break tension and connect with clients and team members. It is a welcome break from what can be heavy days when we are seeing a lot of challenging cases and our clients are experiencing difficult days.

I'm grateful to have found balance in my work as a veterinary surgeon and comedian at Capital City. I would encourage all of my veterinary colleagues to find their own non-veterinary creative outlets to enjoy outside of work.

So please don't expect the clients to laughing so hard they are crying when they come and see me at work, but hopefully I can find a way to make them smile.





CASE OF THE MONTH - ANGULAR LIMB DEFORMITY

Dr. Jeff Biskup, DVM, DACVS-SA

Angular limb deformities (ALD) can occur in any bone with unique angulations in any plane. More complicated ALDs can have multiple angulations and rotation. Causes of ALD include congenital malformations (e.g., hemimelia), growth plate injuries (Salter Harris classification), asynchronous growth of two bones (e.g., radius and ulna), or malunion of a fracture. Regardless of the cause, early assessment is important to decide if surgery is warranted. Factors assessed for treatment recommendations include severity of angulation and rotation, range of motion and pain in the joints above and below the angulation, placement of the paw when walking, and age of the animal. The angulation of a bone itself is often not the cause of concern. Rather, the effects this angulation has on cartilage health and mobility can be detrimental. Therefore, early treatment is often recommended for patients clinically affected by an ALD or a very young patient suspected to be affected by an ALD as the ALD will worsen proportionate to their potential for growth.

Case example: An 11-month-old St Bernard mix presented for progressive left hindlimb lameness over the previous month. At 5 months of age, the patient had an unwitnessed trauma and was lame for 3 days. Examination revealed swelling of the distal left tibia with mild pain and no instability appreciated. Radiographs taken revealed a possible Salter Harris fracture with no displacement or angulation. In a case like this, it would be appropriate to not recommend surgery and monitor the patient closely during their growth phase to assess for developing angulation or an abnormally short limb (reflecting complete vs partial growth plate closure, respectively). Monitoring programs should consist of monthly physical examinations and radiographs of the affected and contralateral limb if any concern arises. Some cases of growth plate injury will exhibit bone growth without angulation at all.

At 11 months of age, the patient now had a visible tibial angulation with weight bearing starting to occur on the side of the paw.



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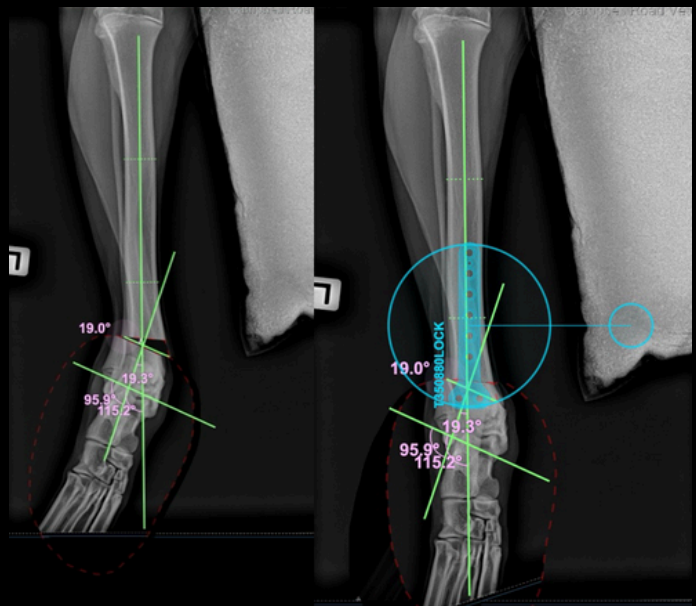
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A unique challenge of ALD correction is that the osteotomy needs to be performed at the level of maximum angulation (if you want an excellent or boring read, depending on your interests, look up Paley's 3 Osteotomy Principles) which makes the osteotomy near the tarsus in this case. An opening wedge osteotomy or closing wedge osteotomy could be performed in this case and the bone stabilized with a plate or external fixator.

Surgery was recommended given the degree of angulation (19 degrees of valgus) and the effect on mobility. This ALD was more straightforward as it was only in one plane with no rotation.



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Precise pre-operative planning helps improve intra-operative accuracy, leading to more predictable outcomes. It was elected to double plate the tibia given the patient's size, small bone segment distally, and wanting to allow early movement of the tarsus (no long-term splinting). This patient recovered well and has improved limb use.



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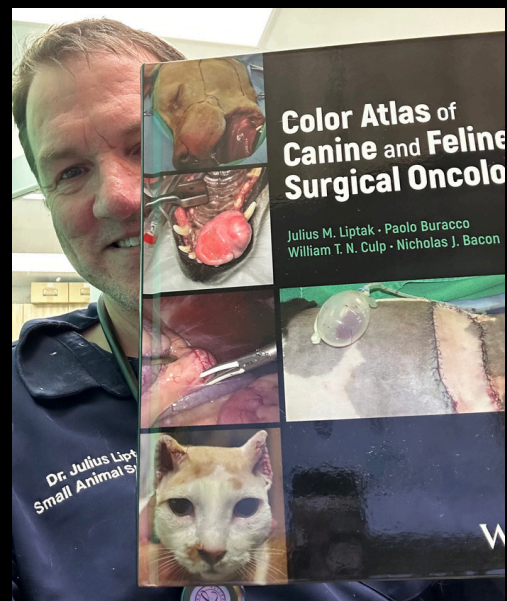
DO YOU KNOW?

Our new surgical intern, Dr. Mateo Ospina, started last month. Mateo comes to us with an impressively strong background and we are looking forward to working with him over the next year.



Dr. Phil Larose is PennHIP certified, a radiographic screening method used to assess canine hip joint laxity and predict the likelihood of osteoarthritis or hip dysplasia in dogs.

Dr. Julius Liptak has just published *Color Atlas of Canine and Feline Surgical Oncology*, a textbook detailing step-by-step instructions, accompanied by intraoperative photos, for over 130 surgical oncology procedures.



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DO YOU KNOW?

We have electrochemotherapy (ECT). ECT is used for many of the same cases as radiation therapy is (e.g., incompletely excised cutaneous and subcutaneous tumors), but, unlike radiation therapy, is available in Ottawa and at a fraction of the cost of radiation therapy.



We have two surgical oncologists, three oral and maxillofacial surgeons, and two medical oncologists, making Capital City Specialty & Emergency Animal Hospital in Canada and one of the largest veterinary cancer centres in the world.

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MEET OUR TEAM

Jen

Surgery Team Technician

Add a heap of humor, a pinch of patience, a wealth of knowledge; combine with team work and strong work ethic; garnish with the best bandaging scissors you can find— this is the recipe for a surgery technician at Capital City Specialty & Emergency Hospital (adjust amounts as needed depending on the surgeon!).

My role at Capital City has changed a bit over the years, but since the doors opened, I have been a technician on the surgery team. Currently, I work alongside our surgical oncologists, Dr. Julius Liptak and Dr. Sarah Boston. On their surgery days, my job is to dot i's and cross t's to make sure the patients are set up to get the care they need for their stay. This takes the form of checking and filling out paperwork and treatment sheets, being a go-between for other technicians and the surgeon, and going over discharge instructions with owners. On non-surgery days I am often helping with anesthesia and sedated procedures, as well as following up with clients and answering post-op questions.

Being a veterinary technician was not something I had always dreamed about. Working as a kennel attendant while in high school I had ruled out the idea of following my best friend (and Cap City's



Chaos Coordinator, Shanna) to tech school, specifically because the idea of surgery and anesthesia scared me (ironic, I know). A degree, a diploma, twists, turns, and 300 km move later, here I am working as a surgery technician in a busy surgery department.

When I am not catering to my celebrity surgeons, or baking goodies for the surgery team, I am enjoying spending time outside with my family. Whether it's catching a glimpse of a loon during a canoe ride, or watching the bees pollinate our apple blossoms, being in nature is always a recipe for an adventure!

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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.



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