eastcott REFERRALS

Issue#18
Nov. 2018

Newsletter

Andrew Perry becomes a European Veterinary Specialist in Dentistry

Congratulations to Andy Perry who, after 6 years of study has become a European Veterinary Specialist in Dentistry. Andy is a much loved and respected part of our team and we are sure that you will join us in congratulating him on this huge achievement.

Our Dentistry referral team continues to go from strength to strength. Peter Southerden BVSc MBA Dip EVDC MRCVS AVDC Founding Fellow in Oral and Maxillofacial Surgery RCVS Recognised Specialist in Veterinary Dentistry EBVS® European Veterinary Specialist in Dentistry and Andrew Perry BVSc Dip EVDC MRCVS EBVS® European Veterinary Specialist in Dentistry, will be joined by a second Resident in 2019.

They are a highly experienced team and are well placed to deal with a big caseload and see a wide range of different cases.

Founding Fellowship in Oral and Maxillofacial Surgery

Peter Southerden has been recognised as an AVDC Founding Fellow in OFMS. Founding fellows are members of ECVS, ACVS, EVDC and AVDC who have made outstanding contributions to the discipline of veterinary oral and maxillofacial surgery.

This along with our specialist dentistry skills and the backup of a multidisciplinary hospital puts Eastcott Referrals in a strong position to deal with your referred OMFS cases.

UK First for Cutting-Edge Jaw Reconstruction Surgery

Edward, an 11-month-old male Airedale Terrier, pictured two months on from his jaw reconstruction after the removal of a tumour.

The Eastcott Referral Oral and Maxillofacial Surgery team, led by Peter Southerden, has become the first in the UK to use a cutting-edge jaw reconstruction technique in dogs, using prosthetic titanium implants created on a 3D printer.

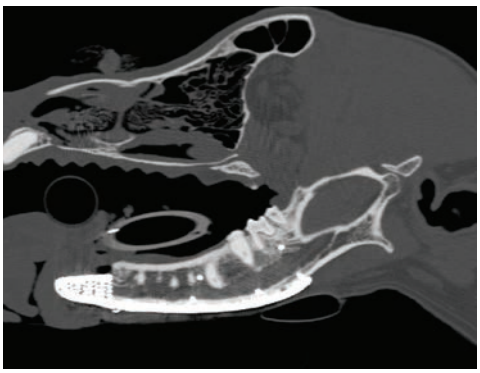
The team has carried out its first two reconstructions following oral tumour resection, both of which have proved successful.

Use of patient-specific implants (PSI) for jaw reconstruction is a new technique, which provides an alternative to bone regenerative techniques which have previously been used with success at Eastcott. The techniques can be used in cases which have had significant jaw resection or need reconstructive surgery after a trauma.

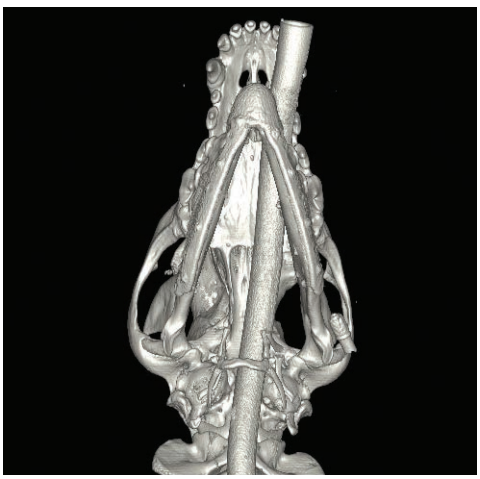
To our knowledge, using this technique to create patient-specific implants for rostral mandibular reconstruction following bilateral rostral mandibulectomy has not been reported in dogs before.

The reconstructive surgery involves taking pre and post-operative CT scans of the affected area and sending them to a specialist human medical PSI design company, which then uses 3D titanium printing technology to recreate the missing bone.

In the first two cases, both dogs are doing really well. The feedback received from owners suggests their dogs have gained significant benefit from the jaw reconstruction process.



CT image following jaw reconstruction with a 3D printed titanium patient-specific implant.



CT scan showing the reconstruction of the jaw with a 3D printed titanium patient-specific implant.

Peter and Andrew welcome OMFS advice calls emails and referrals

Congratulations to Caroline Cutler from Cotswold Vets who has won £200 to spend at a Michelin starred restaurant in her area

New Vets

Introducing our new Referral Team Members

Fabio Frazzica
DVM, CertAVP (GSAS), PgDip (VPS), MRCVS
Orthopaedics

Filippo Cinti
DVM, PhD, GPCert(SASTS), MRCVS
Soft Tissue and Orthopaedics

David Mackenzie
VetMB BSc CertVC CertAVP(SAM) CertAVP(ECC) PhD MRCVS
Internal Medicine and Cardiology

Vim Kumaratunga
BVSc CertVOphthal MRCVS RCVS Advanced Practitioner in Veterinary Ophthalmology
Ophthalmology

Tristan Merlin
Dr. vet., MSc, MVetMed, MRCVS
Anaesthesia and Analgesia

Helen Renfrew
BVetMed CertVR DipECVDI MRCVS RCVS Recognised and European Specialist in Veterinary Diagnostic Imaging
Diagnostic Imaging

Domenico Sainato
DMV, MRCVS, MSc (Small Animal Diagnostic Imaging)
Diagnostic Imaging

Exciting Expansion in Progress

- 3 Additional Operating Theatres
- 4 Additional Consulting rooms
- New Improved Cat Friendly Cat Ward
- Dedicated Cat Friendly Examination Room
- 2 New Dog Wards
- Dedicated Canine Friendly Examination Room
- 3 New Procedure Rooms
- Larger Intensive Care and Recovery Suite
- Additional X-Ray and Ultrasound Rooms
- Larger Specialist Dentistry Suite
- Provision for MRI Unit
- Improved Staff Facilities

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

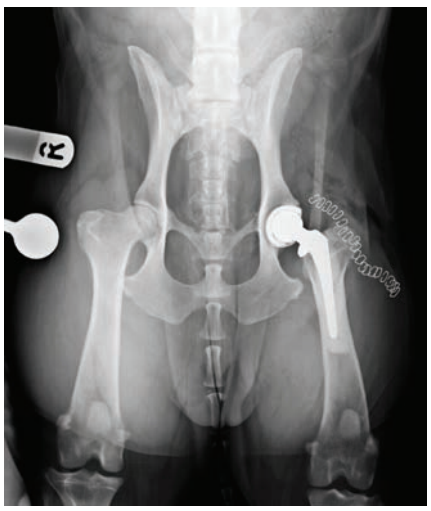
with Duncan Barnes

We are now offering total hip replacement at Eastcott Referrals 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 hindlimb 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 acetabulum component and a cemented femoral stem (Radiographs 2 and 3). He was walking well the day following surgery. 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.

Pre op



Post op

Why we use tibial plateau levelling osteotomy (TPLO) for the treatment of cranial cruciate ligament disease

with Duncan Barnes

Cruciate ligament disease is the most common orthopaedic problem encountered in dogs. The cranial cruciate ligament's primary role is to control cranial movement of the tibia relative to the femur, as well as controlling rotation about the stifle joint. Cranial cruciate ligament disease is most commonly a result of degenerative changes within the ligament. Dogs may present with a complete rupture of the ligament or with stifle pain associated with a partially torn cruciate ligament.

We would recommend surgical treatment in the majority of dogs and cats to get the best function possible. However, where surgical treatment is not possible, conservative treatment remains a reasonable option. A variety of surgical techniques have been developed to treat cranial cruciate ligament disease. At Eastcott Referrals each patient is assessed to determine the most appropriate treatment for the individual.

Most dogs will be treated with a tibial plateau levelling osteotomy (TPLO), whilst other dogs are better suited to a cranial closing wedge ostectomy. For some dogs an extracapsular suture technique may be the best option.

Tibial plateau levelling osteotomy (TPLO)

TPLO has been shown to be a robust and reliable procedure for dogs of all sizes. Most dogs are weight bearing well on the operated leg the day following surgery and benefit from the early limb use this allows.

The procedure is designed to change the biomechanics of the stifle joint such that it neutralises cranial tibial thrust during the stance phase effectively doing away with the need for a cranial cruciate ligament.

TPLO is suitable for dogs at every stage of cruciate disease from early partial tears, acute traumatic cruciate tears to chronic arthritic stifles. We expect 95% of dogs to have a good or excellent outcome following TPLO with a low rate of complications.

A recent study by Krotscheck 2016 compared extracapsular suture, tibial tuberosity advancement and TPLO, using force plate assessment at 8 weeks, 6 months and 12 months.

Whilst dogs having TTA had slightly better weight bearing at 8 weeks, TPLO was the only surgery able to return dogs to normal weight bearing at 6 and 12 months after surgery at both a walk and a trot. With this evidence we consider TPLO to be the best option for the treatment of cruciate disease in dogs.

Cranial closing wedge ostectomy (CCWO)

CCWO achieves tibial plateau levelling in a different way to TPLO but will have similar biomechanical effects. We use CCWO for dogs with proximal tibial deformity leading to angulation between the proximal and distal tibial axes. This includes many small breed dogs with cranial cruciate ligament disease.

It is an effective way to treat cranial cruciate ligament disease in juvenile dogs where implants cannot be placed across the open physes, allowing unimpeded continued growth of the tibia *(Figure 2)*.

Complex cases

Some cases of cranial cruciate ligament disease are more complicated than others including:

- Juvenile animals *(Figure 3)*
- Combined cranial and caudal cruciate ligament rupture
- Concomitant medial patellar luxation *(Figure 4)*
- Concomitant angular limb deformity
- Extreme tibial plateau angle *(Figure 5)*
- Tibial varus or valgus

All of these can be treated effectively by adapting our standard techniques. For the cases with angular limb deformity including extreme tibial plateau angle (>34 degrees), CT of the hindlimbs allows us to perform an accurate assessment of all aspects of hindlimb alignment.

This facilitates planning of the most appropriate surgery, reducing surgical time and leading to excellent clinical results.

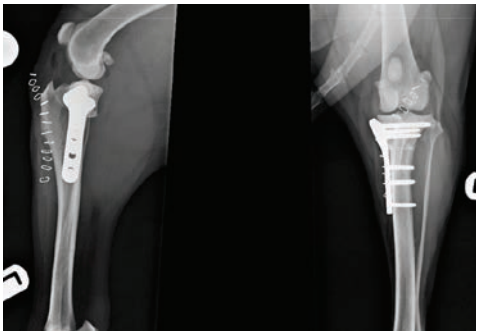


Figure 1. *Tibial plateau levelling osteotomy using a broad locking plate and screws in a 45kg Labrador.*

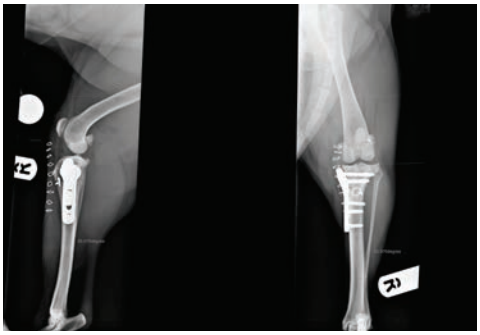


Figure 2. *Treatment of cranial cruciate ligament rupture in a West Highland white terrier using a cranial closing wedge ostectomy stabilised with a locking plate and screws.*

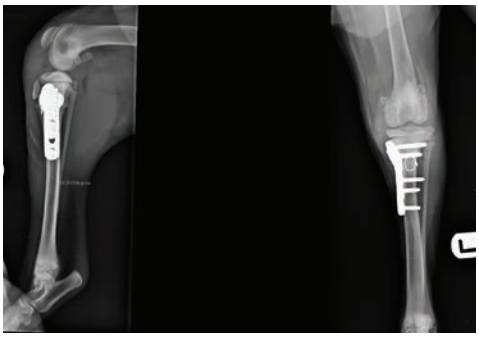


Figure 3. *Treatment of cranial cruciate ligament avulsion in a 4-month-old Golden retriever using a cranial closing wedge ostectomy.*

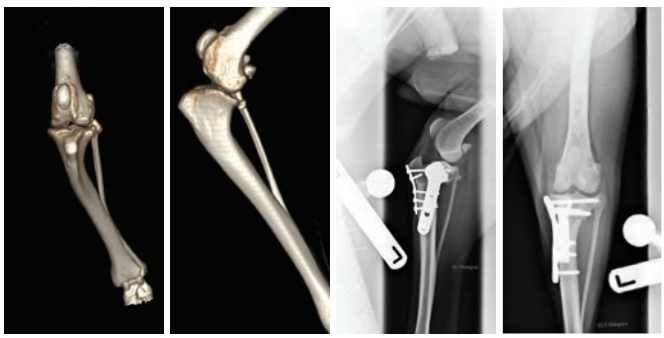
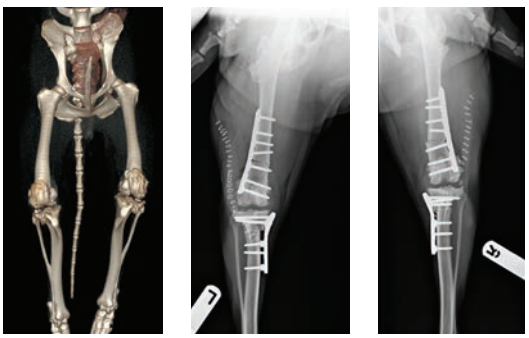


Figure 5 *Treatment of combined excessive tibial plateal angle (56 degrees) and severe tibial valgus deformity using a combined TPLO and cranial and medial closing wedge ostectomies.*

Figure 4. *Staged bilateral surgical correction of combined distal femoral varus, grade ¾ medial patellar luxation and cranial cruciate ligament rupture using distal femoral ostectomy, block recession trochleoplasty and transposed tibial plateau levelling osteotomy*



RSA Preferred Referral Network Insurance Information

RSA (Royal Sun Alliance) Insurance who underwrite Argos, Homebase, John Lewis, Marks & Spencer, More Than and Tesco, have introduced a 'Preferred Referral Network' list of veterinary referral practices.

Under the RSA's new requirements, if a veterinary surgeon recommends a referral practice that is not part of the network, their client may need to pay £200 towards the referral practice's bill, depending on the conditions of their insurance policy and the date of inception of the policy.

Eastcott Referrals, along with a significant number of the most highly regarded referral practices, has not signed up to join the RSA Preferred Referral Network List. However, your choice and ability to refer to us will remain unchanged.

If RSA chooses to enforce an additional excess for clients referred to us for full referrals, we will, through our free insurance claims service, liaise with RSA and cover any resulting excess up to the £200 penalty. This does not apply to patients referred solely for outpatient services.

All emergency referrals are clearly excluded from the new Preferred Referral Network terms and will be seen as normal.

The RCVS states:

"Whilst pet insurers may maintain a list of preferred veterinary service providers, depending on the terms of their policies, they should not take on the professional responsibility of the veterinary surgeon who has the animal under his/her care. Veterinary surgeons remain the most qualified people to decide what is in the best health and welfare interests of their patients."

FREE CPD Evenings

Radiographic Assessment of Hip Disease & Total Hip Replacements 11th December 2018

Free Veterinary Orthopaedic Evening CPD talk with Specialist Duncan Barnes and Fabio Frazzica where they will talk about hip disease including the radiographic assessment of hip disease and total hip replacement. This is a free evening orthopaedic CPD event for vets.With Natalie Barnard BVetMed CertVD DipECVD MRCVS RCVS Recognised and European Specialist in Veterinary Dermatology.

CPD COURSES RUN FROM 7.30PM - 9PM WITH REFRESHMENTS FROM 7PM
For more information or to book a place on one of our courses, please visit our website

Disciplines at Eastcott Referrals

Soft Tissue Surgery including Laparoscopy	**Oral Surgery** including Maxillofacial Surgery
Dentistry	**Cardiology**
Dermatology	**Internal Medicine**
Ophthalmology including Cataract Surgery	**Orthopaedics** including Total Hip Replacements
CT & Imaging	**Thoracoscopy and Minimally Invasive Surgery**
Anaesthesia & Analgesia	**CPD**

eastcott REFERRALS

Eastcott Referrals
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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

Twice Winners
Pet Plan UK Vets Practice of the Year Award