



# SOUTHERN COUNTIES VETERINARY SPECIALISTS



## NEWSLETTER

Spring 2011

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A multidisciplinary  
veterinary referral  
service based in  
Ringwood,  
Hampshire.



### SPECIALIST REFERRAL SERVICES

ANAESTHESIA    CARDIOLOGY    DERMATOLOGY  
DIAGNOSTIC IMAGING    INTERNAL MEDICINE  
MEDICAL/SURGICAL ONCOLOGY    NEUROSURGERY    ORTHOPAEDICS  
PHYSIOTHERAPY    SPINAL SURGERY    SOFT TISSUE SURGERY

### Surgery Infection Audit

Post-operative infections account for a small but significant proportion of surgical complications.

We run a continuous audit of all surgical site infections and perform three-monthly cultures of swab samples acquired from sites around the surgical suite.

Surgical site infections for clean surgical procedures at other centres are reported to be 2.5 to 4.8%. During the previous 12 months the overall infection rate Southern Counties Veterinary Specialists was extremely low at 1.5%. This figure includes all clean, contaminated and dirty procedures and is published on our website. By publishing the results of these audits we hope to reassure our referring veterinary surgeons and the owners of the patients under our care that we are striving for and attaining excellent levels of asepsis.

Theatre sterility protocols at SCVS are strict. Some of the measures include:

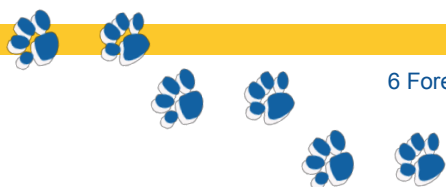
- The purpose-built surgical suite has its own positive-pressure air filtration system.
- Instruments are sterilised using the latest hydrogen peroxide gas plasma technology.
- Two sets of doors are positioned between the sterile and the non-sterile areas..
- Surgical preparation of patients is performed to the highest standard.

- Iodine-impregnated adhesive drapes are applied where appropriate to minimise the potential for skin contaminants to enter the surgical site.
- All surgeries are performed by a primary surgeon with a scrub assistant (typically one of the interns) and scrubbing technique is standardised among all surgical staff to maximise sterility.
- Theatre attire includes clean scrubs and clogs, surgical hoods and masks, sterile gowns and gloves.



One of our purpose built operating theatres.

*Intra-operative showing personnel in full sterile theatre attire and judiciously draped surgical site.*



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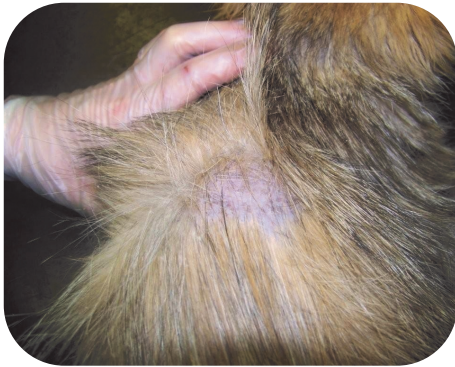
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## Tips on management of ringworm in cats.

Feline ringworm or dermatophytosis is a common contagious skin disease caused by a fungus that grows in the superficial layers of the skin, hair and, rarely, in the claws.

Although in many healthy cats ringworm infection will resolve spontaneously, treatment is necessary in all cases to hasten resolution because of the risk of infection of humans and contact animals.



The optimum treatment protocol for cats with ringworm involves a combination of:

- Clipping of the hair coat.
- Twice weekly topical antifungal therapy.
- Concurrent systemic antifungal therapy.
- Environmental decontamination.

The treatment should be continued until two consecutive negative cultures (at weekly or bi-weekly intervals) are obtained.

**CLIPPING** aids topical therapy and reduces environmental contamination. Clipping should be gentle to avoid traumatising the skin. The hair should be disposed of appropriately and all instruments should be disinfected. It is advisable to repeat clipping several weeks after the start of treatment with systemic agents, as by this time the drug should be incorporated into the hair.



Our dermatologist Filippo De Bellis at work.

**TOPICAL THERAPY** works synergistically with systemic therapy and is important in reducing environmental contamination. It is best applied to the whole body by shampooing or dipping.

The only product licensed for the topical treatment of ringworm in cats is a shampoo containing chlorhexidine and miconazole (Malaseb, VetXX).

**Malaseb** is used for twice weekly bathing. A contact time of 10 minutes is imperative. Published studies have suggested that the treatment of cats with *M. canis* with a combination of systemic therapy (based on griseofulvin, which is no longer used in veterinary medicine) and topical



therapy results in a quicker resolution of the skin lesions than with systemic therapy alone. There are suggestions that this shampoo should be avoided when a cat is treated with itraconazole, as it may remove the drug from the skin and hair and therefore minimise its residual effect. However, there are no published studies to support this assumption.

Other products which may be suggested for topical therapy, but which are not specifically licensed for use in cats, include:

- **Lime sulphur** (LimePlus Dip, Dermapet UK) which is used as a dip twice weekly. A recent study has demonstrated that lime sulphur is efficacious and safe when used synergistically with itraconazole.
- **Enilconazole** (Imaverol, Janssen) can be used as a dip twice weekly instead of miconazole/ chlorhexidine or lime sulphur.

**SYSTEMIC THERAPY** The only product licensed for veterinary use in the cat in the U.K. is itraconazole (Itrafungol, Janssen).

**Itrafungol** is available in a liquid formulation. The recommended regimen is one week of therapy followed by one week off therapy, repeated for three weeks of therapy. Alternate week administration is advocated as this drug is incorporated into the skin and hairs and slowly released, having a residual effect when discontinued. In some cases, a prolonged time between clinical cure and mycological cure (negative fungal culture) may be observed. In such cases, repeat treatment may be necessary. The product is safe to use in kittens from 10 days of age although the manufacturer recommends avoiding the product in pregnant or lactating queens.

Other products include:

- **Terbinafine** (Lamisil, Sandoz). This drug is used for various persistent human fungal infections. It is effective but is expensive and needs to be used at a dose of 30-40mg/kg by mouth every 24 hours.
- **Griseofulvin** is no longer available as a veterinary formulation for small animals and the human formulation should not be used in cats.

**Environmental decontamination.** Decontamination of the environment is an important part of the control of feline ringworm and consists of two combined approaches: physical decontamination (performed through frequent vacuuming and removal of all potentially contaminated materials that cannot be disinfected) and disinfection (conducted using appropriate fungicidal products). In experimental studies three products have shown 100% fungicidal activity:

- Household bleach
- Lime sulphur
- Enilconazole

Filippo works with us part time and is available for consultations and to give advice over the telephone every Monday. To arrange a consultation with Filippo please contact us on the usual number 01425485615.

## Cranial cruciate ligament disease in small breed dogs

A widely accepted treatment for dogs below 15kg body weight with cranial cruciate ligament disease is lateral stabilising suture (LSS). In some cases periarticular fibrosis and soft tissue thickening improves joint stability. Nonetheless, a proportion of dogs will remain lame, and some will remain severely lame. In small breed dogs, West Highland white terriers in particular, a very steep tibial plateau slope angle (TPA) contributes significantly to cranial cruciate ligament disease by increasing cranial tibial thrust and joint subluxation. Joint subluxation, in turn, contributes to the frequency of poor outcomes with LSS in these cases.

This case report describes a small breed dog with chronic bilateral cranial cruciate ligament disease refractory to treatment with unilateral LSS, and successfully managed with simultaneous bilateral tibial plateau levelling osteotomy (TPLO).

**Signalment:** 8 year old ME WHWT

**History:** Approximately three year history of bilateral hind limb lameness. Bilateral cranial cruciate ligament disease had been diagnosed and surgical intervention 8 months previously had involved LSS in the left stifle. The client reported continuous bilateral hind limb lameness following surgery.

### Tibial plateau angles:

Right TPA 39°, left TPA 44°

**Surgery:** simultaneous bilateral TPLO was performed using a 12mm radius TPLO blade on an oscillating TPLO saw. The proximal tibial segments were rotated to reduce the TPAs to approximately 5°. The osteotomies were fixed in position with medially placed 'Fixin' locking plates and locking screws.

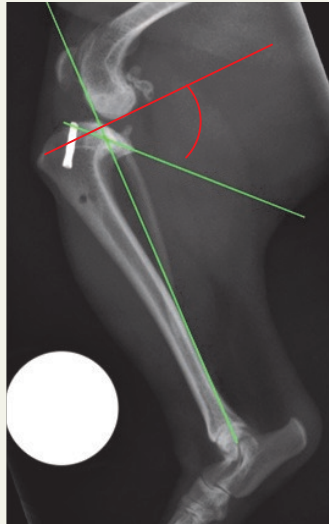
### Post operative recovery:

The dog was managed with cage rest for three weeks followed by 5-10 minute lead walks two to three times daily for three weeks.

Physiotherapy exercises for the initial seven days included passive range of motion, massage and cryotherapy. After seven days hydrotherapy in our underwater treadmill was introduced.

Radiography six weeks following surgery revealed no evidence of

### Pre operative radiography:



*Measurement of the tibial plateau angle involves identifying the weight-bearing tibial plateau and the mechanical axis of the tibia (green lines) in mediolateral radiographs. The TPA is the angle between a line perpendicular to the mechanical axis and the plateau. Here the left stifle is shown.*

implant-related complications and good healing of both osteotomies. Lead walks were gradually increased until approximately four months following surgery when off-lead exercise was reintroduced. Re-examination at four months following surgery revealed no overt lameness and the dog returned to normal exercise.

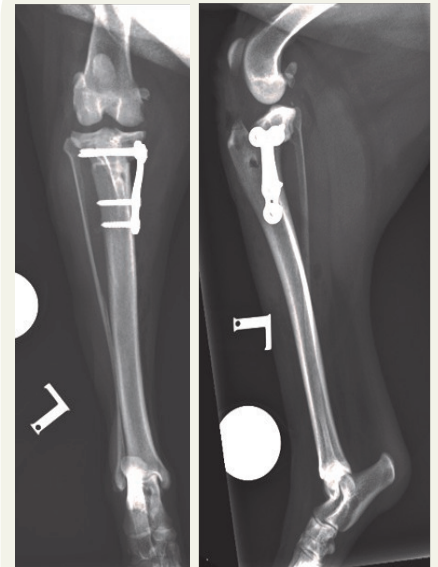
### Bilateral cruciate disease

We are performing increasing numbers of simultaneous bilateral TPLO in dogs with bilateral disease. Previously we staggered bilateral procedures by approximately six weeks. We have observed no increase in the frequency of post operative complications even in giant breed dogs. Simultaneous bilateral surgery means a faster return to normal exercise for dogs with bilateral cranial cruciate ligament disease.

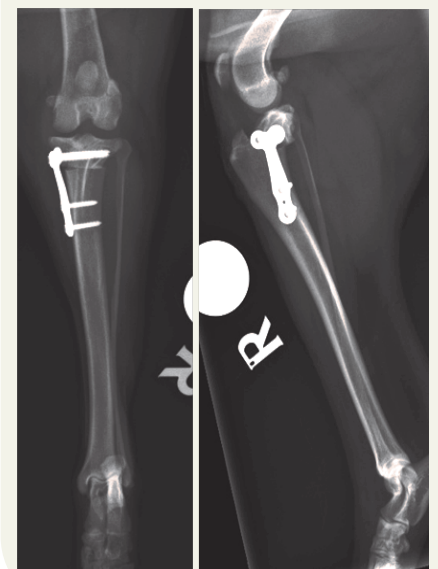
### Lateral stabilising suture

We offer TightRope® LSS as a cheaper alternative to tibial osteotomy procedures. Nonetheless, we would recommend careful case selection, particularly in cases of high TPAs and bilateral disease.

### Post operative radiography:



*Mediolateral and caudocranial views of both stifles following simultaneous bilateral tibial plateau levelling osteotomies.*



### Price guide for surgery to address cranial cruciate ligament rupture (including VAT)

TightRope®/Isometric LSS	£1600-1850
Unilateral TPLO/TTA (<50Kg)	£2500-2850
Unilateral TPLO/TTA (>50Kg)	£2900-3250
Bilateral TPLO/TTA (<50Kg)	£4500 (fixed price procedure)

## New Anaesthetist

We are pleased to announce the arrival of **Alastair Mair** to take charge of our anaesthesia service. He graduated from Edinburgh in 2001 and spent several years in general practice and as an intern at Bristol University, where he completed his Certificate in Veterinary Anaesthesia. Alastair has completed a residency for the Diploma of the European College of Veterinary Anaesthesia at Glasgow Veterinary School and before joining SCVS he was working at Chester Gates referral hospital.

Although not all multidisciplinary centres employ an anaesthetist we feel that Alastair will enable us to provide the best care for our patients. He will ensure the provision of optimal anaesthesia for every patient whether they are undergoing routine, complex or emergency surgery. He also has important roles in the provision of analgesia tailored to the specific needs of individual patients and the management of intensive care patients in our ICU, working closely with our internal medicine team.

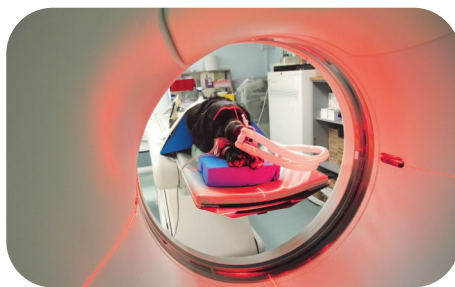
## Medicine service

Our new medicine referral service is run by European Specialist in Veterinary Internal Medicine **Florence Juvet** assisted by a team of highly trained and extremely competent nurses. Flo works closely with all our other clinicians to offer an integrated approach for the management of complex cases.

Having specialists in a diverse range of disciplines with access to cutting-edge facilities including a fully equipped professional laboratory on-site enables us to provide the highest possible standard of care for our patients. Flo is already very busy seeing cases and plans are already underway to expand the medicine referral service.



## New CT scanner



We have recently purchased a GE 4-slice helical CT scanner to replace our single slice scanner. Although our old CT gave good service our new scanner allows for much faster image acquisition and superior image quality. Images can be viewed in multiple planes or as a 3-D reconstruction. Because scan times are short most patients can be scanned under sedation rather than general anaesthesia.



CT is extremely versatile and is indicated for the investigation of a wide range of conditions including nasal disease, otitis media and interna, thoracic and abdominal disease, metastatic screening and orthopaedic disease including elbow dysplasia, complex fractures and growth deformities. We are happy to accept referral of cases solely for CT scanning, or you may wish to refer to one of our specialist clinicians for a full investigation. Please call for advice if you have a case where you feel that CT may be indicated.

### Fees (including VAT)

CT scan single area	£575-775
CT scan multiple areas +/- IV contrast	£750-1100

Fees include sedation or anaesthesia as required and a written report from one of our diagnostic imagers who have considerable CT experience.

### ANAESTHESIA

**Alastair Mair**  
BVM&S, CertVA, MRCVS

### CARDIOLOGY

**Stephen Collins**  
BVetMed, CertVC, MRCVS  
**Tobi Wagner**  
DrMedVet, Dip ECVIM-CA (Cardiology), MRCVS  
European Specialist in Veterinary Cardiology  
**Mark Patteson** (consultant)  
MA, VetMB, PhD, DVC, CertVR, MRCVS  
RCVS Specialist in Cardiology

### DERMATOLOGY

**Filippo DeBellis**  
DVM, CertVD, DipECVD, MRCVS  
European Specialist in Veterinary Dermatology

### DIAGNOSTIC IMAGING

**Inma Ferrandis**  
DVM, CertVDI, MRCVS  
**Manuel Pinilla**  
DVM, CertVDI, DipECVDI, MRCVS  
European Specialist in Veterinary Diagnostic Imaging  
**Travis Saveraid** (consultant)  
DVM, Diplomate ACVR  
American Specialist in Diagnostic Imaging

### MEDICINE

**Florence Juvet**  
DVM, DipECVIM, MRCVS  
European Specialist in Small Animal Internal Medicine

### NEUROLOGY/ NEUROSURGERY

**Katia Marioni-Henry**  
DVM, PhD, DipACVIM (Neurology), DipECVN, MRCVS  
American and European Specialist in Neurology  
**Sergio Rodenas**  
DVM, DipECVN, MRCVS  
European Specialist in Neurology

### ORTHOPAEDIC SURGERY

**Harry Scott**  
BVSc, CertSAD, CBiol, MSB, DSAS (Orth), FRCVS, CCRP  
RCVS Specialist in Small Animal Surgery (Orthopaedic)  
**Mark Bush**  
MA, VetMB, CertSAS, MRCVS  
**Philip Witte** surgical resident  
BSc, BVSc, MRCVS

### PHYSIOTHERAPY

**Donna Scott**  
BEd, Dip Animal Physio, CCRP  
**Elyse Spooner**  
RVN, CCRP

### SOFT TISSUE SURGERY

**Tony Ryan**  
MVB, CertSAS, DipECVS, MRCVS  
European Specialist in Small Animal Surgery

We are very proud of our facilities and encourage you to come and visit us. Veterinary colleagues often see practice with us, and are always most welcome to come along to our regular **free CPD talks**.

FOR INFORMATION PLEASE VISIT OUR WEBSITE:

[www.scvetspecialists.co.uk](http://www.scvetspecialists.co.uk)