

Reflections on a Service Profession: "Passion" Part 3 of 3

This past month I spent several days in Northern Indiana with my only remaining grandparent, my maternal grandmother Josephine. In her late 80's, she provided me with detailed orders half in broken English and half in Polish, scripting out the proper procedures for winterizing the small home in which she's lived for 40 years. In carrying out my tasks, I learned the fine nuances of weather stripping the doors and window panes, installing the storm shutters and winter fertilizing the lawn. My grandmother was careful and specific in her needs: "there's no hurry here Johnny, just take your time, do your best, enjoy your effort – hard work is good for more than your muscles...." I suspect I learned so much more than what working in 90% humidity and beating away summer's last Midwest mosquitoes can instill!

To me, so many of my own childhood memories and ethnic roots seem to come alive again every time I visit the Midwest. It is an unmistakable hallmark of the Midwest and European hospitality and a monumental demonstration of love to put food in your belly. The most authentic assessment of my upbringing is that if you're hungry in my home it's your own fault! "Eat, eat. What? You don't like my cooking?"

These lessons in food comfort and hospitality as well as my lessons in service are without a doubt shaped and flavored by each of my grandmothers' rich wisdom. Josephine taught me to take my time and Elizabeth, my paternal grandmother, taught me to put love and passion into everything I do. Whether in the kitchen, the classroom, the examination room, or the OR, we at Veterinary Surgical Centers strive always to bring passion to our work of service both with our time and our love of vocation. We realize bringing passion to our work is only possible when we take our time and we put a little (or a lot) of love into what we do.

Passion at Veterinary Surgical Centers

- **Right:** We make every effort to share our gifts and talents as we seek to exceed rather than meet expectations.
- **Pride:** Our own name is on it! Provided by taking our time with our passion and effort.

Resilience: Response rather than reaction. We replace anxiety with competence and comfort. We wish to grow in your esteem.

This is how we turn our passion into action and service.

Several years ago, my Uncle Joe shared a favorite family recipe from my Grandmother Elizabeth's kitchen. Mind you, Elizabeth did not cook with a recipe(!) but, under prodding from her loved ones, would write down a few of our favorites. Reading this particular recipe, written many decades ago in her own hand, I cannot shake the notion that her loving words and ways still to this day touch all that I do. With the ethos of passion from her Slovak upbringing she concludes a favorite recipe with:

"try it this way ... something good is sure to come of it. I love you all"

As we close our year with you and our families we hope our "Reflections of a Service Profession" resonated with you. 2010 will be a year at VSC where we were reminded of how important it is to be grateful for what we have. Cheer and joy in the upcoming holidays.

Sincerely,

John J. Haburjak, DVM Diplomate ACVS

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Autumn 2010 Newsletter

CONTINUE TO EXPECT...

Direct contact with a VSC surgeon 7 days a week for consultation, case support and for scheduling referral and mobile surgery. (925-201-3400 or 510-595-4600)

Electronic case and radiographic case consultation 7 days a week. info@vscdsurgerycenters.com

24 hour/day surgery by a completely trained veterinary surgeon. Residents will not be performing surgery on your referrals.

Mobile veterinary surgical services by a skilled and experienced surgeon with 'low-impact' on your daily staff and procedural operations. Most surgeries (including TPLO) are performed in less than 2 hours.

SUMMARY OF SERVICE OFFERINGS

WHAT CAN VSCD OFFER YOUR FACILITY?

Board-certified surgical expertise

Receiving referrals for advanced consultation, diagnostic and surgical services

Providing surgical services at your facility with minimal impact on your daily operations and resources

Offering telephone or electronic (email) consultations

Giving on-site continuing education lectures personalized to the needs of your staff

Providing complimentary informational brochures and pamphlets for use internally and for clients

THE SURGEONS OF VSC



FEATURED MEDICAL CASE

ORAL-GINGIVAL MASS



J.T., an 11 year old male Labrador retriever, presented to his daytime practitioner for progressive swelling of his right mandible associated with an enlarging 4cm bright red gingival mass. (Figures 1 & 2) At the time, a serum blood chemistry, U/A, 3-view chest radiographs and a wedge biopsy were performed. The findings confirmed that the gingival mass was histologically consistent with an acanthomatous ameloblastoma. Otherwise, J.T. was hypothyroid, and the rest of his clinical staging was unremarkable. J. T. was referred for advanced imaging, and definitive surgery.

J.T. had a pre- and post-contrast CT performed to evaluate the extent and aggressiveness of the gingival mass and to evaluate the retropharngeal and mandibular lymph nodes. The lymph nodes were absent of obvious metastatic disease, and the gingival mass was confirmed to be a mixed, expansile and destructive mandibular and aveloar bone tumor. (Figure 3)

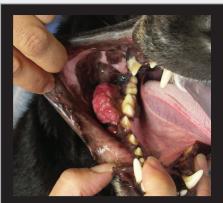


Figure 2

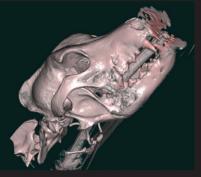


Figure 3



Figure 4



Figure 5

... Featured Medical Case continued

Based on the results of the CT scan. we recommended performing a partial right-sided hemimandibulectomy. The partial mandibulectomy was performed caudal to PM1. (Figure 4) The procedure was routine, and J.T. recovered with topical wound infiltration (local blocks), narcotic infusions and gruel diets in the hospital for 48hours. (Figure 5) On the second day in the hospital, J.T. was eating soft/canned diet well, comfortable on oral medications, and was discharged to the pet owner with instructions to avoid hard food for 2-3 weeks and all chew toys for a period of 6 weeks. At last check J.T. was recovering well at home. Please see the video of J.T. eating his first meal on our website (www.vscdsurgerycenters.com).

NOTABLE NEWS

VSC ACCOMPLISHMENTS

Hearty congratulations to two of our own for their recent professional recognition! Alameda County Veterinary Medical Association's Outstanding RVT of the Year went to Sandy Tang and the Outstanding Staff Member of the Year to Frank Oliaro. Their ongoing efforts are a credit both to Veterinary Surgical Centers as well as to the veterinary community at large. Sincere acknowledgments to their coworkers Jill Mammon, Renee Leo, Amanda Walsh and their supervisor, Christine Hilliard for helping them get there.

Important clarifications and take home points regarding oral-gingival masses:

- Important differentials for oral-gingival masses include: melanoma, squamous cell carcinoma, fibro- and osteosarcoma and epulis
- The canine epulis is a benign neoplasia characterized as: peripheral odontogenic fibromas (formerly fibromatous or ossifying epulides) or acanthomatous ameloblastoma (formerly acanthomatous epulis)
- Peripheral odontogenic fibromas: These tumors are noninvasive, but may become quite extensive. They arise from the periodontal ligament and complete surgical removal must include tissues up to and including the periodontal ligament. This often necessitates en bloc removal of the affected tooth or teeth. Complete excision is curative.
- Acanthomatous ameloblastomas: These tumors rarely metastasize, but due to their locally aggressive nature surgical excision must include a full 1-cm margin of clinically normal tissue (again including bone) to prevent recurrence. Adequate surgical removal is curative.
- Most dogs remain in hospital for only 2-3 days post-operatively, and are comfortable and active by suture removal

For more information on this case, or on surgical oncology in general, please contact Drs. Carlson, Coomer or Haburjak.

John J. Haburjak, DVM Diplomate ACVS

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NOTABLE NEWS

EQUIPMENT ACQUISITION

Veterinary Surgical Centers has recently acquired two pieces of surgical equipment. The 1.9mm arthroscope will broaden our ability to provide minimally invasive surgery to our cats and smaller dogs. The Ligasure device is featured in this issue's professional interest article.

LIGASURE APPLICATIONS

The LigaSure can be used in virtually every application one might use regular cautery, including:

- Cauterizing and dissecting of multiple vessels such as those found during splenectomy, liver lobectomy or lung lobectomy.
- Dissection of tissue bundles for procedures such as palatoplasty or limb amputation.
- Minimally invasive surgical procedures such as laparoscopic-assisted:
 - gastropexy
 - ovariectomy or castration, including cryptorchid conditions
 - pericardectomy
 - biopsy procedures particularly those of the liver

PROFESSIONAL INTEREST ARTICLE

LIGASURE: VESSEL SEALING TECHNOLOGY

The recently acquired LigaSure device uses a combination of pressure and energy along with the body's own collagen and elastin to create an enduring fusion of tissues. It will permanently fuse vessels up to and including 7mm in diameter as well as tissue bundles, lymphatics and pulmonary vasculature without manual dissection or isolation. The average seal takes only 2-4 seconds and, subsequently, these seals withstand three times normal systolic blood pressure. A feedback-controlled response system prevents over-charring tissues.

Used in open surgeries as a replacement for traditional electrocautery or ligation, the LigaSure achieves faster fusion, more flexible fusion zones and less tissue dessication.

Laparoscopically, it provides dissection with hemostasis. Benefits of this technology include reduced tissue char, reduced lateral thermal spread, reduced electrode drag through tissue and ability to use lower voltage compared to traditional cautery devices.

Our goal of these advances is to reduce patient morbidity and to speed and facilitate recovery to full function.



NEWSROOM FEATURES



WELCOME DR. AARTI SABHLOK!

Veterinary Surgical Centers welcomes Dr. Aarti Sabhlok and the resumption of oncology services at Pets Referral Center in Berkeley. Dr. Sabhlock completed her veterinary degree at Ross University and Louisiana State University. She has completed a rotating internship in small animal medicine and surgery at Metropolitan Veterinary Hospital in Akron, Ohio. She completed a medical oncology residency at Animal Specialty Group with Veterinary Oncology, Inc. where she trained extensively in medical and radiation oncology. Her hobbies include cooking, reading, volleyball and travelling. We are fortunate to have her join our surgery and internal medicine services.

VSC CONTRIBUTIONS

In addition to our regularly featured resource corner, we wanted to take the opportunity of the holiday season to share with you the causes to which VSC's employees donate their own personal time and resources. 2010 has seen VSC contribute to:

- The PKD (Polycystic Kidney Disease) Foundation
- The Susan G. Komen Breast Cancer Foundation (including the walk!)
- The Contra Costa Food Bank
- The American Lung Association
- Mo-vember: The Prostate Cancer Foundation
- Father Frank's Kids (benefiting orphaned and abandoned kids of Central America)
- South Oakland Citizens for the Homeless (Clothing the homeless)
- American College of Veterinary Surgeons Pet Memorial Fund (naturally...)

May next year bring even greater contributions....

RESOURCE CORNER

www.blindpets.com

BlindPets.com specializes in products, services, and support for blind and deaf pets and their caretakers.

www.bringyourpet.com

Search through BringYourPet.com's lodging directory for pet-friendly hotels, motels, B&Bs, resorts, and cabins. This site features only the highest quality pet-friendly lodging in each state as well as travel tips and travel news.



www.navta.net

NAVTA: Committed to the education, career growth and advancement of its members, the National Association of Veterinary Technicians in America is a non-profit organization that represents and promotes the profession of veterinary technology.



Autumn 2010 Newsletter

FEATURED BROCHURE



The Knee Problems and Solutions for the Injured Knee



Come. Sit. Stay. **Heal...**

THE KNEE: This month's highlighted pamphlet features surgical conditions of the knee. The information is broadly split between cranial cruciate ligament injury and patella luxation. CCL rupture is summarized with a review of passive and functional repairs (see our brochure dedicated solely to CCL injury for more details). The remainder of the content describes symptoms, grading and diagnosis of luxating patellae as well as common surgical options for repair. Finally, it concludes with discussion of multiple conditions (CCL tears and luxating patella) and anticipated surgical recovery.

This is an excellent tool to supplement the information you already provide your clients. The brochure is also a useful tool for your staff to achieve greater familiarity with these procedures as well as cultivating a common language to use with one another as well as with your clientele.

This and other brochures can be found at and downloaded from our website at www.vscdsurgerycenters.com. Simply access the appropriate pamphlet under "disease conditions" on the home page. For complimentary copies of any of our brochures or business cards email us any time at info@vscdsurgerycenters.com.

This newsletter is excitedly dedicated to Matilda Grace Coomer (8 pounds, 10 ounces, 21" long) born to Erin and Alastair 9-30-2010. Matilda boasts a superb pair of totally functional

lungs seeing constant use and is in excellent health. Veterinary Surgical Centers wishes her and her tired parents a long life full of happiness, health and service to those causes they find worthy.



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