



## Reflections on a Service Profession: "Commitment" Part 1 of 3

Last fall I had an interesting conversation with my father about service, during which he said something that at the time I considered controversial: "Service is an art and a profession, talked about by many, executed by few." Wow! That's some strong sentiment from a man fully immersed in the service industry for over 40 years.

Since that discussion, I've reflected on these ideas and closely examined my own attitudes about service and how these are mirrored in the operations and values that form the culture of Veterinary Surgical Centers. To me, there's so much personal food for thought in my father's words: there is art, there is profession, there is execution and, encompassing each the question, "What does this concept mean to me as a veterinary service provider?" As importantly, "What does it mean to the recipients of our service - pet owners, patients and referring veterinarians?"

If I narrow in on the simplest terms of what makes a true professional, after considering all the time, resources, sacrifices, and opportunities that our training has demanded, in the end I am left with 'commitment'. We have all committed to a variety of individual goals, principals and values that have allowed us with pride to display our veterinary diplomas.

Yet, I wonder: how does 'commitment' look on the clinic floor, every day, with our patients, our pet owners, our referring veterinarians and our staff? We wish to share with you what we found:

### **Veterinary Surgical Centers Commitment**

#### **To our referring veterinarians:**

**Availability:** 24h/7d specialty surgical services

You may *always* directly speak to a VSC surgeon via phone

You may *always* consult with a VSC surgeon via email

**Expertise:** Fully trained ACVS boarded or residency-completed surgeons

**Flexibility:** Developing diagnostic and therapeutic plans that take into account all aspects of an individual patient's care and needs as well as available resources

#### **To our staff:**

**Respect:** Honoring the individuality of our colleagues

**Support:** Sustaining each others' personal and professional successes

**Balance:** Establishing and honoring individual boundaries and encouraging an effective work-life equilibrium

#### **To our pet owners: everything above! And...**

**Compassion:** We let our true love for animals create a genuine bond with people

**Hope:** A mended leg, a mended heart, a mended life...a gift we can share

**Charity:** A generous dose of the Golden Rule and ongoing contribution to our community

This is VSC's commitment to high-tech, high-touch. We look forward to presenting parts 2 and 3 of "Reflections on a Service Profession" in which we will discuss the concepts of Integrity and Passion.

Sincerely,

**John J. Haburjak, DVM Diplomate ACVS**

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## 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.

deltasurg@yahoo.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

(14°). Some reports consider greater than 12° as above the threshold of physiologic varus. However, as long as excessive varus angles are not accompanied by patellar luxation (some bulldogs can approach 20° of varus without concomitant patellar luxation), few veterinary orthopedists will pursue definitive correction. An important exception to this rule is the presence of cranial cruciate insufficiency which,

## THE SURGEONS OF VSCD



*John J. Haburjak*



*Kimberly Carlson*



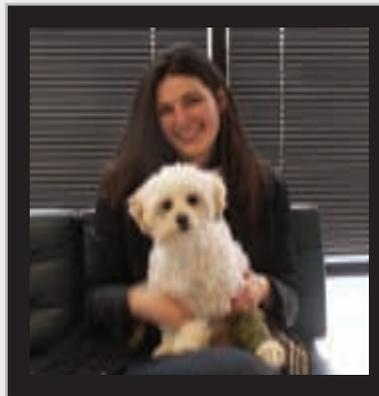
*Alastair Coomer*



*Heather Towle*

## FEATURED MEDICAL CASE

### PATELLAR LUXATION: DISTAL FEMORAL OSTEOTOMY



"Brody" a 6 ½ year old male Cockapoo (figure 1) presented for surgical consultation of bilateral medial patellar luxation (right grade II/IV; left grade III/IV) with concomitant right cranial cruciate insufficiency. His pertinent history included a total of 5 attempted surgical procedures for correction of patellar luxation and a more recent episode of non-weight bearing lameness to the right pelvic limb. There was no known trauma witnessed or suspected, and Brody's condition had not improved with rest and NSAID's. Plain radiographs demonstrated mild-moderate bilateral stifle DJD and effusion with distinct and excessive femoral varus (bow-leggedness) of the left distal femur. Physical examination confirmed both medial patellar luxation, and cranial cruciate insufficiency.

Limb alignment radiographs of both femurs (figure 2) demonstrated normal physiologic varus of the right femur (5°) and excessive varus of the left femur

...Featured Medical Case continued

in addition to a functional cruciate repair (TPLO, TTA), may also require correction of the femoral varus to properly overcome the abnormal forces occurring in these bowlegged stifles (even in those without overt patellar luxation).

On Brody's right stifle, we elected to repair the acquired and congenital deficits in a conventional manner: open arthrotomy for cruciate ligament debridement, meniscal inspection, trochlear wedge recession, tibial tubercle transposition, medial release and lateral imbrication. Furthermore, the cranial cruciate ligament was modified with a lateral fabellar suture through a tibial bone tunnel. Recovery from this procedure has been good. Once the recovery from the right stifle repair was fully rehabilitated, the patellar luxation on the contralateral limb became symptomatic. In an effort to reestablish quadriceps integrity and to protect the cranial cruciate ligament from potential damage, we performed a realignment procedure.

Given that multiple conventional attempts had been performed in order stabilize the patella in Brody's left stifle, we recommended and performed a distal femoral corrective osteotomy (DFO). This involves an open arthrotomy and a combined medial and lateral approach to the distal femur, a lateral closing wedge osteotomy, and application of a specialized plate fixation. This procedure results in a straighter femur with a realigned quadriceps mechanism. In Brody's case, we elected to place one of our new Fixin (conical coupling) plates (figure 3), resulting in a correction to 5° of varus (figures 4 & 5). In addition, we performed a very proximal medial release, and lateral imbrication along with the more standard wedge recession and transposition of the tibial tubercle. All of these reconstructions resulted in satisfactory quadriceps alignment and function.



Figure 2



Figure 3

At this stage, Brody continues to rehabilitate well, and we anticipate a return to near normal pre-injury activity status. Brody illustrates the complexity with which some more routine orthopedic conditions may present. We commonly see bilateral patellar luxation, and regularly see patients with concomitant cranial cruciate insufficiency. However, Brody represented a situation in which both conditions were further exacerbated and worsened due to an excessive variation of normal physiologic varus. Although complex, Brody's condition appears to be well-addressed with a combination of limb straightening and more conventional techniques to achieve patellar stability.



Figure 4

Figure 5

## NOTABLE NEWS

### VSC's NEWEST DIPLOMATE!

Heartfelt congratulations Dr. Alastair Coomer for passing the specialty surgery boards and becoming an official diplomate of the American College of Veterinary Surgeons. This outstanding accomplishment culminates a rigorous practical and academic course, including the publication of research and completion of internship and residency programs. We know Dr. Coomer, BVSc, MS, DACVS will bring professionalism, skill, compassion and expertise (with a dash of frivolity) to our industry and our community.



For consultation, and advice on these challenging orthopedic conditions, please do not hesitate to contact any of the surgeons of Veterinary Surgical Centers. We look forward to hearing from you and to assisting you with your complex orthopedic presentations.

**John J. Haburjak, DVM**

Diplomate American College of Veterinary Surgeons

## NOTABLE NEWS

### *PROPHYLACTIC GASTROPEXY*

Whether performed with a traditional laparotomy or by minimally invasive technique (laparoscopically), gastropexy can prevent life-threatening gastric volvulus. Done prophylactically, this procedure may be one of the most important interventions we can provide our high-risk patients. Please contact our Operations Manager, Greg Goodman at 510-548-6684, if you would like more information about setting up a prophylactic gastropexy program at your hospital.

## NOTABLE NEWS

### *DID YOU KNOW?*

That Veterinary Surgical Centers is a great source of continuing education for you and your staff. Some of our most popular lectures include “Bandaging Techniques & Complications” and “The ECG Made Easy”. For a more comprehensive list of topics or to set up a “C.E on Wheels” in the familiarity of your own facility, please contact our Operations Manager, Greg Goodman at 510-548-6684.

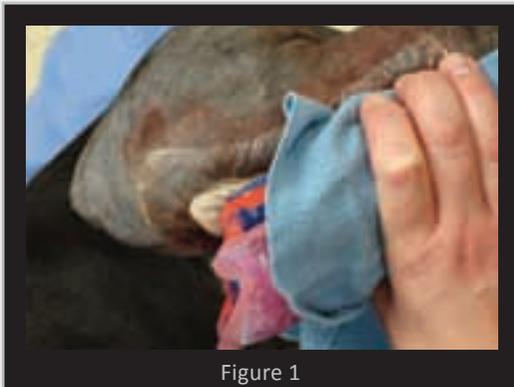


Figure 1

## PROFESSIONAL INTEREST ARTICLE

### *ICE PACKS, FROZEN PEAS, OR GAMEREADY? What, How, and Why...*

Cryotherapy, or the use of cold temperature as a treatment modality, has been utilized for centuries to control pain and inflammation following injury or surgery. Historically and contemporarily ice-cubes or ice-packs have been used to cause local vasoconstriction (thereby limiting hemorrhage, edema and local inflammatory responses), slow cellular metabolism (with an associated decrease in hypoxic tissue damage) and delay local nerve conduction (effecting local analgesia). Cryotherapy can be useful in the treatment of the acute phase of inflammatory conditions such as musculotendinous strains or sprains. Importantly, the application of heat in these situations is detrimental in the acute phase and may result in additional vascular congestion and increased pain.

Many variations of ice-packs are used in clinical practice; including frozen vegetables, a bag of ice wrapped in a thin moist cloth, commercial freezer blocks, water mixed with isopropyl alcohol, or commercial cold-packs (Figure 1). The barrier between ice and skin must be thick enough to prevent tissue trauma, but thin enough to allow effective cold conduction. While this barrier allows cooling of the soft tissues, it also allows warming of the ice by the patient; thus limiting the consistency and duration of effective treatment. Further, ice-cooling is not well-conducted through padded elastic bandages. With post-operative cryotherapy being the most common treatment scenario, a dilemma presents between immediate post-operative bandage compression to decrease hematoma and edema formation, and effective cooling with cryotherapy.

Veterinary Surgical Centers has recently solved this dilemma with the addition of GameReady at both the PETS-Berkeley and VetCare-Dublin facilities. GameReady incorporates both a constant, temperature-adjustable circulating water bandage with a constant or oscillating hydraulic compression bandage (Figures 2 and 3). The combination of time, temperature and pressure are all variable and tailored to the needs of the individual patient.

...Professional Interest Article continued

Our current treatment recommendations are to apply cryotherapy immediately after surgery while the patient is under anesthesia or during anesthetic recovery. Therapy is combined with intermittent, oscillating compression for 20 minutes and is discontinued or postponed if the patient's temperature is below 98 degrees Fahrenheit (37 degrees Celsius). Additional cryotherapy sessions are conducted every 4 hours for 20 minutes while the patient is hospitalized. No formal recommended target tissue temperature has been established, and different individuals tolerate different regimens, therefore, each patient is constantly monitored for discomfort.

Since instituting GameReady, we have been impressed with a reduction of post-operative soft-tissue swelling and apparent increased patient comfort. This is encouraging, considering that this therapy has replaced the application of compressive bandages on these cases.



Figure 2

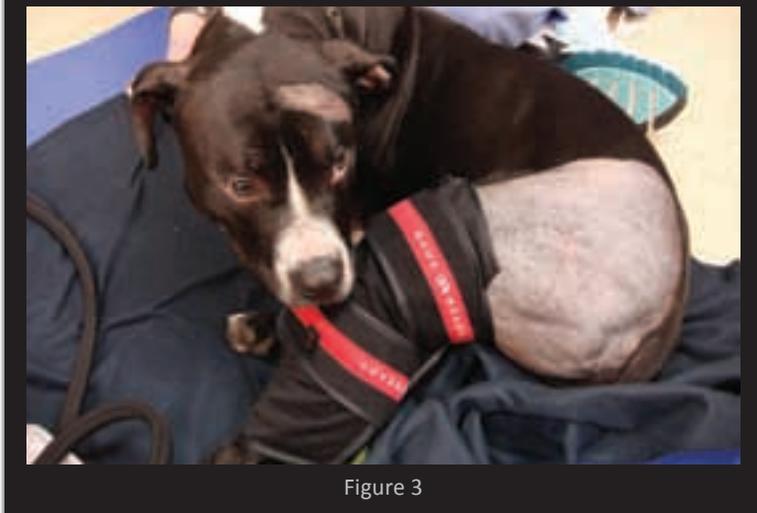
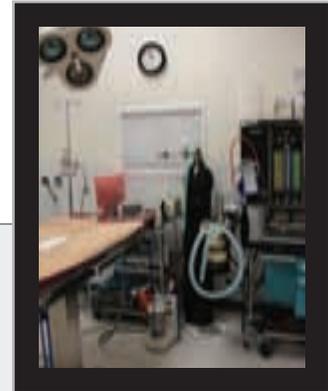


Figure 3

## NEWSROOM FEATURES

### NEW OPERATING ROOM

We are pleased to announce that Phase I of the construction project at PETS Referral Center in Berkeley is now complete! The surgery department is now working out of our brand new OR and prep area custom-designed to our unique specifications. Drop by and have a look!



## RESOURCE CORNER

[www.aspca.org/pet-care/poison-control](http://www.aspca.org/pet-care/poison-control)



ASPCA: A 24-hour comprehensive resource for any animal poison-related emergency, a great website to have bookmarked for fast access.

[www.kittenwar.com](http://www.kittenwar.com)



The site where cute is the only weapon! Watch kittens "out-cutting" each other head-to-head and see if your vote matches the nation's.

[www.eccchalo.org](http://www.eccchalo.org)

A local animal-assisted activities and therapy service, Angel Ears provides opportunities for motivational, educational, recreational and/or therapeutic benefits for our canine companions to enhance the quality of human life. VSC has been privileged to help "Dashiell", a young Border Collie/Aussie rescue back into action assisting children to enjoy reading.



FEATURED BROCHURE

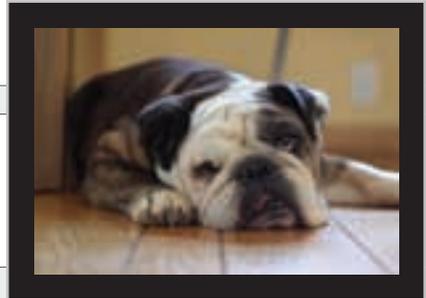


INTERVERTEBRAL DISC DISEASE

This issue features our recently updated "Disc" brochure. The pamphlet describes breeds at risk for disc disease as well as common clinical presentations. A brief review of disc anatomy and pathology is followed by a discussion of diagnostic tools and two common surgical interventions: the hemilaminectomy and ventral slot procedures. Finally, it summarizes expectations of post-operative recovery.

This is an excellent tool to supplement the information and materials you already provide your clients. Furthermore, many hospitals are using this brochure internally, to help their staff achieve greater understanding of these conditions as well as to develop a common language to use with their clientele.

This, and all of our other, brochures can be found at (and downloaded from!) our website at [www.vscdsurgerycenters.com](http://www.vscdsurgerycenters.com): simply access the appropriate condition under the "brochures" drop-down menu or click the link under "brochures" on the home page. Enjoy a wealth of additional information at the website as well. For complementary copies of our brochures simply call us any time. Thank you for your continued interest and support!



The spring 2010 issue is fondly dedicated to Gabby Coomer, a dog of great character, questionable aromas and a penchant for pushing the envelope when it came to her own personal comfort. The Gabber will be greatly missed...

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**Dublin**  
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