Toward "better" Surgery:

A Hodge-Podge

Direct Veterinary Surgery
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As the year comes to an end, I like to think about what makes next year even better. Sometimes my brain gripes, "Oh for goodness sake, can't we just sit comfortably where we are? It's good enough, right?" Then my master brain kicks in, "Yes, yes. Good. Now flex a bit, sweat a bit, focus a bit, and let's get better." Go team! Rah, rah! (*Sigh.*)

So, here is a hodge-podge of things that are, by definition, the "little things". The things that just need a little more effort, a brief focus to create a habit…no sweating, promise. (It is winter in the Great White North, after all.)

After reading this and spreading it around to all staff, think about penning a note to the DVS Suggestion Box (directvetsurg@gmail.com / text 651 829 1111) and tell us what little things make your surgery day better with us.

The Rad Histo History

Here…I am going to channel the clinical and anatomic pathologists and radiologists a little bit… (Every day I feel their pain as they stumble through data with their eyes, trying to make heads and tails of some complex things…without the benefit of a proper case history.) Take a moment and roleplay with me for a few seconds—

Me: What is this?
You: What?
Me: This.
You: What? I don't know what you mean by "this".
Me: What is it?
You: What?
Me: For cripesake, I wasted all this time asking you, and you can't even answer a simple question!? THIS!!!
You: Oh, for Pete's Sake!

Is it a dog or cat? Is it obese or cachectic? Are the liver enzymes up? Which ones? How much? How big is it? Where is it? What color/texture/consistency? How long has it been there? Is this from an impression, a needle, a punch, an excision? What anatomy hurt when you poked or extended it? You get the idea. Radiographs, slides and histo samples should not be a "blind box" exercise. **I know for a fact** (yes, a fact…a real fact) that you **get** more when you **give** more.

**A brief note to the veterinary technicians in the group…you are in a medical profession. There is a medical vocabulary key to the practice of this profession. *Pedunculated*. *Bilateral*. *Excoriated*. *Peracute*. Stretch yourselves to learn it and use it. Two benefits—medical cases are more accurately managed (patient bonus!) AND you command more respect (you bonus!)

Now why is this important "toward better surgery"? Well, as a surgeon, I get reports from these clinical and anatomic pathologists and radiologists. And then I am asked to make recommendations and predictions based on those reports. Do you remember the party game "Telephone"? (Ok, young pups, if you don't…look it up! It's quite a hoot, and you get to whisper in the cute guy's ear.) I am the poor sap at the end of the line, reciting aloud what the message morphed into. Everyone laughs. Yes, they laugh, at me, when I make my recommendation from one of those reports that blossomed out of NO case history, and I am talking about a broken bone in a tail of a dog, when the client presented with a lump on the head of a cat!

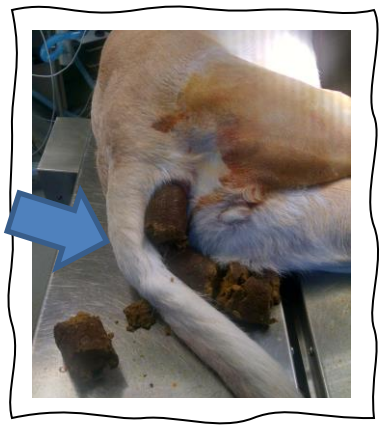
***SUMMARY:* Design and implement a standard case description template that goes with each and every clin path, histopath, radiology submission. And then use it!**

BUTT BUGS, ANAL ANIMALS AND THE PLACES THEY *END*-UP

The next time you have an average sized animal on the prep or surgery table, look around and see where there is a convenient place to set stuff. Nine times out of ten, it is at the tail-end of your patient. Prep canisters, bandage supplies, roll of paper towels, you name it! (And as a bonus, then take a look around and see where the closest box of exam gloves is! Argh!!)

Now, let's roleplay again. … … … Ok, no, I can't. It's just too gross. Instead let me just show you these two demonstrative photos.

Yes, that is poop.



And that is also poop. :>(

***SUMMARY:* Don't do it. Don't do it barehanded. Don't put those supplies in that location. Just don't doo it.**

Those Pesky Penii and Bulging Belli

Dogs are creative. They had a bone put in their penii. Seems dangerous to me, but, hey, to each his own. The girlie-girls don't get a break here either; some of them do-lap over everything we try to do. (Ok, male cats and male dogs have the same affliction, but work with me here, I'm trying to be funny with words.)

Where this little over-stretched ditty is going, is lateral radiographs toward the back end of a patient. The "penis knee" or the "belly patella". Frankly, I am speaking to those of you who take and then approve (!) the lateral radiograph of a rearleg (usually stifle) and the *os penis* or the *Cushingoid belly* is directly, I mean directly, over the stifle. It's funny. But not so funny, really. No really. "WTF" comes to mind, but this is a family newsletter.

Summary: Practice mindfulness when taking (and approving) radiographs. Confirm before, during and after that you have a quality image of the anatomy you want to study.

May the Force be With You

Let me tell you a story to illustrate a point. True story.

When I was working in Southern California, my sister was visiting. As it happens, my weekend was commandeered by a veterinary project to which I was instrumental. We were scheduled to take the Veterinary Ambulatory Community Service vehicle to spay and neuter 50+ potbellied pigs run amok on three acres in Riverside, CA; they were multiples of offspring originating from three founding mothers/fathers. Oy. Anyhoo, my sister was visiting, and I couldn't get out of it, so she had to come along on this learning/teaching experience with me, my (long-suffering but patient and good-natured) surgery technician, two other faculty and 15 veterinary students. Wearing my scrubs and demonstrating her remarkably extroverted demeanor, she signed up to do ALL of our instrument/pack turn around. Thankless job. BUT, while doing that essential task, she took it upon herself to enlighten ALL OF MY colleagues and students with stories of baby Razz. Double oy. One such story (I know, this is a story within a story, but you are having fun, aren't you?) was of me doing one of my first neuters on a dog and, low and behold, my sister happened to be there. To set the stage and generate some empathy for me...I was at work; I was working on my boss' brother's dog; the dog was brought to the clinic unbeknownst to the owner by the owner's girlfriend; to be neutered (!); I was a pre-vet student (ok, still a wannabe); and I was performing a dog neuter for the first time. (A little sympathy for the level of physiologic stress I was under at the time.) Anyhoo, during the procedure, being performed, mind you, following strict aseptic surgical protocols, my sister pointed at something at the surgery site while reaching ACROSS my

instrument table. I believe I said something to the effect, “Don’t reach across like that.” Now back to the story my sister was telling (over and over again to anyone who would listen)…she claimed, instead, that I lost my s—t and barked “Never break the sterile plane!…(and then went on to elaborate on that sterile plane concept for the next hour.)” Sorry, only she can tell the story with as much relish as it does NOT deserve.

So, what might you ask, is the “sterile plane”? It is actually a thing. (I’m calm. Heart rate is up a tad, but I’m cool.) It is an imaginary WALL, the boundary of which is outlined by anything blue or green in the operating room, through which you DO NOT come. Your hands, your swinging stethoscope, your dragging coat tails, your buxom bosom, your dangling mask ties, your tippy clipboard. NONE of it. (Deep breath, thoughts of the ocean waves, salt air.) That is the “sterile plane”. (*Tiff, I hope I told the story within the story within the story to your liking.* 😊)

SUMMARY: ***Please respect the Sterile Plane.***

Happy New Year, everyone! As I sit on a plane, headed to the land of the salt air I cherish and miss so much, I give thanks to all of the little things that make our professional world go ‘round. It’s all of you, taking care of all of them. Thanks for petting them when they are scared. Thanks for hugging them when they are sad. Thanks for giving me a smile when you see me coming through the door! Have a good one.

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