Oral presentations

thoracic cavity was most commonly penetrated (n=35). Diagnostic imaging (all modalities combined) was sensitive and specific to identifying wooden material in 56% and 95% of cases respectively and surgical retrieval of a foreign body or its fragments was required in 20 cases (37%). Thoracotomy was performed in 56% of the cases. Complications occurred in 20 dogs (37%) and of these 70% were minor, 10% major and 20% catastrophic.

Retrospective evaluation of surgical treatment for congenital extrahepatic portosystemic shunts by thin film banding versus ameroid ring constrictor placement in dogs

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OBJECTIVES

The objective of this study was to retrospectively compare two cohorts of dogs surgically treated for single congenital extrahepatic portosystemic shunts by thin film banding or placement of an ameroid constrictor.

STATEMENT

Despite the often seen dramatic presentation of impalement injuries the majority of treated patients can achieve good outcomes. These injuries require thorough diagnostic imaging and interpretation prior to adequate surgical exploration and management, augmented by anaesthetic and critical care during the peri- and post-operative periods; therefore stable patients should be referred to centres able to provide this type of care.

METHODS

Medical records of dogs with congenital extrahepatic portosystemic shunts treated by thin film banding or ameroid constrictor placement from 2009 to 2016 were reviewed for breed, age at surgery, duration of surgery, postsurgical complications, duration of hospitalisation, pre- and postoperative biochemical analysis, clinical outcome and requirement for repeat surgery. Data were reported with summary statistics.

RESULTS

Forty-nine dogs were treated with thin film banding and 23 were treated with ameroid constrictors based on surgeon preference. In the thin film banding group 10% of dogs died or were euthanased post-operatively compared to 4% in the ameroid group. Postoperative complications occurred in 24% of dogs treated by thin film banding and 22% of dogs treated with ameroid constrictors. Repeat surgery for further attenuation, due to persistent shunting was performed in 20% of dogs treated by thin film banding compared with 9% treated with ameroid constrictors.

STATEMENT

Our results suggest that ameroid constrictor placement is associated with lower postoperative mortality and a reduced need for second surgery compared to thin film banding. A relatively high rate of persistent shunting prompting additional surgery was seen in the dogs treated with thin film banding, suggesting that this method may not result in complete shunt attenuation in a significant proportion of animals, contrary to previously published findings.

Monopolar burns as a complication of electrosurgery: a case series

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OBJECTIVES

To describe cases of monopolar burns occurring as surgical complications, including their treatment and outcome, and to discuss strategies for their prevention.

METHODS

Cases where burns occurred as a result of monopolar diathermy use during surgery were reviewed (2011–2014). Cases with adequate medical history and record of follow-up procedures, treatments and outcome were included.

RESULTS

In three cases, burns occurred at the site of the neutral-plate. The site of the plate was not recorded in the fourth case. Burns were first observed immediately ($n=1$), 48-hours ($n=1$) or 72-hours post-surgery ($n=2$). All cases required medical treatment and two cases required additional surgical treatment. Recovery was successful in all cases; time for complete resolution ranged from five days to two months. Electrosurgery units were serviced following the incidents and faults were identified. Most burns were iatrogenic in origin, related with the use of excessive current, poor neutral-plate contact, and/or increased subcutaneous fat and thick hair at neutral-plate

site. When burns were not thought to be directly related to the site of the neutral-plate, it is highly likely that an alternative current pathway resulted in the burns.

STATEMENT

This study identifies key points for the safe use of electro-surgery in veterinary surgery. There is a need for guidelines on surgical planning, correct preparation and placement at the site of the neutral-plate. Adequate record keeping, both during the procedure and subsequently is important. Owners should be aware of burns as a potential complication of electrosurgery.

Bile acid stimulation test for the evaluation of congenital extrahepatic portosystemic shunt attenuation by cellophane banding in 9 cats

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OBJECTIVES

To evaluate the occlusion of congenital extrahepatic portosystemic shunts (CEHPSS) in cats by means of cellophane banding (CB). To report intra-operative and post-operative complications and outcome measures (clinical response and results of serial bile acid stimulation tests (BAST)).

METHODS

Retrospective study design. Included cats had a CEHPSS identified on abdominal ultrasound and confirmed at coeliotomy. All cats had BAST performed pre-operatively

and a mean of 85.6 days (14 to 280 days) following gradual occlusion by CB.

RESULTS

The study population comprised cats of four different breeds with a median age of 1 year 18 months (4 to 33 months) and median weight of 2.68kg (1.49 to 4.7).

Clinical signs included ptialism (9/9), abnormal behaviour (6/9), lethargy (4/9), anorexia (3/9) and seizures (2/9). The most common findings on physical examination were small size (6/9) and copper coloured irises (3/9). Fasting BAST was substantially abnormal in 8/9 cats, equivocally raised in one cat pre-operatively.

No severe intra-operative complications were encountered. At day 120 following attenuation, 7/9 cats had normal BAS and 1/9 had abnormally increased BAS. Another cat did not have BAS tested after surgery but remained without clinical signs. One cat developed multiple acquired portosystemic shunts but remained free of clinical signs until death 6 years later. 7/9 cats were alive and free of signs at last follow up (at least 9 months after surgery). The cat with seizures decreased the frequency after 23 days of surgery.

STATEMENT

CEHPSS occlusion by CB in cats carries a very good short and long-term prognosis.