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

**Paula Valiente Diana,
Mary Trehy,
Benito de la Puerta**

North Downs Specialist Referrals (NDSR), Redhill, Surrey, UK

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.