CLINICAL SIGNIFICANCE

This study shows that stimulation of the sciatic nerve distal to the site of local anaesthetic administration induces motor activity, despite adequate sensory blockade. This is relevant in

surgical cases where mechanical stimulation of the sciatic nerve might be expected, and needs to be recognised to avoid postoperative neurapraxia.

Comparison of quality of sedation in dogs using dexmedetomidine combined with methadone or butorphanol: preliminary results

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INTRODUCTION

Reliable sedation is commonly required for positioning for radiography. Alpha₂ adrenoceptor agonists are commonly employed in combination with an opioid. The pure μ opioid agonist methadone may offer advantages over butorphanol during sedation for patients undergoing orthopaedic radiography, which require positioning that may be painful.

OBJECTIVE

The study was designed to investigate the sedative effects of methadone or butorphanol in combination with dexmedetomidine in dogs requiring sedation for orthopaedic radiography.

METHOD

Ethical review committee approval was obtained. Eighteen healthy dogs requiring sedation for stifle radiography were

recruited following informed owner consent. The dogs were assessed for body condition score (BCS), temperament and stifle pain using the short form composite measure pain score (CMPS-SF) by the same assessor unaware of treatment group and then randomly assigned to two groups: group M received methadone 0.2 mg/kg in combination with dexmedetomidine 0.002 mg/kg intravenously and group B received butorphanol 0.2 mg/kg in combination with dexmedetomidine 0.002 mg/kg intravenously. Degree of sedation was assessed using a simple descriptive score (0–11, with 11 representing maximum sedation possible) at 0, 5, 10, 15 and 20 minutes by one blinded assessor. Onset of signs of sedation was recorded and positioning for radiography was attempted 5 minutes after drug administration and the time at which positioning was possible recorded. If positioning was not possible after 10 minutes, additional dexmedetomidine 0.002 mg/kg was administered intravenously and subsequent sedation scores withdrawn from analysis. Data was analysed using Mann Whitney U tests and the sedation scores compared at 0–20 minutes using 2 way ANOVA. Statistical significance was $P \leq 0.05$.

RESULTS

The groups were similar for age, weight, BCS, temperament score, CMPS-SF, time to onset of sedation and the time at which positioning was possible. Significant differences were found at 5, 10, 15 and 20 minutes ($P < 0.05$) with sedation scores being lower in the group M. Additional sedation was required in three dogs in group M, two at 10 minutes and one at 15 minutes.

CONCLUSION

Intravenous sedation using butorphanol in combination with dexmedetomidine was more reliable than using methadone and dexmedetomidine in dogs.

A clinical analysis of complications associated with peripheral intravenous catheter placement in cats and dogs

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INTRODUCTION

Intravenous catheter placement is carried out across clinics on

a daily basis, and this procedure may be associated with a variety of complications. The aim of the study was to highlight current practice in intravenous (IV) peripheral catheter placement in both cats and dogs across the hospital and to identify problems encountered on removal of a catheter in order to improve the standard of care.

MATERIALS AND METHOD

A clinical audit was carried out over one month at a specialist referral hospital. The method of data collection was a checklist. On placement of an IV catheter, the first part of the record was filled out and attached to the patient's kennel sheet. On removal of the catheter the second part was filled and the form then collected.