STATEMENT (CONCLUSIONS)

HSPF might cause severe upper respiratory obstruction by occluding the dorsal portion of the laryngeal aditus and covering the corniculate processes of the arytenoid cartilages. HSPF might limit or block laryngeal abduction during inspiration. HSPF might represent an underestimated disease of the upper airways and clinician should

be aware of this condition when evaluating brachycephalic and non-brachycephalic toy dogs with signs of upper respiratory obstruction. A larger case series of dogs with HSPF is warranted to better characterize this condition and the indications for surgical versus conservative management.

Incidence and treatment of early transitory postoperative hypoxemia in dogs without cardio-pulmonary pathologies: a pilot study

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OBJECTIVES

To establish the incidence of early transitory postoperative hypoxemia (TPH) in dogs recovering from general anaesthesia, without cardiorespiratory pathology and to assess the duration of oxygen therapy.

METHODS

One hundred and eight client-owned dogs, undergoing general anesthesia for different surgical procedures, were enrolled in this prospective clinical study. To assess the oxygenation status, after extubation, the peripheral capillary oxygen saturation (SpO₂) value at room air was recorded every 7 minutes for 12 consecutive times after minimum 2 minutes of reading with a good plethysmographic signal. All the patients were monitored for a total of 84 minutes. The moderate hypoxemic patients (SpO₂<95%) received face mask (FM) oxygen therapy at a flow rate of 8–10 L/min while the severe hypoxemic patients (SpO₂<90%) received 5 cmH₂O of non-invasive continuous positive airway pressure (CPAP) with a helmet at a FiO₂ of 0.35–0.45. All the data were processed using a descriptive statistical analysis.

RESULTS

The incidence of TPH was 50%, 10% of patients were severe hypoxemic and 40% were moderate hypoxemic. Regarding the moderate hypoxemia, it had a greater incidence in the first 20 minutes while severe hypoxemia occurred most frequently at extubation time and decreased progressively at 5 and 10 minutes after extubation. The average length of time for oxygen treatment was 16.25 min for FM and 11.6 min for CPAP therapy.

STATEMENT (CONCLUSIONS)

TPH has an incidence of 50% in dogs with healthy lungs. FM oxygen therapy and CPAP with the paediatric helmet are adequate treatments for moderate and severe hypoxemia.

A case study of consent discussions for elective neutering in a small animal practice

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OBJECTIVES

The objectives of this case study were

1. to elicit the topics covered in the consent discussion prior to elective neutering
2. to evaluate the role of the consent discussion in relation to the consent form
3. to make recommendations for improvement to the pre-operative consent process

METHODS

A single centre case study was conducted in a large small animal hospital. Ten consent discussions involving eight different veterinary surgeons were audiotaped, transcribed and then thematically analysed.

Poster presentations

RESULTS

The major themes identified in the analysis of consent discussions were as follows:

1. explanation of the procedure
2. disclosure of risks
3. preparation for admission
4. discussion of aftercare
5. information about costs
6. opportunity for questions

Minor themes included

7. explanation of the benefits of surgery
8. response to client concerns

Specific examples will be provided for each of these themes.

STATEMENT (CONCLUSIONS)

The case study hospital was an example of good practice in conducting pre-operative consent discussions for all elective neutering, and in allocating fifteen minutes for these consultations.

The failure to mention the main (material) risk involved in such procedures, i.e., death, in 8 out of 10 consultations, is worthy of comment. Elective surgery should involve the highest level of disclosure, and the very small risk of a catastrophic outcome needs to be disclosed.

The benefits of having the patient neutered were not often included. A balance of risks and benefits would enable more informed decision-making.

Overall, the consultation was dominated by the veterinary surgeon, with clients given recommendations rather than options.

Recording of cardiovascular parameters in small animal general and referral practice

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OBJECTIVES

To investigate the standard of record keeping of cardiovascular parameters in general veterinary practice and a University referral practice and assess for any skill gap in murmur interpretation by comparing these records.

METHODS

Clinical records from 200 canine cases referred to the University of Glasgow Small Animal Hospital Cardiorespiratory service over a period of 19 months from 86 general practices across Scotland were retrospectively

audited for 12 criteria considered part of a full cardiovascular physical examination. Both referral and general practitioner notes were audited. Each parameter was placed into one of three categories 'recorded', 'not recorded' or 'ambiguous answer'. Where a heart murmur was recorded, records were further analysed for grade, timing and point of maximum intensity of the murmur to investigate for any interpretation skill gap.

RESULTS

In general practice, the mean total score for the cardiovascular parameters considered vital to record was 4.54 out of a possible 12 points (37.8%). Heart rate was recorded 72% of the time, mucous membrane colour 32%, respiratory rate 34% and respiratory effort 16% of the time. In referral practice, the mean score of the total parameters recorded was 8.83 out of a possible 12 points (73.6%). Referral and general practice agreed on grade of murmur 53% of the time with 86% being graded within one grade.

STATEMENT (CONCLUSIONS)

All veterinary surgeons have a responsibility to maintain clinical records as stated in the RCVS code of professional conduct. This study highlights the limited standard of record keeping for important cardiovascular parameters in the practices that were audited.