

Fourth Year Clinical Rotation in Small Animal Surgery 938-644

Overall Aims and Objectives

Your rotation in small animal surgery will provide you with clinical instruction based on case material presented to the small animal surgery services. The rotation will stress basic principles that will be reinforced through this clinical material. You will act as primary surgeon on elective cases (ovariohysterectomy and or castration) and should have a **thorough** understanding of the following: surgical anatomy, cellular and biomechanical aspects of wound healing, the surgical procedure, the suture materials and suture patterns required for basic wound closure. Although you will participate in surgery performed on clinical cases, your main responsibility is the total care of the patient and not the technical aspects of the surgical procedure. In most cases, you will act as an assistant in a surgical case and should anticipate responsibility commensurate with your level of training. For all surgical procedures (whether you are a primary surgeon or assistant) you must have a basic comprehension of the relevant surgical anatomy, the relevant surgical procedure and suture patterns for successful completion of this rotation.

Surgery cases are often poor risks for anesthesia and surgery. A thorough understanding of critical (intensive) care needs, including fluid and electrolyte requirements, diagnostic tests and patient care is necessary for successful management of these cases. You are expected to take an active role in decision-making and management of cases, after suitable discussion with faculty and residents on your service. It is your responsibility to review year 2 and year 3 surgery notes, as well as other relevant literature so that the concepts of small animal surgery are familiar.

Please refer also to: <http://www.vetmed.wisc.edu/students/courses/saos/index.html> for other relevant information.

At the end of the rotation in Small Animal Surgery, you should be able to:

1. Take a history from a client presenting a pet with a surgical disease
2. Perform a physical examination on a clinical patient. Perform examinations specific to problem areas (i.e. orthopedic, neurologic, upper airway) when appropriate
3. Prioritize problems
4. Formulate a list of differential diagnoses and recommend appropriate diagnostic tests
5. Interpret results of diagnostic tests, including CBC, blood chemistry, radiology, clinical pathology and gross pathology
6. Recommend an appropriate course of action that might include surgery or medical treatment based upon your assessment of the patients' immediate and chronic needs, including an assessment of the risks of recommended treatment.
7. Describe the surgical treatment, including the surgical approach, surgical procedure, suture materials and patterns entailed in the treatment of the patient
8. Relate critical aspects of the surgical procedure, postoperative wound management and pain management to the fundamental principles of wound healing
9. Understand the anesthetic protocol that would be used for this patient
10. Recommend analgesic and antibiotic protocols that may be used in the preoperative, operative and postoperative periods
11. Describe operative and postoperative complications that are associated with the specific surgical procedure
12. Recommend appropriate postoperative care for this patient

Summary of Teaching and Learning Methods

Teaching within the course will focus on small group and one on one interaction with the faculty and residents. Case-based rounds will be held each day. Two surgical services run simultaneously, one concentrating on general surgery cases and one concentrating on orthopedic cases. Regardless of the service that you are assigned, the basic principles of small animal surgery will be reinforced.

During this course, you should focus on:

1. Concepts applicable to solving clinical surgical problems.
2. Relating previous knowledge to new knowledge gained during your clinical rotation
3. Relating knowledge from different courses (not constrained to surgery courses)
4. Organizing and structuring clinical concepts to create a coherent approach to the diagnosis and treatment of clinical patients.

First Monday of the Rotation

1. Orientation 8:00 am- 9:30 am
 - a.) surgery ward with Gerianne Holzman, followed by SA prep room with Carrie Lowrey and CCU with Sheila O'Brien
 - b.) surgery rotation with surgery clinicians and residents
 - c.) students will be divided into the general surgery and orthopedic services
2. Review case schedule and sign up for cases if desired
3. Alert faculty regarding any requested professional days

Note: orientation begins at 7:30 am for the first 3 rotations of the year

Receiving and Surgery

1. Both services receive cases on Monday mornings; the general surgery service receives elective ovariohysterectomies and castrations of canine and feline patients, and declaws of feline patients, whereas the orthopedic service receives elective and emergency orthopedic cases.
2. The general surgery service receives elective and emergency cases on Tuesday and Thursday mornings, whereas the orthopedic service will receive elective and emergency cases on Monday and Wednesday mornings.

3. Patient records must remain in the ward for treatments and are not to be taken to rounds.
4. Comprehensive rounds will be held as group interactive rounds on receiving days and the period from 2:00 pm to 3:00 pm will be designated as student teaching rounds. Discussion based upon current case material will dominate these rounds.
5. Surgery time will be prioritized to the general surgery service on Monday afternoons (elective ovariohysterectomies and castrations), to the orthopedic service on Tuesday mornings and afternoons, to the general surgery service on Wednesday mornings and afternoons, to the orthopedic service on Thursday mornings and afternoons and shared by both services on Friday mornings and afternoons. Emergency procedures will be scheduled dependent on the nature of the case and availability of anesthesia and support staff to facilitate them.
6. You should accompany your patients to induction and be available to assist in induction, clipping and preparing your patients for surgery.
7. You should **only** enter the operating room appropriately attired in surgical scrubs, cap, mask and shoe covers.

Patient Care

1. You are responsible for the care of patients assigned to you.
2. Care includes attending to the physical needs of the animal as well as assessing the medical and surgical needs. Each patient should be treated as if it were your own animal, with kindness and compassion.
3. Patients with special needs (paralyzed, non ambulatory) require special care, which may include bladder and fecal expression and physical therapy. These special needs should be discussed with the clinician and the ward technician so that all needs are met in a timely fashion.
4. Patients in CCU have special needs that may include catheter care, inflow and outflow monitoring, electrocardiogram monitoring and blood chemistry monitoring. These special needs should be

thoroughly discussed with the clinician so that you completely understand your obligation.

5. You will be assigned emergency and weekend duty. The expectations for emergency patient care are similar to patient care in CCU.
6. Weekend and holiday rounds will be held at the discretion of the clinician and resident and plans for these rounds are usually discussed the Friday afternoon preceding the weekend, or the day preceding a holiday.

Record Keeping

1. You are responsible for daily record keeping of your patients. The record is a permanent record of the patient's response to treatment and serves as a legal document describing the patient's hospitalization and treatment. You should be familiar with and use the **S.O.A.P.** data entry system for each problem identified. You must sign each entry.
2. Each hospitalized animal should be evaluated (all SOAPS completed) and exercised prior to morning rounds (8 a.m.). Morning treatments should be completed prior to 8 a.m.
3. Patient records should be updated as treatments and procedures occur and/or the patient's condition changes.
4. Each service will have "walk through" rounds in the morning and organizational rounds at the end of each day. You should be able to summarize the signalment, history, treatment and condition of patients under your direct care in a succinct manner and be prepared to discuss your assessments and plans for each patient.
5. Surgery reports are your responsibility and must be completed within **24 hours** of the surgical procedure. Failure to do so will result in an incomplete grade for the rotation. These reports will be evaluated by the resident or faculty and any corrections will be your responsibility.
6. Daily communication with the client is your responsibility, unless otherwise discussed with the clinician and/or resident.

7. The master problem list and case summary should be discussed with the resident and or faculty clinician and should be completed during the animal's hospitalization and prior to the animal's discharge from the hospital.
8. Discharge instructions should be discussed with and provided to each client during the discharge process from the hospital.
9. All current patient charges should be reviewed by the faculty or resident and student prior to discharge so that you have an understanding of the economics of the prescribed treatment.

Attire

1. Students will be dressed in a professional manner commensurate with their obligations in the clinic. Sandals or open toed shoes should not be worn.
2. In the operating room, students must wear surgical scrubs, cap, mask and shoe covers.
3. In the hospital, students should be neatly dressed with a clean lab coat or smock worn over suitable attire.

Grades

1. Students will be given a grade for the two-week rotation based on the aforementioned criteria.