

## *Surgical Considerations and Deerhounds*

This month I am very pleased to give space to guest columnist Stephen H. Levine, DVM, MS for the first in a series of articles on surgery. Dr. Levine is a Diplomate of the American College of Veterinary Surgeons and a long-time Deerhound owner.

After graduating from the University of Illinois College of Veterinary Medicine, Dr. Levine completed a surgical internship and residency at the University of Minnesota Veterinary Teaching Hospital and then achieved Board Certification in Veterinary Surgery. In 1983†he opened Veterinary Surgical Specialists in the Twin Cities of Minneapolis-St. Paul, and their 3 board certified surgeons now perform over 3000 surgical procedures each year.† Dr. Levine was also†a Clinical Assistant Professor of Surgery at the University of Minnesota from 1983 to 1989. He has†authored several scientific articles published in veterinary journals and†chapters†for various surgical textbooks. Dr. Levine has also lectured in the United States and Europe on†numerous†topics relating to veterinary surgery.

Most importantly, however, Dr. Levine and his wife currently live with three Deerhounds in Stillwater, MN.

### **Introduction**

Deerhound owners are fortunate in that the breed is relatively resistant to many of the more common surgical diseases plaguing other breeds of dogs such as hip and elbow dysplasia, osteochondritis dissecans (OCD), patellar luxations, anterior cruciate ligament (ACL) ruptures, and others. However, conditions do arise that require surgical intervention on both urgent and elective bases. There are many factors to consider when a surgical procedure is being contemplated.

### **The Surgeon**

The question may arise as to who should perform the surgery. Obviously the first answer should always be your local general practitioner. Many veterinarians have developed tremendous skills in various aspects of veterinary surgery. Your veterinarian is a well trained, compassionate, and honest professional. At times however, there may be specialists available with more expertise and skills in certain areas. Owners should not hesitate to question one's experiences. It is not unreasonable to ask a veterinarian how many times he has performed the procedure in question and what the results have been. It is also reasonable to ask if specialized equipment is required for the procedure and if such equipment is available.

The American College of Veterinary Surgeons (ACVS) is a specialty board that certifies specialists in surgery. Those veterinarians who have successfully completed the certification requirements of the ACVS are Diplomates of the American College of Veterinary Surgeons and have earned the right to be called specialists in veterinary surgery. Surgeons may specialize in specific types of surgery such as orthopedic, cardiovascular, neurological, gastrointestinal, and many others. There are also surgeons who specialize in the surgical treatment of cancer.

If your veterinarian does not feel comfortable performing a certain procedure he might suggest referring you to a board certified specialist or another local veterinarian with more specific surgical expertise.

### **The Hospital**

The hospital in which your pet is operated should be clean. It does not have to be an ultra-modern state-of-the-art facility in order to provide expert care. Indeed some of the finest veterinary care is available in older well established practices.

The surgical suite should be a separate room with a door that closes. It should be free of clutter and not used as a storage space for equipment that is not specifically needed in the operating room. Foot traffic in and out of the surgery room should be kept to a minimum to minimize airborne dust and bacteria. Sinks in the operating room are discouraged as drains can be an area where bacteria colonize.

Surgical instruments should be sterilized in a gas or steam autoclave and not simply disinfected in cold solutions.

### **Pre-Operative Considerations**

In most cases your veterinarian will suggest or insist on performing pre-surgical blood tests to evaluate blood counts, organ functions, infections, or other parameters. These tests are strongly encouraged as they might detect an underlying problem which might complicate the surgery or anesthesia.

The hair should be clipped from the surgical area in a room separate from the surgical suite. This should be a wide liberal clip. Do not try to pressure the surgeon into shaving as little as possible. Potentially sacrificing sterility for short term appearance is illogical. The hair will all grow back at the same rate.

The initial prep or cleaning and sterilizing of the skin should also be performed outside the surgical suite. The patient should then be transferred to the operating room, positioned for the procedure and the final prep accomplished.