

SPOTLIGHT ON... Katherine Howie Clinical Nursing Manager

As the world celebrated Veterinary Nurse Awareness Month in May, we shine a spotlight on the unsung heroes of animal healthcare who work tirelessly behind the scenes to ensure the well-being of all of patients. Among them is Katherine Howie, the dedicated and compassionate Clinical Nursing Manager of our Glasgow Hospital.

With years of experience in veterinary nursing and a deep passion for animal care, Kath stands at the forefront of providing exceptional medical attention and support to our patients.

In this exclusive interview, we delve into the vital role played by veterinary nurses and gain valuable insights from Kath about their responsibilities, challenges, and the unique rewards they experience while working in this field. Join us as we explore the world of veterinary nursing through the eyes of a highly respected professional who leads a team of dedicated nurses at Vets Now.

Kath, can you describe your role and responsibilities as Clinical Nursing Manager? What does your day to day activity look like?

As Clinical Nursing Manager, my role is all about coordination and overseeing the daily operations of the hospital. I handle things like scheduling, managing the nursing staff, ensuring proper protocols are followed, and assisting with complex medical procedures. It's a busy but fulfilling role!

How long have you been with Vets Now and what's your previous background?

I have been with Vets now for just over 18 years. I qualified in 2000, working in primary care practice initially before moving to referral practice for a few years of intensive care experience and finally emergency and critical care, achieving the VTS(ECC) in 2009 and then recertifying in 2014 and 2019. I currently tutor for the Vets Now certificate in emergency and critical care nursing and spends a lot of time mentoring and developing RVNS both in and outside of the workplace. I have articular interests in work are neonatal medicine and improving outcomes in Sepsis

What inspired you to pursue a career as a Clinical Nursing Manager in an animal hospital?

Well, I've always had a deep love for animals, and I wanted to make a meaningful difference in their lives. Becoming a Clinical Nursing Manager in an animal hospital seemed like the perfect way to combine my passion for animals with my desire to provide excellent care.

How does your position contribute to the overall functioning of the animal hospital and the well-being of the patients?

Being a Clinical Nursing Manager is crucial to the functioning of the animal hospital. I work closely with the veterinarians, technicians, and other staff members to ensure that our patients receive the best possible care. It's about maintaining a smooth workflow and ensuring that every pet gets the attention and treatment they need.

In your experience, what are some of the most common challenges faced by veterinary nurses, and how do you and your team overcome them?

Veterinary nursing can be challenging at times, especially when dealing with difficult cases or handling emotional situations with clients. To overcome these challenges, we rely on good communication, teamwork, and compassion. Supporting each other and working together helps us navigate through any obstacles that come our way.

Veterinary medicine is constantly evolving. How do you and your team stay updated on the latest advancements and best practices in the field?

Staying updated is crucial in veterinary medicine. We attend conferences, workshops, and seminars to keep up with the latest advancements and best practices. We also have access to online resources and participate in continuing education programs. It's an ongoing process, but it's necessary to provide the highest level of care.

Animal hospitals often face emotional situations with clients and their pets. How do you and your team approach and handle these sensitive situations?

Emotional situations are part of our job. We approach them with empathy and understanding. We make sure to create a safe and comforting environment for our clients during difficult times. Listening, providing support, and offering guidance are key in helping them navigate through the emotions associated with their pet's health.

What advice would you give to aspiring veterinary nurses who are considering a career in the field?

To aspiring veterinary nurses, I would say follow your passion and never stop learning. This field requires dedication, compassion, and a willingness to adapt to new challenges. It can be tough, but the rewards of helping animals and their owners are immeasurable.

Lastly, in your opinion, what sets Vets Now apart from others in terms of the quality of care and services provided?

What sets our Vets Now apart is our genuine dedication to personalised care. We treat each animal as an individual, tailoring our approach to their unique needs. Our strong teamwork, compassionate staff, and commitment.



Vets Now Glasgow Hospital

We are proud to accept referrals for all of our specialist services:

- Emergency and Critical Care
- Diagnostic Imaging
- Internal Medicine
- Neurology and Neurosurgery
- Nutrition
- Oncology
- Orthopaedics
- Soft Tissue Surgery

You can reach the Glasgow hospital team by calling **0141 237 7676**

Or alternatively refer your case online at vets-now.com/glasgow-hospital/refer-a-case



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Vets Now News Glasgow June 2023

A focus on orthopaedics and soft tissue

Welcome to the June edition of our newsletter, where we are thrilled to share the latest updates and achievements from our hospital.

As I take the helm of this editorial for the first time, I can't contain my excitement about sharing examples of the world class levels of specialist care our teams are delivering.

With the productive spring season behind us, we are eagerly looking forward to the long summer nights ahead. We understand that summer can be a busy time for everyone, and we want you to know that we are here for you whenever you need us the most.

This edition is brimming with captivating case studies from our esteemed orthopaedic and soft tissue surgery departments. These stories provide a glimpse into the exceptional work and outcomes our dedicated professionals achieve every day. Additionally, we are delighted to share how our hospital is actively engaging with the local community, strengthening our current relationships, and exploring new partnerships.

In May, we successfully launched our outpatient abdominal ultrasound service, and the response from our referral practices has been remarkable. The growing demand for this service is a testament to our commitment to providing world class diagnostic facilities. But that's not all - we have several exciting additions to our services on the horizon, so stay tuned for further updates.

Thank you for being a part of our community and for allowing us to serve you with the highest standard of care. We hope you find this edition informative, inspiring, and a true reflection of the exceptional work happening at our hospital. Here's to a fantastic summer season.



Martin Merifield
Relationship Manager
martin.merifield@vets-now.com
07974 030098

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Next CPD evening dates for the diary

To find out more and book visit vets-now.com/professionals-cpd/

Date: Tuesday 27th June

Topic: Orthopaedics!
A case-based discussion
and radiology review

Cost: FREE

Date: Tuesday September 26th

Topic: Severe acute
haemorrhagic diarrhoea
syndrome & parvovirus
and how we can help

Cost: FREE

These will be held from 19.30-21.30
at the Glynhill hotel, Renfrew

Our commitment to collaboration

We are dedicated to strengthening our engagement with our partner practices and referral partners. We understand the importance of building strong relationships and have implemented some initiatives to enhance collaboration and knowledge-sharing:



Increased Visits to Practices

We are focused on increasing visits to our partner and referral practices, allowing us to connect directly with veterinarians and support staff in their own environments. These visits provide valuable opportunities for networking, discussing cases, and understanding the unique challenges faced by each practice.



CPD Events

Continuing Professional Development (CPD) is crucial for the growth and advancement of veterinary professionals. We have expanded our range of CPD events, offering engaging and relevant educational sessions led by our experienced specialists. These events not only facilitate knowledge exchange but also strengthen bonds between Vets Now Glasgow Hospital and our partner practices.



Welcoming Practice Managers and Teams

We actively encourage practice managers and all staff members from our partner practices to visit our state-of-the-art facility. By showcasing the incredible resources and technology available at our hospital, we aim to inspire and educate everyone about our capabilities and the high standards of care we provide.



Learning Opportunities

We believe in supporting the ongoing learning and professional development of our colleagues. To this end, we offer various learning opportunities, including CPR training sessions and lunch-and-learn events. These initiatives allow veterinary professionals to expand their skill set, exchange insights, and stay up-to-date with the latest advancements in veterinary medicine.

We believe that by working together, sharing knowledge, and supporting one another, we can elevate the level of care provided to animals and make a positive impact on the veterinary industry as a whole.

We look forward to building lasting connections and collaborating with our valued partner practices and referral partners. Together, we can continue to raise the standards of veterinary care and improve the lives of the animals we serve.

If you would like to discuss or arrange a visit, please contact martin.merifield@vets-now.com



Orthopaedics

Management of Humeral Intracondylar Fissure for French Bulldogs

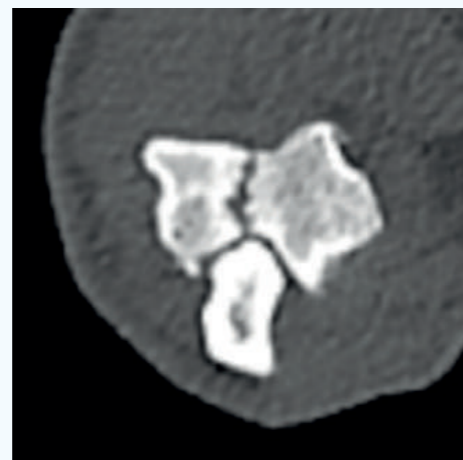


Paula Lopez de la Oliva
Surgery Resident
DVM MRCVS ECVS Resident
in Small Animal Surgery

French Bulldogs have become one of the most common breeds that we treat in our hospital. In recent years it has become obvious that French Bulldogs have a predisposition for humeral condylar fractures.

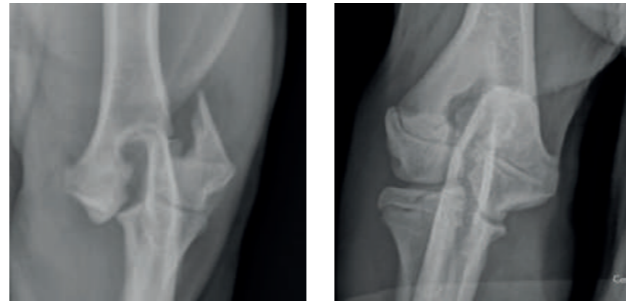
Humeral condylar fractures are classified as lateral, medial or bicondylar (Y fractures) being the lateral ones the most frequent. This type of fracture can happen at any age but is more common in puppies, around the 4 months of age. In most cases, the fracture occurs after a minor/moderate trauma such as playing with another dog or jumping off a bed, but we often see patients where the owner has found the dog lame at home with no trauma witnessed.

Recent studies have shown that a high percentage of French Bulldogs with humeral condylar fractures, have the presence of a contralateral Humeral Intracondylar Fissure (HIF). It is well documented in Spaniel breeds that the presence of HIF can lead to a humeral condylar fracture, and it is thought that this is the reason these two breeds are prone to elbow fractures. HIF itself has also been reported as being a cause of fore-limb lameness.



Humeral condylar fissure on CT

Patients with humeral condylar fractures will usually show a non-weight bearing lameness and instability can be palpated on elbow manipulation. Radiographs are taken to confirm the location of the fracture. Sometimes due to muscle swelling/ contraction, it can be tricky to feel the fracture instability but a non-weight



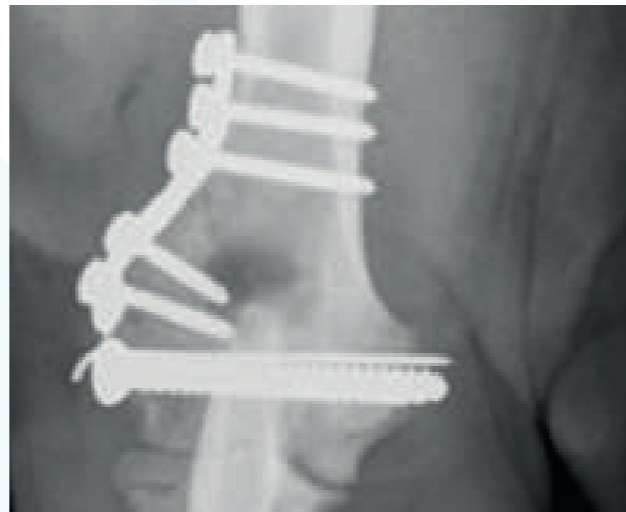
Lateral humeral condylar fracture

Humeral Intracondylar Fissure on radiographs

bearing fore-limb lameness in a young French Bulldog should raise the alarm of a possible humeral condylar fracture and radiographs should be taken. To diagnose HIF, if the fissure is wide enough, it can occasionally be seen on radiographs, however most of the times a CT scan of the elbow is required.

It is unclear why HIF occurs, but the two main theories are as follows;

- 1 HIF is a result of a stress fracture probably due to chronic weight loading of the elbow.
- 2 HIF is an incomplete ossification of the growth plates of the humeral condyle. In Spaniels, the stress fracture theory is gaining more acceptance as there have been cases of Spaniels with a completely normal elbows on CT scan and that then developed a HIF later in life.



Humeral condylar fracture repair

Treatment for unilateral condylar fractures usually consists of placement of a transcondylar screw, and a plate over the fragmented epicondylar ridge. If the patient size is too small for a plate, a Kirschner-wire can be used instead of a plate, but this carries a higher risk of complications. Similar to unicondylar fractures, in Y-fractures cases, surgical treatment consists of a transcondylar screw and bilateral plating if bone size allows it.

In cases where a HIF has been diagnosed, a prophylactic transcondylar screw placement can be considered to reduce the risk of humeral condylar fracture. The risk will decrease but it will never be zero as the bone at the level of the fissure is diseased and will never heal, leading to cyclic loading of the screw that may eventually break.

Prognosis after surgery is usually excellent to good.

CASE STUDY - SOFT TISSUE

Jess



Donald Yool

Soft Tissue Surgery
BVMS, PhD, DipIECVS, CertSAS, SFHEA,
MRCVS European & RCVS Specialist in Soft tissue surgery

Senior soft tissue surgeon, Donald Yool guides us through an unusual case that recently presented to our soft tissue service.

Jess is a much loved, 10-year-old, female neutered, Border Collie that was referred to Vets Now Glasgow Soft Tissue Service for removal of a large kidney tumour. Jess had been suffering from non-specific clinical signs including a loss of appetite, some weight loss and being a little unsettled at night. The referring clinician quickly established on physical examination that Jess had a very large, central abdominal mass and, by the time of referral to the Vets Now Glasgow, further investigation including a CT scan had shown that this was a very large right kidney mass. In addition, we knew that Jess was otherwise in reasonable health and had no evidence of overt kidney failure. Other diagnostic procedures had failed to establish the exact nature of the kidney mass, but cancer was highly suspected.

Reviewing the scan

Before Jess came into the clinic, we were able to review the original CT scan that provided a great level of information in assessing the risks and benefits of surgery. It demonstrated that the right kidney mass was huge, filling most of the abdomen (see CT cross-section of Jess's abdomen showing the right and left kidneys for comparison) and squashing the major veins draining the abdomen, the vena cava and the portal vein). Although kidney removal is usually well tolerated and technically quite straightforward, there are some exceptions to this, and Jess definitely fell into the latter category! For massive renal masses, compression of the major veins causes big intra-operative issues with a reduction in venous return causing low cardiac output and blood pressure. Positioning and manipulation of the kidney during surgery tend to exacerbate these effects. Another major issue is that the kidney is often physically too big to be removed through even a long midline incision and it can be very difficult to get access to the renal artery and vein to ligate them during surgery because of the physical size and immobility of the kidney.

To overcome these problems, we can do an extended abdominal. In addition to a standard, long midline incision we also extend the incision from the midline up toward the lumbar region just behind the last rib (paracostal incision). This creates an 'L' shaped incision that enables us to manipulate the kidney more easily and, crucially, to move it away from the centre of the abdomen to get access to the renal artery and vein. Although this sounds like a horrific incision, dogs and cats cope remarkably well and their recovery is similar to patients having more standard abdominal surgery.

Risks and expectations

In preparation for surgery, Jess's owners came into the hospital to talk through the risks and the expectations of surgery. We went through our main concerns for the procedure itself and for the recovery period for Jess identifying major issues during the procedure as being the most likely cause of major complications. However, we also felt confident in recommending surgery for Jess as we know from other patients that if we can get through the immediate challenges of surgery, most patients recuperate quickly and get back to a good quality of life after a standard ten-day recuperation.

Following a lot of consideration, her owners decided to go ahead with surgery. We are fortunate to be able to offer a multi-disciplinary approach for patients like Jess. In addition to

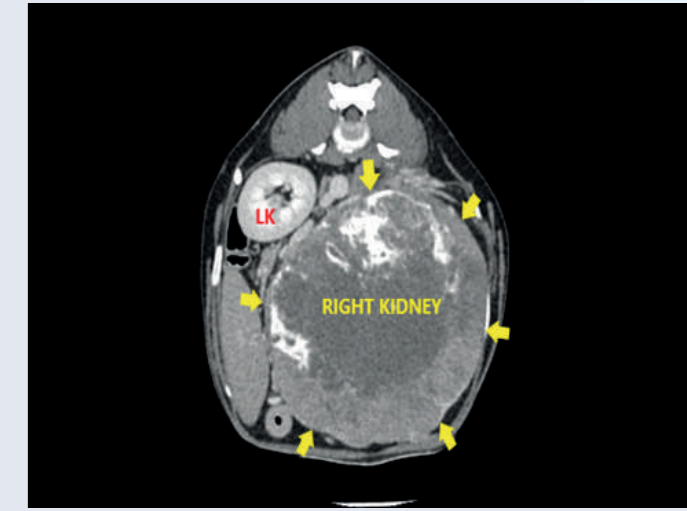


Cell Saver™ ready for use

coming in through our dedicated Soft Tissue Service, we also utilised the expertise of our specialist Anaesthesia, Surgical Nursing and Emergency and Critical Care teams. Although one of us will always be the primary point of contact, we work as a team to ensure the best standard of care for our patients. We also have great resources to help to deal with blood loss during surgery including access to our blood products and a hi-tech suction machine, the 'Cell Saver', that enables us to collect, filter and concentrate the patient's own blood during surgery to enable us to perform auto-transfusion. The Cell Saver filtration system helps to remove cancerous circulating cells from blood to enable safe auto-transfusion in patients like Jess who have bleeding associated with suspect cancer.

The anaesthetists designed a tailored anaesthesia plan for Jess, focusing on management of low blood pressure, haemorrhage and pain and she was also ventilated during surgery. As part of the plan, Jess had an epidural catheter placed which enables us to give highly effective pain relief during the procedure and to continue this up to seven days post-operatively as the catheter can stay in place.

At surgery, we quickly established that Jess did require the extended abdominal incision to enable her kidney to be removed and proceeded accordingly. We found, as predicted, that the manipulation of the kidney did play havoc with her blood pressure so the



Scan caption - text to be advised

Surgery and anaesthesia teams co-ordinated their actions to minimise the impact of this on her. Unfortunately, Jess had developed a haematoma from her kidney since the CT scan and this ruptured during the dissection necessitating that she received an intra-operative blood transfusion. However, once the main vessels to the kidney were ligated, bleeding was brought under control quickly and the rest of the surgery went smoothly.

Fantastic recovery

The Emergency and Critical Care team took over Jess's care at the end of surgery to provide her with the intensive care and monitoring required to ensure she recovered well. Despite the anticipated challenges of surgery and anaesthesia, Jess made a fantastic recovery and was discharged the following evening. Since returning home, Jess has continued to thrive. She has re-found her appetite and is making up for lost time. She is also gaining weight, is more settled at night and wants to be very active, which has caused her owners a few issues in keeping her quiet. She had her stitches removed a couple of days before we wrote this summary at day ten post-surgery, and her incision is healing well. The pathology report has confirmed that Jess has a renal carcinoma, and her owners are considering what further treatments they may consider for Jess but, so far, we are all delighted with her speedy recovery and improvement in her general demeanour since the kidney mass was removed.

Footnote: We are aware, from human medicine that people with large abdominal masses often have non-specific signs that are difficult to tie down and likely include chronic pain. A marked improvement in quality of life and general comfort levels is often noted following removal of the masses, even when the patient is unable to put a finger on what is making them feel less than 100% before surgery. We believe we see similar responses in our patients when we note a new lease of life after removing a large splenic mass or similar lesion found as an 'incidental' finding when we previously had judged the patient to be minimally affected by the issue. Jess is a good example of when low-grade clinical signs can bely a more serious or advanced disease, and of when we only realise what the full impact on the patient's quality of life has been once the mass has been removed'

