

Veterinary Specialists & Emergency Service



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Quarterly Newsletter Winter 2011

News at VSES:

Tightrope CCL & Stem Cell Therapy Available

We are pleased to announce that Justin Greco, DVM, DACVS is now offering Tightrope CCL and Stem Cell Therapy treatments. The **Tightrope CCL** technique was developed to provide a minimally invasive method for extracapsular stabilization of the cranial cruciate ligament-deficient canine stifle. It seeks to optimize the lateral suture stabilization technique by employing bone-to-bone fixation, superior strength and stiffness, and a method for consistent isometric implant placement. For more information, please visit www.anthrevetsystems.com. **Stem Cell Therapy**, or regenerative medicine, uses a concentrated form of autologous adipose-derived adult stem cells to treat traumatic and degenerative diseases, including bowed tendons, ligament injuries, osteoarthritis, and osteochondral defects in dogs. For more information, please visit www.vet-stem.com. Please contact VSES for additional information on either service, or to speak to the Surgery Service directly.

Congratulations to Dr. Mehler on Publication

Staff surgeon Steve Mehler, DVM, DACVS recently had an article published in the Journal of Small Animal Practice entitled: Cholechoctomy and primary repair of extrahepatic biliary duct rupture in seven dogs and two cats. Link: <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-5827.2010.01014.x/abstract>

ECG Consults Available

Dr. Gelzer is available to complete ECG Consults. Please use either the online or fax referral form and indicate an "ECG Consult" with supporting strip and a brief history. You will receive a written report within 24-48 hours of receipt of request. The cost for an ECG consult will be \$65. Please bill your clients directly and we will invoice your clinic.

Dermatology Consultations Available

Dermatological consultations are now available at VSES every other Monday with Jeff Vogel, DVM, DACVD. Consultations are available: 2/14, 2/28, 3/14, 3/28, 4/11 and 4/25. Please contact VSES to set up an appointment if you have a patient in need of a dermatology consult. An updated referral form with dermatology included is now available on our website and has been sent to your hospital's director.

Thyrocat Relocation

Thyrocat has moved to Syracuse to be in closer proximity to the radiation therapist, Dr. Rendano. They are now at a cats only facility. Thyrocat is currently taking appointments. Please call 866-467-8228 or visit www.thyrocat.com.

Referral Binder Update

The following updated pages have been sent to your hospital's director for inclusion in your hospital's rDVM binder: Online Referrals.

UPCOMING DVM CE

Thursday, February 17th, 6:30-9pm, Rochester Academy of Medicine, 1441 East Ave., Rochester, NY 14607

"Nasal Tumors" presented by Joanne Intile, DVM, MS, DACVIM (Oncology) and

"Ophthalmic Neoplasia" presented by Kent Burgesser, PhD, DVM, MS, DACVO

NYSVMS Approved for 2 Credit Hrs.

To RSVP please contact Bethany at 585-271-2733 x11 or mvaoffice@yahoo.com

www.vetspecialistsofrochester.com

News from Veterinary Laboratory of Rochester

Veterinary Specialists & Emergency Service

CARDIOLOGY

Anna Gelzer, DVM, DACVIM
(Cardiology)

CRITICAL CARE

Kristen Woosley, DVM,
DACVECC

EMERGENCY

Kimberly Dodge, DVM
Bruce Ingersoll, DVM
Simon Kirk, DVM,
Hospital Co-Director
Johnny Lamb, DVM
Thomas Linnenbrink, DVM
Joseph Wilder, DVM, DABVP

INTERNAL MEDICINE

Michael Koch, VMD, DACVIM
Laurie Prober, VMD, DACVIM

ONCOLOGY

Joanne Intile, MS, DVM,
DACVIM (Oncology)

OPHTHALMOLOGY

Kent Burgesser, PhD, DVM,
MS, DACVO
Hospital Co-Director

RADIOLOGY

Jennifer Bouma, VMD, DACVR

SURGERY

Justin Greco, DVM, DACVS
Lauren May, VMD, DACVS
Stephen Mehler, DVM, DACVS

CONSULTING SERVICES

Dermatology
Jeff Vogel, DVM, DACVD
Neurology
Curtis Dewey, DVM, DACVIM
(*Neurology*), DACVS

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Rochester, NY 14623
585-424-1277
585-424-1260

Veterinary Laboratory of Rochester (VLR) is pleased to announce several enhancements to our services.

As of December 2010, VLR has merged with VetCheck Laboratories. Our clients can now benefit from a broader array of testing capabilities, yet still appreciate the competitive pricing that VLR provides.

Effective immediately, Michael Koch, VMD, DACVIM, has assumed the role of Veterinary Consultant for VLR. Dr. Koch's medical training and expertise will assist VLR in evaluating new diagnostic options to meet your patients' clinical needs, while continuing to provide quick, reliable and accurate test results.

Finally, I am pleased to announce our continued participation in the Veterinary Laboratory Association (VLA) Quality Assurance Program. This program is a valuable supplement to our internal quality control program. It is an external proficiency program specially designed for veterinary laboratories and hospitals to provide means of comparing our laboratory's results to those of our peers in the veterinary field. Sample specimens are sent to us four times per year to analyze, and results are returned to the VLA. Areas of testing include: Bacteriology, Chemistry, Endocrinology, Hematology, and Therapeutic Drug Monitoring. The data is pooled, statistically analyzed, and returned to us. This excellent program enables our lab to not only assess our own performance, but also to compare our performance with other laboratories. I'm pleased to inform you that we have performed at 98%.

All of us at VLR look forward to continuing to serve you with our enhanced capabilities.

Paula Hilling, Director
Veterinary Laboratory of Rochester

Request for Survey Participation

"Our goal is to serve as a resource for you and your clients, and to provide the best possible secondary and tertiary care for your patients" –Kent Burgesser, PhD, DVM, MS, DACVO

Your feedback is important to us. It allows us to continue to improve the care and services we provide **at VSES**. The following areas of progress are a direct result of your suggestions: an improved on-line referral process, consistent continuing education, implementation of quarterly newsletter, computerized radiology, and the addition of the critical care, neurology, oncology, and radiology departments.

Please take a few minutes and copy and paste the link below into your browser to complete the anonymous survey. There are 12 multiple choice questions (some requesting verbiage). Your participation is valued and essential to on-going advancement. Thank you for your continued referrals, support, and partnership. Please complete by February 25th. If you have questions on completing surveys please contact Kerrie Foley-Koch at foleykvsr@yahoo.com or 585-424-1260.

http://www.surveymonkey.com/s/Specialty_Referral_Survey

- IF you are using a shared computer, you will need to complete the entire survey in one sitting or the next person to log on will see your answers.
- IF you are not using a shared computer, you will be able to log back in from the **same** computer and finish the survey.
- You must complete the survey on the same computer you started on.

Oncology Service Update

As we all know, as advances in veterinary medicine are being made, cancer is being diagnosed more and more frequently in our companion animals. In some cases, obtaining a diagnosis of cancer is a relatively straightforward endeavor. However there are certainly cases where obtaining an actual diagnosis can be much more difficult, even with a high index of suspicion that cancer is the underlying cause of the animals clinical signs. We would like to remind our referring veterinarians that Dr. Intile is available to consult with you on cases where you may or may not have an actual diagnosis of cancer. She is also willing to help facilitate the referral of patients to the appropriate specialty service so your patients can have access to the specific diagnostic test required to obtain a definitive diagnosis. Often, this will simply be a recommendation to refer the pets to the oncology service, however there are other times, where other specialists would be more appropriate. Oncology service hours are Tuesday-Friday between 8am-6pm.

Chemotherapy Safety and Handling Guidelines

Kim Turk, LVT, Oncology Service, Veterinary Specialists & Emergency Service

The role of companion animals in our lives has changed over the years. They have become family members rather than just pets. With the rise in veterinary care, more clients are pursuing cancer treatment. As oncology services are being used more readily, veterinary personnel should be properly trained to handle chemotherapy agents safely. The preparation and administration of these drugs poses the greatest risk of exposure to staff, which include absorption, inhalation, ingestion and accidental injection. Care should be taken before, during and after chemotherapy administration to reduce those risks.

Preparation

Certain considerations should be taken by veterinary staff when working with chemotherapy agents. Individuals who are pregnant, trying to conceive, breast feeding, or are immunosuppressed should not work with chemotherapy agents. These agents are meant to target rapidly dividing cells within the body and therefore can be harmful to fetuses. Staff members should not eat, drink, chew gum, apply make up, adjust contact lenses, or smoke during preparation and administration of chemotherapy agents. These activities risk the accidental absorption or ingestion of chemotherapy particles. In addition, staff members should wear personal protective equipment (PPE) which includes nitrile or non powdered latex exam gloves, respirator masks, non-permeable gowns, safety glasses and shoe covers. A specific area should be designated for the storage, preparation, and administration of chemotherapy drugs. This should be a low traffic area where the drugs can be stored away from all other medications and food. These precautions minimize exposure and contamination to the rest of the facility. The area should be a well ventilated area free of ceiling fans. Ceiling fans may disperse any aerosolized particles causing them to be inhaled. The designated area should include an eye wash station as well as a chemotherapy spill kit. Commercial chemotherapy spill kits are available for purchase or hospital staff can assemble their own. The spill kit should include: nitrile exam gloves, non-permeable gowns, safety glasses, respirator masks, chemotherapy waste bags, absorbent pads, shoe covers, paper towels and dish soap. When preparing to administer chemotherapy, all the materials needed should be gathered at the workstation. These materials should include an absorbent pad, alcohol wipes, various sized luer lock syringes, syringe labels, resealable plastic bags, and a chemotherapy sharps container. Syringes should be no more than 2/3 full when the chemotherapy agents are prepared. Chemotherapy agents should be prepared under a vertical ventilation hood to reduce aerosolization. If one is not available, a chemo dispensing pin or, preferably, a closed containment system (e.g PhaSeal) should be used. Such closed contained systems virtually eliminate the risks of aerosolization and accidental needle punctures.



Dr. Intile examines a patient prior to chemotherapy.

Administration

Personnel should be familiar with the chemotherapy agents they are administering. There are various ways to administer chemotherapy agents. The most common routes are intravenous, oral and subcutaneous. The patient's disease, the treatment protocol, and the chemotherapy agent determine the route of administration. Many chemotherapy agents are administered intravenously (IV). Most of these agents are irritants or vesicants, so only experienced personnel that are comfortable with venipuncture should be administering chemotherapy. When choosing a limb for IV catheter placement, do not use a vein that has had venipuncture performed or attempted within the past 24 hours. A butterfly or an over the needle catheter can be used. For longer IV infusions, an indwelling catheter is recommended. A short, small gauge (22g or smaller) catheter should be used to minimize vessel scarring and the smallest area possible should be prepared using aseptic technique. The venipuncture should be a "clean" stick, in which the vessel should be entered on the first attempt. If the first attempt is unsuccessful, then a different limb should be used. The catheter insertion site should be able to be visualized during the entire administration process. The catheter should be monitored closely by both the assistant and by the person administering the drug. Once the catheter is secured, it should be flushed with 0.9% saline. Heparinized saline should not be used, as heparin precipitates with some chemotherapy drugs. All administration sets and extension sets that are to be used should be primed with non heparinized 0.9% saline as well. An absorbent pad should be placed under the patient's limb during administration in case a leak or spill occurs. Catheter patency should be checked 1 to 2 times during administration; again, a non heparinized saline flush can be used to check patency. A flashback of blood should be seen and the catheter should flush easily. If there is ever any doubt in catheter patency, administration should be stopped immediately. When the infusion is complete, flush the catheter with 5-10mls non heparinized saline. The catheter should then be removed and a pressure bandage applied. It is very important to record the vessel that was used in case a problem arises after administration (i.e. unknown extravasation). This information will also allow staff members to rotate legs throughout the duration of the protocol. Oral chemotherapy drugs should always be handled and administered while wearing gloves (nitrile or non powdered latex). Tablets and capsules should **never** be split, crushed, or opened. In doing so, exposure by inhalation or direct contact can occur and patients can be incorrectly dosed if the tablets are split or crushed. If necessary, round down the patient's dose to avoid splitting of tablets. A reputable compounding pharmacy can also be used to safely prepare medications for the desired dose. When administering oral medications, make sure the patient has completely swallowed all of it and it has not been chewed, spit out or is stuck in the animal's fur surrounding the mouth. After administration, dispose of gloves properly and wash hands thoroughly with soap and water.

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Subcutaneous (SQ) administration is done with the same technique as any other SQ injection. After the needle is inserted under the skin, apply negative pressure to ensure that a blood vessel has not been entered. If blood is observed, change injection sites. As with intravenous administration, a small gauge needle should be used and the syringe should be no more than 2/3 full. If no blood is observed, then the drug can be injected slowly while monitoring for any leakage. Clean the area with dish soap and water if leakage occurs. All materials should then be properly disposed of in a chemotherapy waste bin.

Follow-Up Care

Most of the chemotherapy agents that are used have potential negative side effects. Veterinary personnel should monitor patients for these side effects during administration, as well as after. Patients usually show adverse gastrointestinal side effects from chemotherapy 2-5 days after administration, so client education regarding what clinical signs to look for, is very important. If side effects occur, the chemotherapy agent last used and dosage should be noted in case a dose-reduction is required due to patient sensitivity. Some patients may require prophylactic gastrointestinal medications when receiving particular chemotherapy drugs throughout their treatment protocol. Overall, chemotherapy is generally well tolerated by animals.

Veterinary personnel and clients should also be aware of the proper precautions to take while handling patients after administration. Patients can excrete chemotherapy drugs in urine and feces for up to 48-72 hours after administration. If the patient soils itself while in the hospital, personnel should wear the proper protective equipment while cleaning up. Any liquids should be soaked up with paper towels first, then the area can be cleaned with dish soap and water. All waste should then be disposed of in a chemotherapy waste bin. Any soiled bedding should be washed twice, separate from other laundry with hot water and soap. While still in hospital, patients should be walked in a separate area away from where other patients are walked. Feces and vomit should be picked up immediately and disposed of in the chemotherapy waste bin. A hose should not be used in clean up due to the risk of aerosolizing residual drug particles. When all the necessary precautions are taken, the risk of exposure to personnel and other patients is minimized.

Conclusion

Veterinary team members play a very important role in the management of their patients' health care. With proper training and education, veterinary personnel are able to provide clients with the advanced care they need for their pets receiving chemotherapy.