



Veterinary Health Center

MANHATTAN, KANSAS

OFFICIAL PROTOCOL

SMALL ANIMAL SURGERY

GENERAL CONCEPTS

1. Attendance and participation are required.
2. Learning opportunities include observation, case assignment, rounds, demonstrations, and hands-on experience.
3. Independent, in-depth study of all case material presented to the service is required. Review pertinent lecture notes and texts. Medical and surgical texts are on permanent reserve in the library and the surgery conference room.

ROTATION STRUCTURE

1. Small Animal Surgery is divided into two services which are separate rotations; General Surgery (soft tissue) and Orthopedic Surgery. Each service is generally composed of a senior clinician, house officer, and 5 - 8 senior students.
2. Orthopedic Surgery receives Tuesday and Thursday. Soft Tissue Surgery receives on Monday and Wednesday. During receiving, introduce yourself to the client, take the client to a clean exam room, take the patient history and perform a physical examination. Proceed to the ward to write your differential list and plan. When this is done, follow the protocol outlined in orientation for that rotation. You and the clinician will return to the exam room to look at the patient and finalize the plan with the client. Take the client to the Small Animal Discharge/Emergency Desk for a deposit. **Never** allow a client to leave without having them speak to a clinician or without paying a deposit, unless instructed otherwise by a clinician. Each patient must be seen by a clinician. If an owner is in a hurry to get to work/school/etc. immediately find a clinician and alert them.
3. Proper, neat attire and a professional attitude are required at all times. Carry a pen, stethoscope, thermometer, bandage scissors, suture scissors, a plexor, calculator, leash, and hemostats. Wear your identification badge with your picture visible at all times. Scrubs are not to be worn outside the building. Bring your scrubs and shoes with you and change at the hospital. A lab coat should be worn over scrubs at all times you are not in the operating room.
4. Specific protocol details may depend on clinician preference.

GRADING

The Small Animal and Orthopedic Surgery Rotations are three weeks long. Each student will be evaluated at the end of each three-week service rotation. In some blocks, several different instructors may teach in a three-week period and in that case all instructors will collaborate in assigning a single three week evaluation. Other policies regarding grading stated in the College Student Handbook or Senior Handbook remain in effect.

STUDENT RESPONSIBILITIES

1. Student duties include patient management, assisting in surgical procedures, primary surgeon on elective procedures, diagnostic procedures and procedure ordering, record keeping, and accounting. Students desiring to participate in ongoing research projects are permitted to do so if clinic responsibilities permit.
2. Students are responsible for twice daily client communications unless otherwise directed by the client or the clinician. (See paragraph 15)
3. The Small Animal Surgery section provides 24 hour emergency coverage. Afterhours emergency surgeries will be assigned to primary emergency students. Surgery students will sign up to receive these patients as transfers the following morning, students should be available at 7:00 A.M. to take transfers. The only day transfers are not taken are Sundays.
4. Students are responsible to maintain the surgery ward, recovery room, conference room and general-use hospital areas in a clean and organized condition. All work areas must be cleaned following diagnostic or therapeutic procedures. Students must promptly move animals in a soiled cage or run to a clean cage or run. Personal items (backpacks, coats, etc.) should be kept in a labeled locker in the Small Animal Surgery Conference room. Eating and drinking are allowed in the conference room provided the room remains tidy with all trash, crumbs and spills properly addressed. This privilege will be suspended if the conference room is dirty or unorganized. Food and Drink should not be in patient areas such as Ward 3 or Bandage Room.
5. **Walking Dogs.** Dogs that are difficult to handle, aggressive, or prone to breaking away from a leash should not be taken outside. Patients should be on a leash at all times and only taken to the dog exercise area. Students must maintain a secure hold on dogs while outside. Clean hallway "accidents" promptly. Students are responsible for cleaning up after their patients in the exercise area.
6. Students must arrive in time to care for their cases and complete SOAPS by 8:30 A.M. Remember that more cases or complex cases (ICU) will require more time. ICU cases must have their 7:00 A.M. treatments completed by the primary student on the case. If you do not have cases, you will still need to arrive by 7:30 A.M. to assist classmates.
7. **Important Deadlines.**
 - A. **Clinical Pathology** - for same-day results submit samples by the specified deadlines. (See Appendix I - Laboratory Policy)
 - B. **Anesthesia and Surgery** request forms must be submitted by **3:00 P.M.** the day prior to surgery

C. **Radiology** request forms should be submitted as soon as possible when the diagnostic plan is determined. Schedule special procedures through a radiology veterinary technician or radiologist on duty at least one day in advance. Be sure to include an appropriate history.

8. Patient Hospitalizations

The day prior to receiving, a list of the appointments will be posted by approximately 4:00 P.M. You should sign up for cases at that time and check the next morning for additional cases or cancellations. Please try to distribute cases evenly with your peers because the Small Animal Surgery Section does not monitor case assignments.

A cage card should be placed on the cage/run with the animal's sticker, your name and the name of the clinician when the patient is first taken to the ward/run. All patients must be fitted with a hospital collar for proper identification. Request owners take leashes and collars with them instead of leaving them with the patient. Provide fresh water, clean bedding and food if appropriate. Patients are your responsibility and should be checked on frequently, walked and medicated. If you are unable to do these things, ask one of your classmates or the ward veterinary technician to help.

Be sure to fill out ward treatment sheets for each inpatient.

All pharmacy sheets must be signed by a clinician. Be sure to include the animal's weight so that doses can be checked.

Nothing less than optimal care is acceptable. If you need help, ask.

9. Preoperative Responsibilities.

You have a number of responsibilities when a patient you are assigned to goes to surgery. When the caseload is high, you may be asked to perform some of the duties described below even if the patient is not your primary responsibility.

A. Make certain appropriate presurgical blood work is ordered and performed.

B. Make certain food is withheld from patients scheduled for surgery by 10:00 P.M. the day before surgery. Specify this clearly on the treatment sheet. Water should be available at all times.

C. Check-out medications (e.g. antibiotics) to be administered at induction of anesthesia. Bring medications to the anesthesia induction area.

D. Turn in anesthesia and surgery requests by 3:00 P.M. the day prior to surgery. If this is not possible (emergency), submit the request as soon as possible and notify the clinician.

E. Prepare histopathology and culture request forms prior to surgery if specimen acquisition is anticipated. Submit specimens to the proper laboratory as soon as

possible after surgery. Make certain all forms are filled out completely, including pertinent historical information.

F. Be available during anesthesia induction and surgical preparation. You may have to help if the veterinary nurses are busy.

G. Be prompt! Be in the operating room at the time your patient is scheduled to be on the table. It is unacceptable for staff or faculty to have to page you to come to the operating room

H. Prepare a postoperative analgesic plan and have it ready.

10. Intraoperative Responsibilities.

A. Assist in patient positioning and set-up of surgery suite.

B. Veterinary nurses perform final surgical preps. You are expected to comply with other requests made by operating room veterinary nurses.

C. Your responsibilities during surgical procedures for which you are scrubbed-in depend on the complexity of the procedure and your technical ability. Prepare for every procedure as if you will be the primary surgeon. You will be assisting in difficult, occasionally lengthy procedures. Your goal is to learn by participation and observation.

D. If you do not have a good understanding of the surgery, you may be asked to leave the surgical suite to study and demonstrate your knowledge later.

11. Postoperative Responsibilities. You are responsible to:

A. Help transport the patient to recovery or ICU.

B. Submit samples to the appropriate laboratory in a timely manner.

C. Return the patient to ICU or the surgery ward.

D. Develop a post-operative analgesic plan and implement it. Discuss the plan with the clinician before ordering the medications.

E. Perform physical therapy as indicated.

12. Surgery Reports.

The student assigned to a case is responsible for typing a surgery report for any procedure performed on his/her patient. The report should include a general description of the approach, procedure, and closure including suture types and patterns, pathology observed, tissue removed, implants added, and intraoperative complications. Surgery reports must be completed on the appropriate medical record forms (electronic blank) within 24 hours of surgery. The surgeon will review the surgery report and make corrections/additions. Students who do not complete surgery report forms will earn a failing grade. Templates are available in the EMR for IVDD, TPLOs, and a blank form for

everything else. The completed forms should be saved electronically and the clinician notified.

13. After Hours Patient Care

Treatment sheets must be filled out for each inpatient. The students on the emergency rotation are responsible for these treatments. The back-up surgery student may be called in to assist when the emergency students are busy. Notify the clinician with any concerns. Be sure to sign up for the back-up emergency duty.

14. Discharge Instructions.

Students are responsible for writing discharge instructions for all hospitalized patients. Make the instructions appropriate for the client **and** the referring veterinarian. Refer to the RDVM by name. Think about what is appropriate instead of merely copying others' efforts. Have the clinician approve the rough draft before printing final copies (two copies). The original goes to the client and one copy goes in the medical records. Medical Records should be brought to the Small Animal Discharge/Emergency Desk personnel for auditing as soon as possible, but at least two hours before the animal is expected to go home.

15. Client Communication.

A. Verify the client's phone number at presentation.

B. As a general rule, call every client every morning and evening and immediately after surgery unless instructed otherwise. Occasionally, the attending clinician or resident will contact the client.

C. Daily client communication should include.

I. An update on the patients' condition.

II. The diagnostic or therapeutic plan.

D. Record every conversation in the Client Communication screen in the EMR.

16. SOAPs

All patients need a complete SOAP every morning prior to rounds (twice daily at 7:00 A.M. and 7:00 P.M. for ICU patients) and in the evening. As the day progresses, additional information can be written as an addendum. Keep records succinct; but remember to include all pertinent information including differentials, plans and an explanation of the thought process behind the management of the patient. The record is a legal document and should be professionally written, legible and with appropriate grammar. Use ink. The problems should be named, numbered and addressed daily until inactivated. Problems that are related can be combined.

17. End of Rotation Transfers

You are responsible for the morning treatments/SOAP of your patient on the Monday following the rotation before you go to your next rotation. Plan ahead for this so that

you are not late to your new rotation. If you are traveling to an externship, communicate with the faculty on your service at the beginning of the surgery rotation.

SURGERY ROUNDS

1. Morning Rounds

Rounds are held in the ward or Small Animal Surgery Conference Room (C - 102) on receiving days at 8:30 A.M. On surgery days, rounds are held in Ward 3. Have all S.O.A.P.'s completed prior to morning rounds.

Morning rounds typically last 20 to 60 minutes. Be prepared to present an in-depth and concise summary of your case. Always begin your discussion with the signalment of the animal. Have pertinent laboratory data and radiographs available for review.

Other rounds formats, such as case discussions, slide presentations, or literature reviews, may be substituted for ward rounds at the clinician's discretion as time permits.

2. Evening Rounds

Rounds will be held Monday through Friday at the end of the day. The time will be announced by the service clinician. Evening rounds vary in length and may include in-depth case discussions.

3. Weekend Rounds

Morning rounds will be held on weekends at the discretion of the clinician. While the atmosphere is somewhat more relaxed, appropriate attire is required if you plan to see clients and/or discharge patients. You may be required to be in the hospital if your patient is discharged on Saturday or Sunday. If you have a case in the hospital, **always** check in with a clinician each morning.