From CSU Small Animal Referral Hospital

First of all, a thank you to all our referring practices for your support. The types of cases we see are quite different from city based referral practices where they tend to see less complex cases, and it reflects well on the capabilities of our country vets. The cases provide invaluable teaching value to our students as they are involved in all aspect of the case management process.

Secondly, a catch up on staffing and some contact details; the medical team now consists of Dr Geoff Gibbons (FACVSc) and Dr Martin Combs (MACVSc). Geoff is a registered specialist in Internal Medicine, with a particular interest in endoscopy and cardio respiratory medicine. Martin has a broad interest in internal medicine with emphasis on neurological disease and ultrasonography.

The surgical team consists of Drs Jacob Michelsen (MACVSc) and Peter Young (MACVSc). Jacob is in the final stages of preparing for his fellowship examinations and has developed a proficiency in neurosurgery and minimally invasive surgery. Peter continues his interest in orthopaedics and reconstructive skin surgery. Kasper Hansen (from Denmark) has recently joined the team as our surgical intern.

Anaesthesia support is provided by Dr Leigh Ladd who has a long research and clinical interest in cardiology and analgesia. Dr Chris Quinn is interested in regional anaesthesia, the anesthesia of critical patients and their post operative management. Tyfane Yamaoke is our anaesthesia intern.

Our nurses, Nat, Alannah, Leanne and Kalindi will be the initial contact when you are referring cases or phoning for case discussion. The hospital number is 69334706 and this is transferred to one of the clinicians afterhours.

For urgent contact the following clinicians can be contacted on their mobiles or via e-mail.

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HYBRID EXTERNAL FIXATION- another option

Merlin, a nine month old, male, 4 kg Pomeranian cross presented to us eight weeks after sustaining bilateral midshaft, transverse diaphyseal fractures of the radius and ulna. This was a result of believing he was a much bigger dog and jumping off the farm ute. He was presented to the referring vet by a family member, who had been responsible for him at the time and was convinced that the owner would not want internal fixation because of the cost. Despite being advised of the high risk of nonunion, bilateral casts were applied.

On presentation at the Referral Hospital he was barely weight bearing on either forelimb and had a marked pain response on palpation. Radiography revealed a hypertrophic nonunion of the right limb and atrophic nonunion of the left with associated rotation and angular deformity. Demineralisation was evident distal to the fracture sites in both limbs, particularly in the ulna. There was palpable instability of both fracture sites and some small pressure sores were evident from the cast.

A light palmar splint was applied to both legs whilst the owner considered options, before representing two weeks later. This time he was weight bearing quite well on his right limb, but still very lame on the left. Repeat radiographs revealed that the right leg had now gone on to heal, and whilst the leg was still 12 mm too short, it was not rotated.

The left leg had not changed significantly and we decided to place a hybrid external fixator using mini SK components. The SK system is much more reliable than the older K-E system. The fixation ring was attached using two olive wires 5 mm proximal to the carpus. A transverse osteotomy was then performed to allow rotation and alignment of the distal limb. Fixation was completed using two linear titanium connecting rods with two threaded mini fixation pins on each rod creating a biplanar type 1b construct.

This case was an ideal example of the use of hybrid EFD as it allowed good purchase on a small distal fragment, preservation of the soft tissue envelope and the ability to correct angular deformity in multiple planes at once.
What can the CSU Small Animal Referral Hospital Offer?

We are offering a lot services that you may not have thought of other than patient referrals, such as a popular x-ray interpretation service. This is not meant to replace a radiologist’s opinion, and is aimed more at helping your surgical decision making. Similarly we are more than happy to discuss any cases you would like some advice on, whether or not you decide to refer it. A few practitioners have also scrubbed in on cases to improve their skills and we are happy to oblige if you have a case that is of particular interest to you.

In terms of patient referral we are happy to take referrals for arthroscopy, neurosurgery, orthopaedics, soft tissue, thoracic surgery and thoracoscopy, laparoscopy and so on. Medical referrals are also very welcome and often provide the best teaching cases as they require the students to revisit their physiology!

Another service that is worth considering is ICU care as we are able to offer a higher level of monitoring and after hours care than general practices. Assuming patients are able to be transported, survival rates improve a lot with good care. A recent GDV case was a perfect example of this, requiring overnight monitoring to manage ventricular premature contractions post surgery.

Feel free to call for a chat or general advice!

**Other news**

Jacob went to the US in October to take a course in **Total Hip Replacement**, which we are now able to offer. We have decided to go with the Kyon THR cementless system, and we are excited about being able to offer this procedure outside of Sydney or Melbourne.

Whilst Jacob was in America, he will spent some time at North Carolina University and presented a paper at the American College of Veterinary Surgeons conference. Presenting at ACVS is very competitive which goes to show that good small animal research can be done in regional Australia.