Surgical Patient Management

I thought it would be a good time to review the role of the veterinary clinic staff and our surgical group when we are visiting your clinic to perform surgery.

Before a surgery is scheduled, the initial patient evaluation is generally made by the referring clinic. Sending radiographs and exam findings or a phone consultation prior to scheduling surgery is encouraged. Especially, if cases are more complex or the diagnosis is not clear cut. There is no charge for this consultation. We will schedule cases with one of our surgical teams when all involved parties feel comfortable with the diagnosis and treatment plan. Someone from the surgery team will call 2 days prior to surgery to confirm the scheduled procedure and arrival time and again the day of surgery, 30 minutes prior to arrival at your clinic. There is a $300 fee if a procedure is cancelled less than 2 business prior to the scheduled procedure date.

Ideally, when the surgery team member contacts you 2 days prior to surgery, we would like to obtain an email address for the client. We will email the client a copy of any pre- and postoperative care instructions and rehabilitation videos (if necessary) for the procedure in question. Hopefully this will alleviate some of the stress associated with the admission appointment the morning of surgery.

Once your clinic has received a phone call notifying you of our arrival time, the expectation is that the referring clinic will start the patient preparation (premedicate the patient, place an IV catheter, start anesthetic induction, clip and prep the surgical site). As our days are scheduled rather tightly, we hope that everyone will try to be as efficient as possible during our visit. Upon arrival, the surgeon will evaluate the patient, radiographs and medical record to confirm the diagnosis. If there is any question regarding the diagnosis or treatment plan, we may request further diagnostic information, contact the owner to discuss the case or alter the treatment plan.

Assuming the diagnosis is confirmed by the surgeon, we will continue with the procedure as planned. At that point, we will complete the final patient preparation and proceed to the operating room. For most patients, an IV does of antibiotics (Cefazolin is an excellent choice) is given just prior to the start of surgery. The referring clinic is expected to handle all patient preparation, anesthetic management and postop care (from patient arrival in the morning to discharge of the patient from the veterinary clinic). The only medication that the surgical team will carry with us is a local anesthetic (Bupivacaine or Nocita). The surgical team will provide all the surgical supplies and equipment necessary for the procedure. If any bandage or splint material is required, the referring veterinary clinic will need to supply that, as necessary.

Once the procedure (and postop radiographs, if necessary) has been completed and the patient has been extubated, the surgeon will contact the owner to discuss the procedure, postoperative plan and prognosis. For those patients that we did not obtain an email address prior to surgery, we will leave a detailed handout with the clinic to pass on to the owners at the time of patient discharge. When appropriate, we will also email a link for a physical therapy rehabilitation protocol custom made for each patient and procedure.

The surgeons do have a licensed veterinary technician traveling with us most days. While they are there primarily to assist the surgeon, they can help to facilitate patient management throughout our visit to your clinic. However, they are not a substitute for the veterinary clinic's responsibility for in hospital anesthetic and patient management.

We have been performing mobile surgery in your clinics for many years and have found it to be a rewarding endeavor. This letter is here to help all members of the veterinary team understand their roles, so we can achieve the best outcome every visit.