THE INSIDE SCOPE

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THANK YOU!

As you are all aware, running a small business is no easy task. This past January marked the first full year of my business and it's thanks to all of you for making this happen! I appreciate your ongoing support and look forward to building on our relationships going forward.

In this Issue:

OVARIOHYSTERECTOMY VS. OVARIECTOMY – WHAT'S THE DIFFERENCE?

Recently I have had a number of inquiries from veterinarians (and clients) about the type of laparoscopic spay I perform. In general, there are 2 accepted techniques for performing a "spay": ovariohysterectomy (OVH) and ovariectomy (OE). In an OVH both ovaries as well as the uterus are removed. By comparison, only the ovaries are removed during an OE. The question is: which technique is better and why perform one over the other? The answer tends to stem from which technique a veterinarian was taught during their education. Generally speaking, veterinary colleges in North America have traditionally taught OVH, while colleges in Europe teach OE. In short, both techniques seem to be equivalent from a medical standpoint. Comparisons of pain scores and recovery times showed no statistically significant difference between OVH and OE using open (or traditional) technique. Laparoscopic spays show a very significant decrease in pain scores and recovery times when compared to traditional open surgery. However, when OVH and OE were both performed laparoscopically they were deemed to be equivalent. With respect to future disease (mammary and uterine disease specifically), there was also no difference detected between the two procedures. In other words, there is no increased risk of mammary cancer, uterine cancer, or uterine infection if only the ovaries are removed. This makes sense because the ovaries are responsible for hormone production (primarily) and they are removed in both procedures. Conversely, I have been asked if I perform "tube tying" or a procedure where I remove only a piece of the ovarian horns and leave the ovaries in place (to prevent pregnancy only). I have not found any research suggesting this is a reasonable approach, and would have concerns with respect to future disease because the ovaries would still be present and producing hormone.

Bottom Line: Both OVH and OE are excellent techniques for spaying dogs and cats, and the technique chosen is based on the individual surgeons experience and comfort level. There is no appreciable difference between the two procedures with respect to effectiveness, pain levels, or recovery time. Personally, I tend to perform laparoscopic OVH because I went to veterinary college in Canada, but have begun performing more laparoscopic OE if a client or veterinarian requests that procedure.

FLEXIBLE GI ENDOSCOPY – SHOULD WE PERFORM UPPER, LOWER, OR BOTH?

The question of whether to perform upper, lower, or upper and lower GI endoscopy can be influenced by a number of factors including clinical signs, urgency of the case, and available finances. For example, if a patient is primarily showing signs of upper GI disease involving the esophagus and stomach it makes sense to proceed with an upper GI endoscopy alone. Situations where this approach may be reasonable could include concerns with esophageal stricture, esophagitis, gastroesophageal reflux disease, esophageal or gastric neoplasia concerns, and gastric foreign bodies. By comparison, the

choice to perform a lower GI endoscopy by itself could be reasonable in cases where colitis, large bowel neoplasia, polyps, or colonic foreign bodies (although rare) are the primary concern. This discussion becomes more complicated in general cases of small bowel disease. Although the clinical signs may be attributable to a specific region of the bowel, the histologic evidence is not often uniformly distributed. In other words, you may find disease in areas you weren't expecting! A particularly important example can be in cases of feline GI disease where we have concerns about Inflammatory Bowel Disease (IBD) vs. intestinal lymphoma. It has been demonstrated that the most severe (or earliest) lesions are often found in the ileum, meaning that biopsy samples from the duodenum or jejunum may suggest IBD where samples from the ileum return with a diagnosis of lymphoma. Upper GI endoscopy can often provide good quality samples from the duodenum (+/- jejunum) but biopsy of the ileum is only possible via colonoscopy, meaning upper AND lower GI endoscopy may be the better approach. Colonoscopy is often withheld for more severe cases due to the increased preparation time required to "clean out" the colon (and allow a higher quality examination), but this may not be serving our patients as well. Patient preparation has become less onerous recently and colonoscopy should be considered in most cases of GI disease.

The other discussion revolves around full thickness biopsy over partial thickness biopsy (as obtained through flexible endoscopy). Full thickness biopsy is somewhat more invasive (less so when performed with laparoscopic assistance) and does not allow for colonic biopsy. However, in many instances it is believed that full thickness biopsy will provide more consistently diagnostic samples when compared to partial thickness biopsies. The choice between examination/biopsy modalities is ultimately a case dependent decision, and consideration needs to be given to the patient and potential diagnoses in selecting the most ideal approach.

INTERESTING CASE – OVARIAN REMNANT SYNDROME IN A 6 YEAR OLD MIXED BREED DOG

This case involved a recently adopted rescue dog who had been spayed approximately 1 year prior at another clinic. The dog started showing signs of heat despite the new owners being told she had been spayed. After examination their veterinarian did vaginal cytology as well as a progesterone level and both were suggestive of her being in heat. The veterinarian recommended using laparoscopy to help identify the remnant and remove it. During exploratory laparoscopy it was determined that there was actually bilateral ovarian remnants and they were removed with the aid of electrocautery to break down any adhesions that had formed. The dog made a full recovery and continued to do well many months later.

Image showing suspended ovarian remnant after using electrocautery to dissect the tissue away from any adhesions

While not overly common, ovarian remnants are sometimes inadvertantly left in during a spay procedure (either due to difficult visualization/exposure or ectopic tissue). These remnants can sometimes be tricky to find and the use of laparoscopy (with it's magnification) can be very helpful.

For access to more interesting cases and blog posts visit my website at www.vetmip.com

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