

Surgical Theatre Requirements

These are general guidelines needed for an optimal result of an orthopaedic procedure.

Preoperative assessment

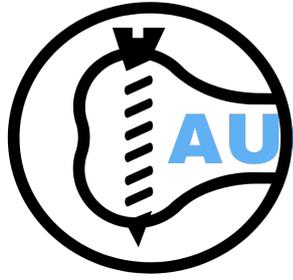
- Please perform a general health check 2-3 days before the surgical procedure.
- Please focus on gastrointestinal system and skin i.e. mouth/dental abscesses, vomiting/diarrhoea and pyoderma.
- One of the most common reasons to postpone surgery is pyoderma!
- Please take at least a basic blood profile no more than 48 hours prior to the surgery.

Theatre requirements

- Orthopaedic procedure are clean procedures – please plan them as the first surgery of the day.
- The theatre should be cleaned the night before. Ideally, no other procedures should have been done during the night. If procedure have been done during the night, please clean the theatre thoroughly before the orthopaedic procedure.
- Do not enter the theatre with clothes and shoes used on the street or for consults.
- Do not perform dental surgery at the same time with an orthopaedic procedure; if there are at least 2 doors between dental theatre and the orthopaedic theatre, dentals can be performed at the same time.
- A surgical trolley (min 50x50cm) should be available; please note that we may need to use two trolleys if they are small.

Perioperative requirements

- Please administer maropitant 2-4mg/kg (Cerenia or Prevomax). This can be administered orally or injectable, at least an hour before premedication but no more than 24 hours before. The easiest method is to prescribe oral maropitant and the owner can administer it the night before surgery.
- Premedication protocol – we tend to use a combination of drugs, readily available in day to day practice. Most commonly used are dex/medetomidine, acepromazine and methadone.
- We will advise regarding further analgesia such as CRIs, nerve blocks, epidurals etc. The most common used drugs are methadone, ketamine, lidocaine, dex/medetomidine.
- Please administer injectable NSAIDs unless otherwise contraindicated.



Antibiotics

- IV perioperative use is as effective as 5 days postoperative oral antibiotics.
- cefuroxime 20mg/kg (Zinacef) or amoxicillin/clavulanate 20mg/kg IV (Augmentin) just before moving the patient to theatre
- Zinacef is stable for 24 hours after reconstitution whereas Augmentin only 20 minutes

Fluids

- Hartmann's is the preferred fluid and should be used for all patients
- please use 2ml/kg/hr during prep
- please use 10ml/kg/hr during surgery for dogs and 5ml/kg/hr for cats
- please use 4ml/kg/hr during recovery
- naturally, these are only guidelines
- please do not place the IV line in the leg that needs the surgery

Monitoring

- please make sure there is an available pulseoxymeter and ECG; if available, capnography should be used
- please use an oesophageal stethoscope
- always use an anaesthetic monitoring chart

Nerve blocks

- please make sure your practice has bupivacaine/ropivacaine/lidocaine vials
- we will use either peripheral blocks using nerve stimulator or epidural block
- epidural blocks are used when the patient can be hospitalised over night and an indwelling urinary catheter is available

Postoperative

- xrays will be needed.
- please allow the time and space in the xray room for this to take place.

The surgical table and kit will have to remain sterile until the xrays confirm a satisfactory surgery. Please, do not touch the kit until the surgeon confirms.

Once the patient has recovered from anaesthesia, a cold pack could be applied over the surgical site, for 10 minutes, if tolerated.