

friends

Better Together



fitzpatrickreferrals

SUMMER 2018

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VET FESTIVAL SPECIAL

MEET THE TEAM
OSTEOARTHRITIS
CLINIC & RADIOLOGY
TEAM

**CASE
STUDY**
WOTSIT'S
STORY

**IN THE
SPOTLIGHT**
CANINE
DEVELOPMENTAL
ELBOW DISEASE

**IN
CONVERSATION
WITH**
DR IAIN GRANT

**VETERINARY
NURSING
AWARENESS
MONTH**

**REGULAR
FEATURES**
CLIENT COLUMN &
FITZ & PIECES

Welcome to this special VET Festival edition of FRIENDS



A WELCOME NOTE FROM PROFESSOR NOEL FITZPATRICK

The special relationship shared between ourselves and our referring vets has been fundamental since we started out in a small practice many years ago.

Since we moved to our current buildings as a team of 14 people in 2008, we have never forgotten that our bond of trust and friendship with primary care clinicians is paramount and we constantly seek to protect and nurture this bond. We are very proud to be part of one extended team of care with you for every animal and every family entrusted to us. Together we provide our patients with all of the options whilst compassion and empathy remain at the core of our decision making. Our goal is to send families and their animals back to you having received the best treatment available in the world today and more bonded to your practice than ever before by virtue of the referral. We now have more than 250 team members and we really appreciate your support and belief in what we stand for.

In recent months we have welcomed new team members in order to further enhance our services, including a few you can learn more about in this edition of FRIENDS. Furthermore we marked National Nursing Awareness Month, and throughout May we celebrated these essential teams which form the heartbeat of our practices. From reception to ward and theatre auxiliaries, from physio to hydro-therapists, from nurses to the teams behind the scenes in the offices, we are all here for one very simple reason - to provide the very best level of care, value and service for the animals and families that come to see us.

'In the spotlight' focusses on developmental elbow disease (DED), which has long been identified as a significant problem in many dog breeds and alarmingly the condition seems to be increasing worldwide. Affected dogs invariably suffer from some degree of osteoarthritis for the rest of their lives, so I think it's really important that all options for intervention are presented at an early stage and that levels of expectation for families are appropriately set. I also think that it's extremely important that a wide spectrum of options are available and that there is no intrinsic bias due to only certain techniques being available. Longer term

follow-up is critically important and in this way the ethics, efficacy and evidence for any technique in any given set of circumstances and extent of pathology may be elucidated. Over the last decade we have been committed to developing a number of treatment options for DED which are unique to Fitzpatrick Referrals. DED has been a specific clinical and research focus of mine for more than twenty years and to my knowledge we now have a bigger documented database of outcomes measures, are able to offer more options and have published more evidence-based papers in this area than any other referral practice in the world. You can learn more about these options in this edition of FRIENDS. We'll also be delving into this subject further at VET Festival.

We are very excited to be returning to The VET Festival field again in June and we hope to see many of you there. It really is a wonderful two days where we have the opportunity to come together in a community of friendship and sharing. All of the speakers are world-class leaders in their field, coming to our field, and the lecture content is designed with specific practical relevance to your day-to-day clinical needs. Fitzpatrick Referrals will be there on both days, so please do come over to the stand and say hello.

At VET Festival we aim to provide a uniquely dynamic conference environment full of fun and learning for all veterinary professionals, with a specific focus on both personal and professional development. Veterinary Education for Tomorrow is our unique platform where we hope to pave a new way forward for how we think and how we feel about this wonderful profession we are lucky enough to be part of.

Noel



Jonathan Ross will join VET Festival in an exclusive appearance on Friday night (8th June) to reflect on the ups and downs of life and the common experiences people from all walks of life share.

Moving away from the traditional conference keynote format, the VETFest Conversation will be a relaxed discussion between Jonathan and founder of the event, Professor Noel Fitzpatrick, set in an inviting inclusive setting that invites all present to feel and be a part of the conversation.



Jonathan will offer an illuminating new perspective on some of the matters we will all relate to professionally and personally. This is so much more meaningful than just a chat between two people. We want everyone present to feel part of the conversation and converse together as openly and comfortably as if we were in your living room. This is what the VETFest Conversation is about, a really special experience.

Professor Noel Fitzpatrick

Osteoarthritis Clinic

Our Osteoarthritis Clinic, based at the Fitzpatrick Referrals Orthopaedics and Neurology referral practice in Easing, is run by a team of dedicated professionals who all share their expertise to ensure a comprehensive and multi-modal approach to osteoarthritis is available to your clients and patients - all managed under one roof. We are delighted to welcome Dr Pete van Dongen to Fitzpatrick Referrals who has joined the team as Lead Vet in Sports Medicine and Rehabilitation.

Cameron Black BVMS M VetSci PhD MRCVS Clinical Research Officer

Cameron graduated from the University of Glasgow in 2008 and worked in general practice for four years before entering research to pursue an interest in stem cell biology and regenerative medicine. Cameron completed a PhD investigating the characterisation and application of musculoskeletal stem cells in human tissue engineering before joining Fitzpatrick Referrals in 2017. Alongside Professor Noel Fitzpatrick, Cameron leads on the design and implementation of stem cell based regenerative therapies available through the Osteoarthritis Clinic.

Fraje Watson BSc (Hons) MRes RVN Clinical Research Coordinator

Fraje worked at Fitzpatrick Referrals as a Surgical Auxiliary in 2009 and returned to the team part-time in 2012 following her qualification as a Registered Veterinary Nurse. Fraje completed her BSc (Hons) Veterinary Nursing at the Royal Veterinary College and began working full-time as a veterinary nurse. Fraje has a strong interest in clinical research and completed her Research Masters at the Royal Veterinary College in September 2017. Fraje is now the Clinical Research Coordinator at Fitzpatrick Referrals and provides front line support to our new Osteoarthritis Clinic.



Fraje Watson and Cameron Black



Fiona Doubleday BSc (Hons) MCSP SRP ACPAT Cat A Rehabilitation Team Leader

Fiona graduated as a Chartered Physiotherapist in 1994 and worked in the NHS and in private sports clinics until 1997. Fiona underwent post-graduate training to specialise in physiotherapy for animals in 1997 and was based in Hampshire, although it took her all around the country to study alongside different vets and physiotherapists.

Once qualified as a Cat A ACPAT Veterinary Physiotherapist, Fiona developed her own successful animal physiotherapy practice for many years and indulged her craving for more knowledge by travelling to the USA on several occasions to attend specialist courses in neurology and neuro-orthopaedic practice.

Having worked with Professor Noel Fitzpatrick since 1998, she joined Fitzpatrick Referrals in 2007 when the practice in Easing opened. She took on the role of Rehabilitation Team Leader in September 2012. Fiona now enjoys a mix of clinical and non-clinical work, leading the team of physiotherapists and hydrotherapists.

Radiology specialists expand Oncology and Soft Tissue offering

Audrey Belmudes has joined Audrey Petite to form the new radiology team at the oncology and soft tissue hospital, who will collaborate with the radiographers in diagnostic imaging to provide MRI, CT, ultrasound and fluoroscopic imaging and guide the best treatment plan for oncologic cases, and across all disciplines at Fitzpatrick Referrals.



Audrey Belmudes and Audrey Petite

My first aim as a vet is to take care of our companion animals, and as a specialist to challenge the current limits of medicine and to improve the care we can provide. Joining the team at Fitzpatrick Referrals is a great opportunity to work with colleagues who share the same values. By combining our skills, we are able to provide gold standard veterinary care. Visiting the oncology and soft tissue hospital, I was captivated by the orchestrated energy and the dedication of the staff. It gives us incredible capability to innovate all in our respective disciplines by joining our forces to deal with complex situations and find the best solution for the patients and their families. Comparing points of views allow us to sustain and develop new concepts, and I am convinced that everyone will learn from each other.

Audrey Belmudes

MEET THE TEAM

Pete van Dongen DVM CertVR MRCVS CCRT Lead Vet in Sports Medicine and Rehabilitation

Pete is an experienced veterinary surgeon who qualified from the Faculty of Veterinary Medicine, State University of Utrecht in The Netherlands in 1990. Pete obtained his RCVS Certificate in Veterinary Radiology in 1996 and has been a CRI (Canine Rehabilitation Institute) Certified Canine Rehabilitation Therapist since 2014. He has spent the last 28 years in general small animal veterinary practice, first as an assistant, then as an associate and over the past years as a director and practice owner. During this time, his main interests have been radiology, surgery (both soft tissue and orthopaedics), rehabilitation and sports medicine.

I am extremely excited to be involved in this world renowned veterinary practice, where ground-breaking treatment methods are continuously being used, developed and perfected, where the facilities are second to none and where the staff are totally dedicated to the very best care for all their patients - giving them superb veterinary care, but most importantly hope and love.



Pete van Dongen

Audrey Petite DVM DVI DipECVDI MRCVS Radiologist

Audrey Petite graduated from Liege Veterinary School, Belgium in 1999. After a couple of years in small animal practice and a one-year internship in radiology, she completed a three-year residency program at the Animal Health Trust, Newmarket, UK. During this period, she obtained the RCVS certificate in Veterinary Radiology in 2003 and the RCVS Diploma in Veterinary Diagnostic Imaging in 2004.

She became a Diplomate of the European College of Veterinary Diagnostic Imaging in 2005 and an RCVS Specialist in Veterinary Diagnostic Imaging in 2007. Following her residency, she worked for three years in a large multi-disciplinary referral centre in the UK, and another two years in a referral centre with a large oncological caseload. During this time, Audrey developed interests in ultrasound and MRI, particularly in the fields of oncology and medicine, and especially enjoys all aspects of imaging-guided biopsy techniques. Audrey started a mobile diagnostic imaging service in 2011 and has worked with Fitzpatrick Referrals since 2015.

I have provided an imaging service to Fitzpatrick Referrals since 2015. In these past few years, I have observed the growth of the team and experienced first-hand their dedication to challenging what is accepted as the standard care of cancer in companion animals. I sincerely look forward to continuing collaborating together and open new doors for our patients.

Audrey Belmudes DVM DipECVDI MRCVS Radiologist

Audrey Belmudes graduated from National Veterinary School of Toulouse, France in 2013. After staying to complete a one-year rotating internship, Audrey undertook and completed a three-year residency program at Azurvet, a veterinary referral hospital in the south of France. During her residency program, Audrey was awarded the Joe Morgan Award for the best resident presentation at the 2016 EVDI Annual Congress for her presentation about ultrasonographic findings in dogs with lung lobe torsion. In 2018, Audrey passed the practical part of the ECVDI exam and became an ECVDI Diplomate, before joining Fitzpatrick Referrals as a radiologist in March 2018. Her clinical interests include multiple phase contrast-enhanced CT and contrast-enhanced ultrasound in the field of oncology, musculoskeletal ultrasound, neuroimaging and imaging-guided procedures. Audrey is very happy to discuss with colleagues the use of the most appropriate imaging methods to provide as much information as possible to guide clinical decision making.



In the spotlight

Canine Developmental Elbow Disease (Elbow Dysplasia)

Fitzpatrick Referrals is passionate about understanding the evolution of small animal diseases and working in tandem with specialists across the human medical field. These unique collaborations have allowed us to become the only centre in the world offering some surgical treatments for companion animal diseases which include custom-made partial and total replacements for the shoulder, elbow, stifle and tarsocrural joints in dogs affected by severe lameness.

Elbow dysplasia, which is now more properly termed developmiental elbow disease (DED), is one of the most common causes of forelimb lameness in young, large and giant breed dogs. We asked the orthopaedics team some of your frequently asked questions about canine developmental elbow disease and the treatment options available at Fitzpatrick Referrals.

1. What are the symptoms of DED?

Lameness can sometimes be noticed by a nodding head; a dog will lift their head when the lame forelimb is placed so as to transfer weight to their hindlimbs and other forelimb to reduce impact on their painful joint/s. Dogs that are bilaterally lame may have an unusual 'padding' gait. Lameness is often triggered by prolonged rest and sudden exercise. For this reason, many dogs will be lame when they wake up but after a warm-up, they will exercise freely and then be lame again afterwards. Although most dogs will be diagnosed before they are two years old, some dogs will not become lame until they are older or lameness may not be noticed if it is bilateral. DED is more common in medium and large breed dogs, but small breed dogs can also be affected, and DED should be considered a differential in any dog with forelimb lameness that has not been caused by trauma.

2. How do you diagnose DED?

In a primary care setting, we would recommend a full orthopaedic clinical examination of the forelimbs to isolate definitive pain associated with elbow manipulation, followed by medio-lateral and cranio-caudal radiographic projections of both elbows under deep sedation. This should allow a moderately confident diagnosis of DED or subsequent osteoarthritis. If you are unsure, radiographs can be submitted to our radiographic opinion service free of charge.

Once referred, a full orthopaedic examination will be repeated followed by a CT scan using our Toshiba Aquilion 160 slice CT scanner which provides excellent image quality within seconds of scanning time. Although radiographs will usually show changes in the elbows of dogs affected by DED and osteoarthritis, this is not always the case because at times changes can be very subtle and difficult to detect. CT scans help to confirm a diagnosis of DED, give more information about the extent of disease and allow our specialists to decide what interventions would be most helpful for each individual dog and family, whether they be surgical, medical, regenerative or a combination. The majority of dogs will also have arthroscopy as part of the investigation process and to further guide the most efficacious intervention. Arthroscopy allows us to directly observe the cartilage, bone and synovial tissue inside the joint.

3. What is DED?

Disease conditions encompassed by the syndrome of DED include medial coronoid disease (MCD) which may progress to medial compartment disease (MCompD) due to humero-ulnar conflict and elbow incongruity (EI). This is characterised by fissuring or fragmentation of the medial coronoid process and often progressive cartilage erosion of the medial compartment. Fissuring is graded arthroscopically according to location and cartilage erosion is graded 0-5 (modified Outerbridge score) with 5 being full thickness raw eburnated bone.

Primary Osteochondrosis which leads to Osteochondritis Dissecans (OCD) can also occur, which is a failure of normal development of epiphyseal cartilage, usually affecting the medial aspect of the humeral condyle. Ocassionally in certain breeds, ununited anconeal process (UAP) may occur, as may other forms of EI. In fact Humeral Intercondylar Fissure (HIF) which commonly occurs in Spaniel breeds could also be considered a form of DED.

4. What individual characteristics are important to assess?

When discussing the options available to families of dogs affected by DED, it is vital that we can provide all of the options all of the time within one hospital facility. There are so many factors to consider when recommending treatment options including: the extent of the disease, the age of the patient, the impact on the patient's quality of life, the wishes of the family, the varying level of risk involved in surgery, the financial situation of the family, the dog's response to medication, plus many more!

5. When should I refer a patient?

A patient should be referred when medical management is deemed suboptimal or your client wishes to pursue alternative options such a surgery or comprehensive medical management such as regenerative medicine and rehabilitation. DED is inexorably progressive but early intervention can ameliorate disease and significantly improve quality of life.

6. Typically how long from referral do you see an orthopaedic case?

Our aim is to attend all routine orthopaedic cases within 1 week of referral and emergency orthopaedic referrals are usually seen on the same day. Patients with complex problems, previously seen by multiple referral centres may wait a little longer whilst we collate the imaging from other hospitals and work through the available information to allow us to give the best advice for each patient.

7. Does early intervention have a positive effect on prognosis?

In dogs affected by DED, the development and progression of osteoarthritis is inevitable. However the pace at which that occurs is very variable and cannot be predicted. Therefore, we firmly believe that early referral can prove beneficial long-term. The objective is to accurately diagnose the specific form of DED and to explain all options available. This could vary from filling a focal defect in osteochondritis dissecans (OCD) to focal arthroscopic debridement to unloading osteotomies. Early diagnosis and intervention is fundamental in our view.

8. What surgical treatment options are available?

Fitzpatrick Referrals offer more surgical options for DED than any other practice in the world. Treatment options can be largely split into surgical and medical management, though occasionally patients will benefit from a combination of both.

Surgical options for the management of DED and osteoarthritis are vast but largely depend on the stage of disease and age of the patient. From low-level to high-grade disease, options include; Biceps Ulmar Release Procedure (BURP), Distal Ulmar Osteotomy (DUO), Subtotal Coronoid Osteotomy (SCO), Bioblique Dynamic Proximal Ulmar Osteotomy (BODPUO), Proximal Abducting Ulmar Osteotomy (PAUL), Sliding Humeral Osteotomy (SHO), Canine Uni-Compartmental Elbow (CUE), Custom Medial Compartment Elbow Replacement (cMCR), Custom Total Elbow Replacement (cTER).

BURP and DUO can be performed in the very early stages of disease where a specific stress pattern is identified, which affects the coronoid process of the ulna. The stress arises from excessive and repeated forces imparted by a poor fit of the humero-ulnar joint. In selected cases, either cutting a segment out of the ulna or surgical release of the attachment of the biceps muscle on the coronoid process can reduce the forces acting within the badly fitting bone geometry and help slow further micro-fracture or fragmentation.

A SCO removes a fissured or fragmented portion of the coronoid process of the ulna and is usually performed arthroscopically. Cutting the ulna at an oblique angle and allowing it to heal in a more congruent position (BODPUO) can reduce the effect of poor fit of the elbow, relieve pain and potentially slow down progression of disease.

A PAUL involves cutting the ulna and securing it into a new position with a special plate and screws to unload the affected medial compartment of the elbow and drive force through the less affected lateral compartment, thus providing pain relief.

SHO is generally employed in young dogs with severe erosion of the medial compartment. A cut is made through the humerus, which is secured in a new position with a plate and screws. A custom-made SHO system has been developed and is successfully employed at Fitzpatrick Referrals. This allows more accurate unloading and more secure fixation.

For treatment of Osteochondritis Dissecans (OCD) we can offer cSHO (with or without adjunctive injection of chondrogenically differentiated and anti-inflammatory stem cells) or implantation of a scaffold plug seeded with stem cells or implantation of a synthetic polycarbonate urethane implant with a trabecular metal backing (SynACARTM). The latter two are generally accompanied by a BODPUO to reduce humero-ulnar conflict.

When the cartilage covering the medial compartment of the elbow is completely eroded and severely collapsed, but the radial head is intact, then the medial compartment can be resurfaced with metal and plastic components on the humeral and ulnar surfaces respectively.

A commercially available system (CUE) can be employed, but if cartilage erosion is deemed too extensive to benefit from these implants which have a relatively small surface area, then a Custom Medial Compartment Elbow Replacement (cMCR) can be employed to ensure as much joint surface coverage and as much pain relief as possible.

Where cartilage covering the medial and lateral compartments of the elbow (ulna and radius) is severely eroded, a Total Elbow Replacement (TER) may be indicated. Fitzpatrick Referrals has been working hard for a number of years to develop an effective custom TER system, as we have experienced challenges with commercially available systems. We currently offer cTER in a small number of patients following a comprehensive consultation with Professor Noel Fitzpatrick.

9. What medical treatment options are available?

Our Osteoarthritis Clinic is an innovative and comprehensive clinical service all under one roof, meaning your patients benefit from the support of our highly-specialised facilities, world-class specialists, dedicated rehabilitation service and extensive patient care team. The Osteoarthritis Clinic offers hour-long consultations, comprehensive medication protocols, physiotherapy, hydrotherapy and regenerative medicine options such as skeletal stem cells (SSCs) and platelet-rich plasma (PRP). The benefits of each option and the suitability for each patient is individually discussed in consultation.

Regenerative Medicine

10. What are skeletal stem cells (SSCs) and platelet-rich plasma (PRP) and what do they do?

SSCs are present in the tissues of mammals, and are equipped with the capacity to mediate inflammation, orchestrate wound repair and generate new tissue. They are multipotent, which means they can differentiate or develop from their stem cell state into cells of the skeletal system including bone, cartilage and connective tissue. These cells have a very well-known phenotype (or well-known characteristics) and have a known location within the body associated with small blood vessels (such as those within adipose tissue) and the lining of bone marrow cavities.

PRP is an autologous processed plasma product that contains supra-physiologic concentrations of platelets and growth factors. Administration of intra-articular PRP for treatment of cartilage injuries is thought to decrease inflammatory and degradative processes involved in osteoarthritis, provide analgesic effects, enhance joint lubrication, and potentially increase chondrocyte and stem cell proliferation.

11. What is involved if a client elects for regenerative medicine?

Patients will be booked in for a general anaesthetic and fat tissue harvest which will be taken from the lower abdomen. The cells will be isolated and grown from the fat and be ready 10-20 days later when they will be injected into the affected joint(s) under sedation. The specific elucidation and purification process we use is unique to Fitzpatrick Referrals, as is our combination of SSCs and PRP. Comprehensive follow-up appointments are made to monitor and manage a patient's response to therapy, including highly sensitive force-platform analysis of gait. Fat tissue and isolated cells will be stored, allowing repeated injections over time in patients who saw a good initial response, meaning that repeated general anaesthetic and fat harvest is not required.

12. What are the risks of skeletal stem cell therapy?

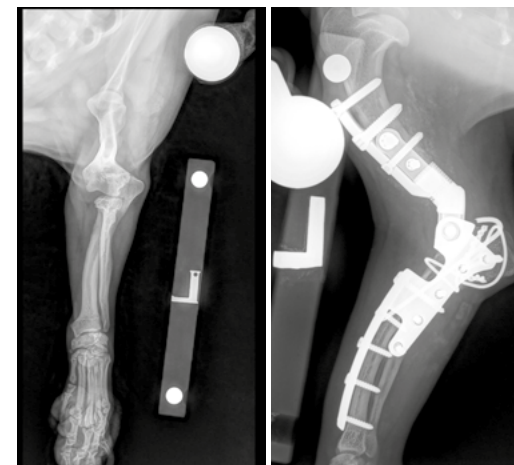
We use autologous stem cells and are simply re-injecting a purified population of regenerative cells harvested from the patient's own tissue, and as such are highly unlikely to pose any risk. The process of taking tissue involves a general anaesthetic followed by a sedation when the cells are reinjected. Both of these do carry a small element of risk, the same as any other procedure carried out under anaesthetic. All our patients receive a comprehensive pre-operative health check to ensure they are healthy enough to undergo surgery.

We know that on occasion, speaking to one of our specialists is valuable and enables you to deliver the best options to your client. We are available every day to provide advice to vets and one of our orthopaedic clinicians will call you back within one hour of making a clinical enquiry. Please call the Orthopaedics and Neurology practice on 01483 423761.*

**Advice within 1 hour applies to normal working hours (8 am – 8 pm) Monday to Friday. We can give advice for emergency case out-of-hours.*

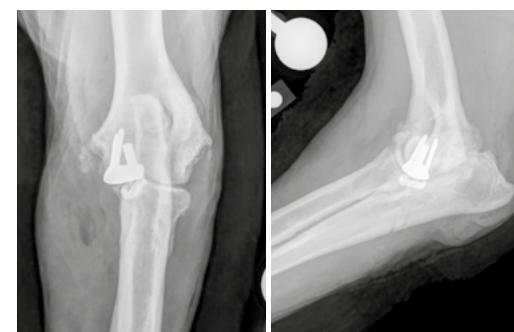


Archie had a dramatically deformed elbow joint and successfully benefited from a custom TER



Archie's preoperative cranio-caudal radiograph

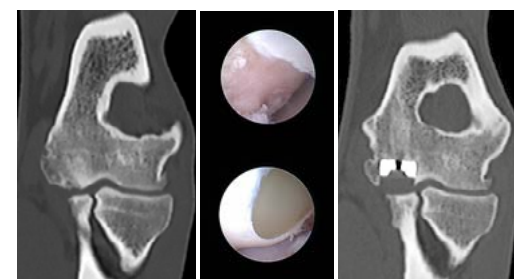
Archie's post-operative medio-lateral radiograph of his custom Total Elbow Replacement



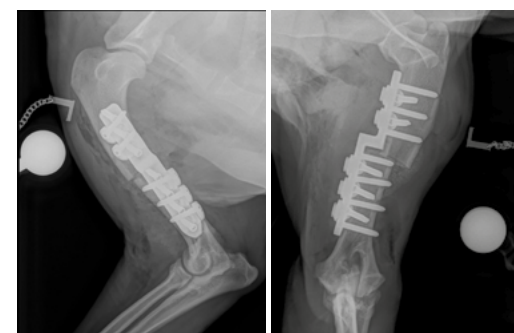
Elbow Custom Medial Compartment Replacement (cMCR)



Canine Uni-Compartmental Elbow (CUE)



CT scans and arthroscopy pre- and post-operatively for Osteochondritis Dissecans (OCD) of the medial aspect of the humeral condyle treated with SynACARTM implant



Custom Sliding Humeral Osteotomy (cSHO)

CASE STUDY

Living well with cancer Wotsit's Story

11-year-old Wotsit visited Fitzpatrick Referrals Oncology and Soft Tissue hospital in Guildford in November 2016 having been diagnosed with a neoplastic mass in the left cranial lung lobe.



After speaking with their specialist Professor Nick Bacon, Wotsit's family decided to go ahead with the thoracic surgery, on the understanding that Nick would call them during surgery should problems arise.

Surgery went very well - Nick was able to remove the mass and keep some of the left cranial lung and there was no sign of spread to any other lung lobe. At surgery, three enlarged lymph nodes were also removed from the base of the heart. All of the tissues removed were sent for histopathology.

The histopathology results returned showing that Wotsit's lung mass was an adenocarcinoma with many features of an aggressive tumour and had also unfortunately metastasised to all three lymph nodes. Nick got in touch with both Wotsit's family and their primary care clinician to inform them of the results, and to discuss the next step assuring them that quality of life was at the forefront of the treatment plan. Nick warned the expected survival with this stage of disease was now quite guarded but we would do our best to keep him happy for as long as possible.

Wotsit started on chemotherapy in December 2016 on a protocol of alternating vinorelbine and carboplatin and made regular visits to the team to have chemotherapy and restaging. He tolerated chemotherapy well and continued to live a normal life at home with his family.

In June 2017, evidence of early metastatic pulmonary disease was found on radiographs. The family discussed possible options and opted for palliative therapy. Wotsit enrolled on a metronomic chemotherapy trial being run in-house (in collaboration with the Royal Veterinary College), and he did well on this until November 2017 when he developed the chemotherapy associated side-effect of sterile cystitis. Additional radiographs showed that the pulmonary mass had doubled in size since June but the owners reported that Wotsit was very active with a great quality of life and so the team investigated further therapies.

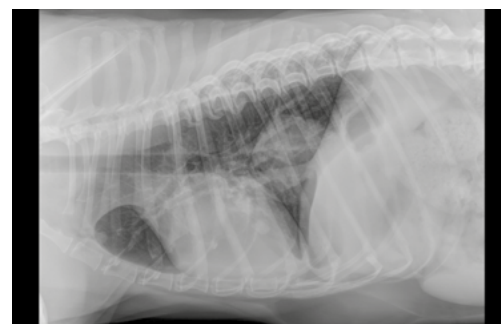
In January 2018, Dr Gerard McLauchlan our Interventional Radiologist, assisted by a Radiology Consultant from The Royal Surrey Hospital, was able to deliver intra-arterial mitoxantrone chemotherapy down the bronchial artery directly to the lung lobe containing the metastasis. Three weeks after this dose the team were happy to report a reduction in size of the tumour on radiographs and so

the protocol was continued by the more conventional intravenous route. Wotsit remained bright and happy and was last seen by us for chemotherapy on 16th May 2018. Under the care of Dr Iain Grant, Wotsit still makes regular trips to see the team who monitor his ongoing condition and can make sure that his quality of life is always at the forefront of his treatment.

Traditionally a patient with a diagnosis of pulmonary carcinoma metastatic to lymph nodes would not survive long, with 95% patients reportedly lost within six months (Journal of Small Animal Practice, 2008). With modern therapies, experienced cancer clinicians, and regular check-ups, Wotsit is living a full and happy life 18 months after diagnosis and his family have been able to spend time with him that they originally did not think they had. Wotsit has done remarkably well and continues to do so - a great example of a patient living well with cancer.



CT scan showing Wotsit's metastatic pulmonary carcinoma



X-ray showing Wotsit's metastatic pulmonary carcinoma

IN CONVERSATION WITH Dr Iain Grant



1. Why did you decide to join us here at Fitzpatrick Referrals?

Fitzpatrick Referrals has a reputation for the provision of first-class oncology care to veterinary patients. I really wanted to be part of that and I hope that I can bring to the hospital my own brand of care within the medical oncology field. Heading the medical oncology service was an important opportunity for me.

2. What are your clinical interests?

My main interests clinically are in developing a greater understanding of the needs of my patients and clients from a palliative care perspective. Little is documented about this within veterinary oncology at the current time and I feel that we are in a position to become influential in this field.

3. What are the most common cases that are referred to you?

We see a wide diversity of tumour types at a referral level due to the reputation of our hospital. The most common are mast cell tumours, anal sac carcinomas and lymphoma. Osteosarcoma (a primary cancer of the bone) provides opportunities to work closely with our other hospital in Easing due to Professor Fitzpatrick's work in limb-sparing techniques.

4. What advancements in oncologic care are you looking forward to at Fitzpatrick Referrals?

I hope that we will develop a reputation for excellence in palliative care in addition to our current reputation for the provision of state of the art therapies. This could include the development of clinical research in this field, introduction of client counselling services and hopefully, in time, the advent of radiation therapy at the hospital, which may be used both therapeutically and palliatively. We are also introducing a 'shared-care' arrangement for chemotherapy with our referring vets to increase convenience to their clients embarking on chemotherapy for their pets, and to empower primary care clinicians in therapeutic decision making.

5. Do you have any advice for vets about the care of patients with cancer?

Always be thorough when evaluating a cancer patient. Try to answer the questions: What tumour type am I dealing with? Where in the body can the cancer be found? and What are the treatment options available for this patient's individual type and stage of disease? Seek advice where necessary from specialists. In addition, always consider the early signs of cancer e.g. if a patient has a nasal discharge that is not resolving or persistent lower urinary tract signs or lameness in a breed prone to bone cancer do not forget that a neoplastic process may be at the bottom of it.

Our team of clinicians will happily give advice to vets about a patient, simply contact us at the relevant hospital.

Veterinary Nursing Awareness Month

Each year in May we celebrate Veterinary Nursing Awareness Month, an opportunity for the veterinary profession to highlight the important role of veterinary nurses.

Veterinary nurses are the heartbeat of our practices, applying their skills and experience to provide round the clock compassionate care to each and every patient, as well as working seamlessly with our team of surgeons, auxiliaries, radiographers and rehabilitation staff to ensure we are all working as one unified team.

Fitzpatrick Referrals is committed to ensuring our veterinary nurses receive recognition and personal fulfilment in their career. Our team can follow a variety of development pathways in order to advance their skills and learning, with progression opportunities in both clinical nursing and nursing management.



Professor Nick Bacon
Clinical Director of Oncology and Soft Tissue

“ At the oncology hospital the nurses are often the first clinical person the families see, plus the last when the patient goes home. They have to be knowledgeable, supportive and kind. And then there is the whole middle part where they are at the leading edge of cancer care giving cats and dogs new chances for living good lives, with or without cancer. They are the true rock stars of Fitzpatrick Referrals Oncology and Soft Tissue. ”



Lucy Montague, Clinical Nurse Lead

“ This month is my 10th anniversary working at Fitzpatrick Referrals where I've been lucky enough to shape and develop my veterinary nursing career. I started here straight after university as a new graduate and a few years later became a senior nurse. I took on the role of clinical nursing manager for the new oncology service in 2014 and helped to build and develop the team of nurses from 3 to 14 in three years. I've recently returned to the orthopaedics and neurology centre as clinical nurse lead to head up the team here. During these 10 years, I also completed my Graduate Diploma in Professional and Clinical Veterinary Nursing and am currently studying for the ILM Diploma in Leadership and Management. ”

There appears to be a real problem in the profession with creating opportunities for nurses to progress their career and specialise both clinically and in management. As a result, we see increasing numbers of nurses leaving the profession prematurely due to reduced job satisfaction. I plan to develop a nursing structure and provide the coaching and support here that allows nurses to progress in the areas they are most passionate about. I am driven to ensure others are given the support and opportunities that I have been lucky enough to receive myself.



Dr Gerard McLauchlan
Senior Clinician, Interventional Radiology

“ Interventional Specialist Nurse Jen O'Keefe is such an important part of the team. Not only is she involved in the pre-procedural assessment of the patient but she also scrubs into the surgeries, communicates with clients and helps with follow up assessments. Jen also takes charge of sourcing new equipment for all the novel procedures we are performing on a daily basis. The Interventional Radiology department would be a much less efficient service without Jen! ”



Dr Clare Rusbridge
Chief of Neurology

“ Doing spinal surgery for a paralysed dog is the easy bit. It is the nurses, auxiliaries and physiotherapists that invest the time and energy in caring, nursing and rehabilitating them, that ensures that the patient gets better and rejoins their family. ”

Throughout Veterinary Nursing Awareness Month, our nurses will be sharing blogs on our website to give an insight into the day to day routines of the various nursing roles and the crucial part they play throughout the patient journey. Visit fitzpatrickreferrals.co.uk/blog





By Sarah Baxter

Client Column | Our Millie

Our Miniature Dachshund, Millie, was just two months away from turning four when I noticed she was starting to show symptoms of IVDD.

We had an appointment scheduled with Fitzpatrick Referrals for the following day but Millie deteriorated in less than 24 hours. We were told to bring her in immediately. She was screaming in pain, so being able to pick up the phone and hear support was waiting for us helped in so many ways.

Dr Clare Rusbridge, Chief of Neurology, was there immediately and the moment we met, I felt a wave of relief during what was no doubt the most traumatic situation I've ever had to face as a dog parent.

Clare was so calm and carefully explained all the possibilities. After an MRI scan, it was decided surgery would give Millie the optimum chance of full recovery. Clare's kind approach together with a clear plan of action and helpful descriptions made all the difference. Leaving Millie behind was the hardest thing to do but just knowing she was with Clare and the team, gave more comfort than I can even describe.

Millie stayed at Fitzpatrick Referrals for eight days and we were updated daily. Receiving this phone call meant the world to me and my family. It was our connection to our little girl. This level of attention to detail and personal touch truly makes all the difference when going through the trauma of a seriously ill dog.

Millie not only benefited from the surgical prowess of Clare and received so much love from the patient care team, but she also benefited from physiotherapy with Fiona Doubleday, Rehabilitation Team Leader. Fiona's supportive manner and careful recovery plan helped Millie improve so much. Millie has also enjoyed numerous hydrotherapy sessions with Amie and the team. She adores going there!

I cannot begin to put into words how grateful we all are for each and every one of the Fitzpatrick team who has helped (and is still helping) with Millie's recovery. Whilst a closer surgery was available, I knew there was only one place I wanted Millie to be and that was Fitzpatrick Referrals. It is a true haven and beacon of hope for those in need. The skill of their work, love, care and support is second to none. Forever grateful. Thank you for helping us bring our girl home.



Millie with brother Ted and mum Sarah

World Veterinary Day 28th April 2018

On Saturday 28th April the Fitzpatrick Referrals teams at both centres in Easing and Guildford gathered outside to celebrate World Veterinary Day. Every single one of our team play a vital role in providing knowledge, skill, compassion, love and hope for the animals and their families who come to us. We now have over 250 team members at Fitzpatrick Referrals.



Easing Team



Guildford Team

Fitzpatrick Referrals at BSAVA Congress 2018

A large number of the team presented their research at this year's BSAVA Congress in Birmingham, including Jade Vyse-Waughray, Erika Villedieu, Andrea Galliano, Zoe Nalborczyk, Clare Rusbridge, Anna Tauro, Laura Homer, Guy Beynon, Gerard McLauchlan, Joana Tabanez and Carina Rotter. Congratulations to all of you!

Join our nursing team

Fitzpatrick Referrals is looking for dedicated and passionate veterinary nurses who can provide exceptional nursing care to our patients and currently have opportunities at both of our hospitals. We are keen that you choose the correct working pattern that fits your lifestyle and career ambitions – your career, your life, your choice. We would encourage you to talk to us and tell us what you want. For further information on how to apply, please visit: fitzpatrickreferrals.co.uk/jobs

IN AN EMERGENCY

To discuss a case or for any urgent or emergency referrals, please call us

For orthopaedic and neurological emergencies
01483 423761

For oncological and soft tissue emergencies
01483 668100

For more information visit fitzpatrickreferrals.co.uk



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