

<b>Case Log#:</b> <u>1</u> <b>Name/ID#:</b> <u>Doe / 023456</u> <b>Species/Breed:</b> <u>Canine/Lab Mix</u> <b>Sex:</b> <u>FS</u> <b>Age:</b> <u>9 yr.</u> <b>Weight:</b> <u>9kg</u>	
<b>Date:</b> <u>11/16/2020</u> <b>Duration of Care:</b> <u>8 days</u> <b>Tech Role:</b> <u>Circulating</u> <b>Clinician:</b> <u>Robert McRight, DVM, DACVS</u>	
<b>Surgery &amp; Reason Performed:</b>	Parathyroidectomy. Pre-anesthetic bloodwork prior to an unrelated surgery showed elevated serum calcium. Parathyroid function panel analyzing serum parathyroid hormone
<b>Pre-op Work-up:</b>	Bloodwork from the referring veterinarian showed elevated parathyroid hormone and ionized calcium. Ionized calcium was elevated when rechecked. Urinalysis was WNL. Rectal exam found no abnormalities. Cervical ultrasound: right cranial parathyroid gland enlarged. Perianal ultrasound to look at anal sacs: WNL. Thoracic radiographs and AUS for metastasis evaluation and presence of urinary calculi were WNL.
<b>Surgical Clip and Aseptic Prep:</b>	The entire ventral neck was clipped and fur was vacuumed. A preliminary scrub using 4% chlorhexidine gluconate (Hibiclens(R)) was performed to remove gross contaminants prior to entering the OR. Once in the OR, open gloving technique was performed. An aseptic scrub in a target pattern using Hibiclens (R) and then sterile 0.9% NaCl for a total of 5 minutes completed the patient scrub.
<b>Room/Table Prep:</b>	The patient was placed in dorsal recumbency with her neck slightly hyperextended over a towel by the circulating technician. Her forelimbs were pulled caudally and tied to the table with a rope. The circulating technician opened the sterile gown packs and gloves as well as the instrument packs and instruments aseptically (the outer wrap was opened carefully to avoid internal wrap contamination) for retrieval by sterile team members.
<b>Specialized Instrumentation &amp; Equipment:</b>	Lone Star retractor ring, Stevens tenotomy scissors, Metzbaum scissors, soft tissue surgery pack, drape pack, #10 and #15 surgical blades, suction tubing, monopolar cautery pencil and tip, laparotomy sponges, 4x4" x-ray detectable sponges, bulb syringe, electrocautery and suction units. 3-0 glycomer 631 (Biosyn), a synthetic absorbable monofilament suture, was used to close the muscle, subcutaneous layer and skin edges.
<b>Other Advanced Skills Performed:</b>	Samples were placed in 10% buffered formalin at a 1:10 tissue to formalin ratio by the circulating technician and submitted for histopathology.
<b>Short-term and Long-term Care (including wound care):</b>	A Tegaderm (TM) pad was placed to cover the incision. Buprenorphine, a partial mu agonist opioid, was given q8h for analgesia. Tramadol, a synthetic opioid, was started once buprenorphine was stopped. Overnight ICU monitoring for seven nights. Continued monitoring for hypocalcemia including facial twitching, tremors, weakness or seizures. Ionized calcium (stat profile) bloodwork run BID. Telemetry to watch for arrhythmias due to calcium fluctuation was monitored for 36hrs. Placed on calcium gluconate and calcitriol, a vitamin D supplement. Calcium carbonate was given PO. Cryotherapy of incision site TID. Ionized calcium level rechecks.
<b>Instrument Use and Sterilization:</b>	Prior to surgery, instruments were hand scrubbed before placement in the ultrasonic cleaner, rinsed, sprayed with instrument lubricant, dried, and packed in peel pouches or drapes with Class 5 indicator strips placed at the inner-most level of wrap. Class 1 indicator tape was used on the outside of items wrapped in drape material, labeled with date and name of the contents. Instruments were sterilized via steam in a pre-vacuum autoclave at 270F for a 4-minute cycle. Items exposed to hydrogen peroxide gas plasma were wrapped in Polydrape (TM), a double thickness SMS polypropylene drape material (containing no cellulose) with a STERRAD (R) chemical indicator strip inside.
<b>Case Log#:</b> <u>2</u> <b>Name/ID#:</b> <u>Flame / 44317</u> <b>Species/Breed:</b> <u>Feline / Siamese</u> <b>Sex:</b> <u>MN</u> <b>Age:</b> <u>9 mo.</u> <b>Weight:</b> <u>4.4 kg</u>	
<b>Date:</b> <u>02/09/2020</u> <b>Duration of Care:</b> <u>2 days</u> <b>Tech Role:</b> <u>Scrub</u> <b>Clinician:</b> <u>James DeBones, DVM, DACVS</u>	
<b>Surgery &amp; Reason Performed:</b>	Left total hip arthroplasty. Left pelvic limb lameness due to left capital physeal fracture.
<b>Pre-op Work-up:</b>	Ventrodorsal (VD) pelvis radiograph from primary veterinarian showed left capital physeal fracture. Auscultation WNL, neurologic exam WNL, and no external wounds noted. VD and lateral pelvis rads repeated under anesthesia by scrub technician wearing lead apron, gloves, thyroid shield, and dosimetry badge. VD radiograph positioning ensured the femurs were extended with obturator foramens and iliac wings symmetrical. Iliac wings and ischium were superimposed on the lateral view. Radiographs included a 10-cm magnification marker at the same level and plane as the acetabulum for implant sizing.
<b>Surgical Clip and Aseptic Prep:</b>	Flame was clipped with a #40 blade over the left hip, extending just past dorsal midline, cranial to the last rib, medially to ventral midline, and distally just past the hock and fur was vacuumed. Vetwrap covered the distal limb and medical tape was used to hang the leg prior to the preliminary surgical scrub and final prep. The scrub technician performed an aseptic hand scrub using 4% chlorhexidine gluconate for a timed 5-minute scrub prior to gowning and closed gloving.
<b>Room/Table Prep:</b>	The operating room was steam cleaned the night before. Instrumentation was collected and Class 1 external sterilization indicators were inspected before being placed in order of necessity for the procedure. The suction unit was tested to ensure it would work for surgical suction as well as for collection of cement fumes from the Stryker Mixevac. The table was flattened for proper patient positioning and preparation.
<b>Specialized Instrumentation &amp; Equipment:</b>	Biomedtrix Micro CFX(R) equipment set, Adson tissue forcep, A-O and Freer elevators. Finger Hohmann, finger Meyerding, and Senn handheld retractors. Gelpi retractors. Stefan reduction forceps. 3M high-speed nitrogen burring drill with 4mm burr. Battery-powered Stryker oscillating sagittal bone saw and Jacob's hand chuck with key. General surgery pack, monopolar and bipolar cautery handpieces, and 7 French Frazier suction. 2-0 and 4-0 polydioxanone (PDS), absorbable monofilament suture, and 4-0 nylon, a monofilament non-absorbable suture, were used.
<b>Other Advanced Skills Performed:</b>	The scrub technician prepared Surgical Simplex P bone cement to putty consistency for a 12mm cemented fixation (CFX) acetabulum. Antibiotic therapy consisted of gentamicin (aminoglycoside good for gram-) and cefazolin (1st generation cephalosporin for gram+ and some gram-) being administered slowly IV 30 minutes prior to the surgical incision being made, with cefazolin repeated IV q 90 min. intraoperatively. Peri-op antibiotics were used primarily due to placement of an implant and the risk of catastrophic failure should infection occur.
<b>Short-term and Long-term Care (including wound care):</b>	Post-operative radiographs confirmed implant positioning prior to transportation to ICU for recovery in a warmed cage with non-slip flooring. Cryotherapy was applied to the surgery site for 20 minutes post-operatively, but repeated application was not tolerated by the patient overnight. The patient was hospitalized for 24 hours after surgery and discharged with an E-collar and incision care instructions. The owners were instructed to provide cage or small room confinement (without jumping surfaces) until repeat RADs were obtained 6 weeks post-op, at which time the patient demonstrated appropriate healing and was allowed a slow return to normal function.
<b>Instrument Use and Sterilization:</b>	The scrub nurse aseptically received the burring drill and nitrogen hose from the circulating technician. The class 5 chemical indicator strip packaged inside each double wrapped instrument was visually inspected prior to placing the instrument on the table. The nitrogen hose was anchored to the patient drape with enough slack for use, and the end was attached to the burring drill. The other end was passed to the circulating technician so it could be attached to the nitrogen supply line. The 4mm burr was inserted into the drill and locked into place.

**\*\*Include a copy of the abbreviation list in this packet**