MVMA STATE FAIR SURGERY SUITE
TECHNICIAN RESPONSIBILITIES

MVMA office 651-645-7533
Kelly Andrews, (MVMA) – 651-895-6640 (cell)
Shelley Cravens (on-site LVT): 605-553-7451
Sx Suite Committee Co-Chair: Dr. Krista Walkowiak 651-308-8160
U of MN Vet Medical Center: 612-625-9711

Thank you for volunteering to assist at the State Fair Surgery Suite. We hope you will find the experience rewarding. This is the 34th year the MVMA has conducted surgery demonstrations at the Fair, and this public education project has been very well received.

Your priority while in the surgery suite is prepping patients for surgery, inducing anesthesia and maintaining anesthesia throughout the surgical procedure. A veterinary student is available to assist you; however, while in the surgical suite, their primary responsibilities include patient recovery, patient restraint, cleaning, surgical set-up, and assisting the veterinarian (DVM) during surgery. Shelley, our head LVT, will also be available to run bloodwork and assist you as needed.

General Information
There are checklist forms with this information for each day, to help you remember it all. Check off as you go through the day.

8:00-9:15 am: Weigh each patient & record weight on ID card. Put ID card on each cage.
Perform an IDEXX Procyte blood count, a CatOne Chem 17, Lyte 4, Sedivue UA and Coag PT/aPTT on all 4 patients. Draw blood from a vein not used for the IV catheter. If any abnormal results are identified, notify the morning veterinarian, who will determine whether they are significant enough to require a replacement patient.

Insert IV catheter. With assistant, clip vein, scrub once with Chlorhexidine & alcohol, insert IV catheter, secure catheter with tape, place injection cap (or t-port) on catheter, flush with saline, and wrap with Vet-Wrap. Veterinarian must perform a physical exam on all 4 patients.

9:30 am: Administer pre-meds to dogs and cats (see dosing chart).

Get anesthesia machine ready (verify Isoflurane in, F-Aire canister connected & not expired, oxygen connected). Prepare induction meds, endotracheal tube, tie gauze, IV fluids and IV fluid rate. Record animal's name/ID on the anesthesia record. Shelley is responsible for recording the bottle #'s and dosages of controlled drugs in the drug logbook.

9:40 am: Bring dog/cat into prep room. Perform IV induction. Intubate, secure endotracheal tube, inflate cuff properly, and connect to Isoflurane. Attach pulse oximeter.

9:50 am: Surgeon should cap, mask and begin 5-minute scrub. Express patient's bladder, clip wide and long surgical area, and vacuum loose hair. Put on your cap and mask. Perform surgical scrub of area with 3 cycles of Betadine scrub followed by alcohol. Remove pulse oximeter. With student assisting (also wearing scrubs and mask), transport patient into surgery room and place on table. Attach LRS drip to IV catheter. Attach Surgivet monitor. Once prep DVD is finished, make final adjustment of camera position and focus <u>before</u> placing final tie downs. Ask Shelley for assistance. Perform final scrub of Chlorhexidine and alcohol after all adjustments are made.

Dog/cat must be monitored under anesthesia and vital signs recorded on anesthesia record. The student helps the surgeon glove and gown and remains ready during surgery to provide extra suture etc. if needed.

11:00 am: Once surgery is complete, keep patient on oxygen until patient is ready to be extubated. Once the patient is extubated, return patient to prep room, place on heating pad, and cover with a towel. Replace pulse oximeter. Use the "post-op" "Bair Hugger" unit. Clean incision site with hydrogen peroxide (if needed) and have student monitor the patient. Discontinue IV fluid drip but leave IV catheter in place until patient is sternal. Check temperature. If patient is

hypothermic, keep patient on heating pad as long as possible but do not use heating pad in cage unsupervised. Move to cage. Cover with towels or use Bair Hugger if needed. Student and/or technician should continue to monitor the patient.

11:15-11:30 am: Clean surgery room as needed, wash instruments and re-wrap pack. Reproductive tissue should be discarded in the red biohazard bag. Record any pertinent surgery comments in anesthesia log and fill out completely. Consider autoclaving used pack, if time allows.

Check on patient. Remove catheter once sternal. Flush catheters of other dogs/cats with saline.

11:30 am: see 9:30 am above – IM or SQ meds to dog/cat and lay out surgeon equipment.

12:00 noon: Second surgery, see 9:40 and 9:50 am

1:00-1:30 pm: Surgeon for the morning should remain in the unit until the second patient sternal and making a full recovery. Afternoon volunteers should arrive 12:30pm. Clean and re-wrap second pack. PM surgeon should review physical examinations on all patients. Place remaining IV catheters if needed.

1:30 pm: Pre-meds to 3rd dog/cat. Adjust table and lights if necessary and recheck camera.

2:00 pm: Third surgery, see 9:50 am

3:00 pm: Recovery and clean-up, see 11:00 am

3:30 pm: Pre-meds to 4th dog/cat, see 9:30am

4:00 pm: Fourth surgery, see 9:40 and 9:50am

5:00 pm: Recovery and clean-up, see 1:00. Afternoon surgeon should stay in the unit until 4th patient is sternal and recovering without complications. Afternoon surgeon must do post-op exams on all 4 patients.

Clean any remaining instruments, repack, and autoclave. Clean endotracheal tubes. Turn off oxygen, fill Isoflurane if needed. Record hours on F-Aire canister, change if needed (good for 12 hours). Check soda-lime. Have animal rescue post-op sheet and 4 owner records ready to go along with an e-collar to send with patient. Clean surgery, prep area, wipe with Rescue, and mop floors. Refill scrub trays if needed. File anesthesia record sheets. Check windows in surgery, and clean if needed. Walk all dogs, make sure cats have clean litterboxes.

6:00 pm Technician shift completed, pending no other help is requested.

Thank you for your time and dedication to volunteering at the MVMA Sx Suite! We appreciate you!