

MVMA STATE FAIR SURGERY SUITE TECHNICIAN RESPONSIBILITIES

MVMA office 651-645-7533

Maria Nellesen, CVT (MVMA sx suite staff) – cell 612-386-3633

Shelley Harpster (on-site CVT): 605-553-7451

Sx Suite Committee 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 interesting. This is the 30th 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 there to assist you, but their priority while in the suite is patient recovery. Use them for restraint, cleaning, lab work, set-up, prep, flushing catheters, etc. but check that they are certain about the correct procedures. They have been told this is not a time to practice unfamiliar techniques (e.g. placing catheters). Shelley, our head CVT, 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, Fructosamine, TT4/SDMA, Sedivue UA and Coag PT/aPTT on all 4 patients. Draw about 5 mls of blood from jugular (remember to save cephalic vein for catheter); Run chemistry while waiting. If any abnormal results, bring to attention of morning veterinarian who will decide whether severe enough to ask for a replacement patient.

Insert IV catheters. With assistant, clip cephalic vein, scrub once with Betadine, insert IV catheter, secure catheter with tape, place injection cap on catheter, flush with heparinized saline, and wrap with Vet-Wrap. Try to place catheters in all 4 patients at this time, but at least 2. Veterinarian should perform a physical exam on the first 2 patients. * It would be ideal for the veterinarian to perform a physical exam on all the patients in case one has a symptom or condition that may necessitate a replacement animal.

9:30 am: Administer IM sedation for cats, or IM or SQ pre-meds to dogs (see new chart).

Place surgeon's size gown, gloves, cap, mask, and preferred suture, blade, and gauze. Once surgeon is dressed in scrubs, adjust table height and then turn on video equipment and adjust focus on camera. Place wrapped pack in surgery with supplies.

Get anesthesia machine ready (verify Isoflurane in, F-Aire canister connected & not expired, oxygen connected).

Prepare induction meds, endotracheal tube, tie gauze, and IV fluids and IV fluid rate. Record animal's name/ID on the anesthesia record, adopter's sheet, and first line of humane society sheet. Shelley is responsible for recording the bottle #'s and dosages of controlled drugs in the drug log book.

9:40 am Bring dog/cat into prep room. Assist surgeon with IV induction for dogs. Intubate, secure endotracheal tube, inflate cuff properly, and connect to Isoflurane. Attach LRS drip to IV catheter. 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 and place on table. Attach Surgivet monitor. Place "Bair Hugger" blanket on/around animal. Turn on lights, and open pack outer wrap. Once prep DVD is finished, stop DVD and make do final adjustment of camera position and focus. Perform final scrub of Betadine and alcohol after all adjustments are made.

Dog/cat must be monitored under anesthesia and vital signs recorded on anesthesia record. The vet student helps 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. Start neuter DVD. Clean incision site with hydrogen peroxide 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. Make sure prep DVD is ready. Make sure meds are recorded in drug log and humane society sheet. Record any pertinent surgery comments in anesthesia log. Consider autoclaving used pack, if time allows.

Check on patient. Remove catheter once sternal. Flush catheters of other dogs/cats with heparinized 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 perform physical examinations on last 2 patients (if not done from the morning). Place remaining IV catheters if needed. If IV catheters were placed in the morning, flush catheters with heparinized saline again.

1:30 pm: IM or SQ meds to 3rd dog/cat. Verify new surgeon's equipment choices. 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: IM or SQ 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 will do post-op exams on all 4 patients.

Clean any remaining instruments, repack, and autoclave. If needed, autoclave more 4x4 gauze. 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 humane society sheet and 4 owner records ready to go. Clean surgery, prep area, wipe with Nolvasan, and mop floors. Refill scrub trays if needed. File anesthesia record sheets. Be sure the biohazard bag is correctly labeled. Wrap a white tape tag around the neck of the bag with the day's date on tag and the following information: "From State Fair Surgery Suite. For D-lab fridge at Nurse's station. Surgery tissue for DISPOSAL ONLY." Give biohazard bag to afternoon student to transport to the U Small Animal admit desk. The people at the desk are to then take the bag to the necropsy fridge at the nurse's station, where it will be appropriately disposed of. 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!