New EU-backed veterinary facility at Aberystwyth to ‘drive forward research’

THE Welsh Cabinet Secretary for Environment and Rural Affairs, Lesley Griffiths, has unveiled plans for a new £4.2 million “state-of-the-art veterinary hub” which will “drive forward research to protect both animal and human health”.

The Vet Hub 1 project will be led by Aberystwyth University with £3 million funding from the European Regional Development Fund through the Welsh government. The facility will have a “fully-equipped, high-specification laboratory and office spaces”.

‘Further evidence needed’ before changes made in antibiotic prescribing

FOLLOWING publication of an article in the British Medical Journal which questions the validity of currently accepted guidelines for completing a course of antibiotics as prescribed, and which suggests there is little evidence that failing to complete a prescribed antibiotic course could contribute to antibiotic resistance, the BVA has cautioned against any changes until further evidence is provided to support such changes.

BVA junior vice-president, John Fishwick, comments: “The article in the BMJ suggests that antibiotics should be used for as short a period as possible, and that we should move away from the concept of following a predetermined course. This may indeed be a very important advance, but it is far too early to determine how this would work in veterinary practice.

“Until further studies are conducted, it is too early to change the way we prescribe medicines, and vets should continue to prescribe as previously, only when necessary. It is also vital that clients continue to follow the directions given by their vets, both in terms of dosage and duration of treatment, carefully.”

Speaking at Aberystwyth University’s education pavilion at the Royal Welsh Show at the end of July, the Environment Secretary said: “This EU-backed investment will help tackle some of the great challenges of our time, food security, climate change as well as the Welsh government and Aberystwyth University’s long-term focus on supporting animal health and veterinary science.

“It will also unlock a range of opportunities over the coming years for businesses throughout the livestock supply chain, and in associated industries which will benefit from the new facility and collaborative research opportunities leading to the development of new products and services for the global market.”

Developing improvements

Researchers at Vet Hub 1 will collaborate with the industry in developing vaccines and tests with the aim of reducing livestock losses and improving general animal health, and in particular developing solutions for animal-borne diseases that could pass to humans. Further development of veterinary practices and other animal healthcare as well as biotechnology, animal food manufacture and other allied industries will also take place at the new facility.

Professor Elizabeth Treasure, vice-chancellor of Aberystwyth University, commented: “The facility heralds another step forward in improving general animal health, and veterinary science is most welcome...

R&D income for veterinary science to the UK totals £55 million a year. In BVA’s Brexit principles, we clearly outlined the importance of maintaining the UK’s access to EU partnership R&D, or similar pan-European funding, and initiatives like this prove exactly why, offering innumerable benefits to Wales, the UK and wider world.”

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Thirteen overseas vets join Register

PROFESSOR Stephen May, RCVS president, has welcomed 13 veterinary surgeons to the UK Register after they passed the College’s Statutory Examination for Membership.

These vets gained their veterinary qualifications from institutions outside the UK that are not recognised by the College and therefore had to pass the examination to become members of the RCVS and be eligible to practise in the UK. This year’s successful candidates were:

Christina Birks, DVM – St George’s University, Grenada
Briony Sharon Bray, BVSc – University of Zimbabwe, Harare, Zimbabwe
Cheryl Lynn Commons Lang, DVM – Ross University, Basseeterre, St Kitts
Niquet Jodi-Ann Charlene Goldson, DVM – University of the West Indies, Augustine, Trinidad & Tobago
Sunaina Gupta, BVSc&AH – Rajasthan University, Bikaner, India
Binaifer Feroze Katila, BVSc&AH – Maharashtra University, Nagpur, India
Lianna Janine McKirdy, DVM – St Matthew’s University, Georgetown, Cayman Islands
Amber Rose Segre, DVM – St George’s University, Grenada
Valentina Sepulveda Bravo, MV – University of Chile, Santiago
Ran Shan, BA – Inner Mongolian Agricultural University, Hohbot, China
Daniel James Wieser, DVM – Ross University, Basseeterre, St Kitts
Claudia Louise Wiseman, DVM – St George’s University, Grenada
Ejaz Yaqoob, DVM – University of Agriculture, Faisalabad, Pakistan

To pass the examination, each candidate had to take written papers and then clinical, oral and practical examinations which this year were held at the University of Nottingham. This year a total of 35 candidates entered for the exam.

Joined by family and friends, 12 of the 13 successful candidates (below, with Prof. May at centre) attended a special ceremony at the College’s offices in Belgravia House on 1st August.

Ethics review panel trial extended and remit expanded

THE RCVS has decided to extend its Ethics Review Panel for a further year with an expanded remit “to consider a greater diversity of applications”.

The panel, chaired by veterinary ethicist Professor David Morton CBE, was established last year on a trial basis as a means of offering an ethical review process for practice-based research projects that may not have the same access to resources as clinical studies in academia or industry.

Since its establishment at the end of July last year, it has received 23 applications, mostly concerning small animal clinical studies. However, due to demand from the profession, the college says, it will shortly be considering applications for equine or farm animal-based research and will be recruiting new panel members to cover these areas.

Eleanor Ferguson, RCVS registrar, comments: “Although the number of cases considered so far have been relatively small, the service has been very well received as a means of providing ethical review to those who might not otherwise be able to do so and so, therefore, might struggle to get papers published.

“Considering the importance of practice-based research, we expect there to be an increase in the number of applications as word gets out about the service and so are happy to extend the trial for another year and for it to consider a wider range of applications.”

Further details about the panel, as well as guidelines for making applications and the application forms, can be found at www.rcvs.org.uk/ethics. For an initial discussion about submitting an application to the panel, contact Beth Jinks, standards and advisory officer, on 020 7202 0764 or ethics@rcvs.org.uk.

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RAHLE WALDO EMERSON’s suggestion – “Do not go where the path may lead, go instead where there is no path and leave a trail” – is one of those inspirational quotes that most of us wish we’d written ourselves so that on a dark winter’s night, over a glass of single malt and in front of an open fire, we could think well of ourselves but, sadly, I didn’t and he did.

With such an abrupt re-entry into the real world, I wonder if I might risk another observation and that is to ask why we’re not all collectively following that advice and blazing a trail in the absence of any clear path. That question includes me, of course, and the wording implies no criticism, although I suspect we leave ourselves open to criticism by others through our omission.

As I write this, it’s raining (again), although recent weeks have seen some unseasonably warm weather and with that, tragically, more reports of dogs getting heatstroke in cars. It’s so easy, isn’t it? A quick journey to the shops on the way back from a hot walk in the park and a chance meeting with Mrs Smith which necessitates a 20-minute chat while the dogs are slowly roasting in the car.

No one intends it to happen but, realistically, it’s not an accident. It’s neglect and I’ve been guilty of something not too different myself, having made a rapid assessment that the car was sufficiently in the shade, the windows were sufficiently open and I had sufficient organisational skills to manage the situation before any harm came to the dogs.

I have been lucky when others haven’t, but a study of heatstroke in dogs by Smartick in 2009 concluded that in between 25 and 50% of heatstroke cases the dogs died. Who would knowingly bet on those odds? Only a fool, you might argue, but I have done that: left them briefly in the car while my apparent need to buy something superseded my concern for their welfare and the fact that all was well in the end doesn’t make me any less of a fool, I guess.

I have in front of me a really good article on this very topic, reminding me that dogs’ ability to thermoregulate is far more limited than our own and that as owners, we routinely fail to provide them with the means to assist that process.

We know that those dogs suffering from heat-induced paralysis have additional illnesses in panting and most of us can remember that lecture about rising levels of lactate in the blood and those internal protective mechanisms that release proteins, but Mrs Smith doesn’t and, moreover, she thinks pugs and huskies are just cute.

The pet MoT

Some of us will remember when dogs and some cats were brought into the surgery every year for what their owners saw as a sort of MoT test, associated with an annual vaccination booster. The practice would routinely charge for the booster, but would often do a surreptitious check-over rather than a full health check, while talking to the client.

This was a concrete part of most pet owners’ understanding of their responsibility towards the animal and it gave the practice an opportunity to have a general discussion with the client – often about seasonal concerns – as well as covering any specific concerns on their part or observations from the veterinary surgeon concerned. With the advent of a widening interval between some vaccinations, that routine visit started to fade away as many owners cheerfully blurred the edges of their understanding about the need for some vaccinations to continue annually; with that widening of interval came other sequels such as the re-assessment of what a bonded client really means, if anything, and a wider acceptance by clients that loyalty to the practice was more of a moveable feast.

If some practices offer cheap vaccinations as loss-leaders to get clients through the door, that makes a mockery of the term “bonded client” – as many of us have come to realise.

As that movement progressed, communication between practice and client became more difficult or, at least, more remote and many practices fell back on providing a website where topical or seasonal information could be provided for anyone who could be bothered to go and look for it.

The ISFM’s figures show that around 10% of pet owners are bonded to a practice, i.e. that they will routinely visit and follow veterinary advice, around 50% don’t come at all and that the remaining 40% float backwards and forwards with veterinary attendance being triggered by need rather than by choice.

This has all resulted in a shift of the relationship to make the client/ veterinary interface more reactive than proactive with the result that, beyond the 10% of owners with whom we already have a dialogue, any communication with the remaining 90% is more or less entirely dependent on their decision to actively seek information from us.

Few of us would argue that the profession should be the leading advocate for animal welfare, but the reality is that in most cases we are allowing those who don’t know that they don’t know to drive the bus. Somehow that sits uneasily with me.

Emerson may have been a mid-19th century essayist with little relationship to our present world, but he also wrote, “The only way to have a friend is to be one,” and in this context I suspect he did rather better than I feel I’m doing for those people and animals for whom I profess to be an advocate.
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of a national tabloid and social media hate campaign. These people were duly murdered.

The build-up of the story was working this out, but the twist was that these were just the bait. Anyone who had voted on social media for someone to be murdered was then selected and also murdered. The whole thing was a bid by the mastermind of it all to try to make people take responsibility for what they say and do on social media and behave like civilized human beings to each other, rather than a baying mob.

Cautus coverage
We will all have had times when we have had adverse social media coverage either directed at the practice or us as individual vets. The thought of having an instant retribution button to send back to all the misinformed people adding their baseless opinions to the comments would be great. Maybe not murder, but a computer virus that disables their social media accounts would be useful.

People have been imprisoned for inciting acts of terrorism from their Facebook accounts, and recently Katie Hopkins was fined £24,000 for a single tweet which libelled a food writer. It is about time a veterinary client was taken to court for libel after posting on Facebook. As far as I know, it has not happened yet, but let me know if you are aware of any cases on garethcros@hotmail.com as I would be very interested.

Local storm in a virtual teacup
Our practice was recently near the epicentre of a local storm in a virtual teacup. The story is not about perceived veterinary incompetence, but could just as easily have been. It shows how things grow, spread and get out of hand and the truth is lost right at the start. I will change the beach name involved. It went something like this...

A receptionist came into the prep room and asked me, “Have you heard about dogs getting poisoned on Tor beach?” I had not. The same query came in several times that day and then, later, coupled with the dreaded meaningless phrase, “...it’s all over Facebook.” (FB). We started getting more calls and enquiries on our FB page.

That evening, someone my wife knew locally messaged her about it and we found the original, fairly innocent post which was something along the lines of: “A colleague at work’s dog has been poisoned on Tor beach – please be careful.” Like a game of digital Chinese whispers, this had spawned posts on local community groups about a malicious poisoning campaign targeting dogs. It included references to the dog in question being put down, including one that stated we had put the dog down at our practice.

By day two of this, all the local vet practices in the area had contacted each other and confirmed that none of us had seen any poisonings from that beach. Later on day two, we received a phone call from the local paper and online news service. I spoke to them and passed on the information that no local vets had dealt with such a case and reports of poisonings are often exaggerated and luckily in our area deliberate poisoning is rare. But I stressed that it is quite possible a dog are something on a beach and was ill and may even have died.

I was aware that somewhere someone may have had a dog die after eating something on the beach and did not want to upset them or face a backlash myself by implying that they were lying about it.

The news outlet wanted me to say it was a hoax, but I stuck to the line that no local vets had seen any cases, and to always be careful what your dog eats. The VDS would be proud of me, I thought. As well as this, all the local vets put a statement to this effect on their FB pages.

That evening a transcript of my little interview (or a version of it) was also being widely quoted, with my name and the practice name attached, on social media, news outlets and FB.

Day three and the practice received a phone call on behalf of a local councillor wanting to know why the practice had kept secret the poisonings on Tor beach and how dare we put dogs at risk by keeping this news secret. This was suitably dealt with. You could not make it up.

Day four and the many-headed beast that is social media had turned on the person who had made the original post, or “OP”. By now it was doing the rounds on FB and local media that the OP had created a deliberate hoax story. The baying mob was shocked that people could be “so sick” as to “get off” on creating a hoax to scare people.

The OP was practically in hiding and I received a phone call from one of her friends saying she was extremely distressed about the whole episode and was receiving hateful postings and messages about the “hoax” she had started.

After nearly a week, it finally fizzled out. One day soon, I hope that people will learn that social media is not the real world and to treat with scepticism anything on it, or stories propagated by it.

But this is not a new phenomenon; just read up on witch trials or visit an English village with a set of stocks and you will realise that there is indeed nothing new under the sun. It’s just a mobile phone app now, not a set of stocks or ducking stool.
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I'm stuck in the middle lane in my rather battered 2003 bright yellow Fiat Punto, with a truck looking even more decrepit than my vehicle on my left in the slow lane. There's a rather lovely black Maserati to my right in the fast lane. Except of course it isn't the fast lane in this instance.

The flash sports car is quite as stationary as any of us! I always try to drive at 60mph to keep my fuel consumption to 60mpg, but the guy in the Maserati probably has a maximum speed of well over 150mph and the truck is limited to 50.

But now we are all in the same condition — stationary! And to tell the truth even though we might be annoyed by the delay, we are all in a much better state than the people in the car fire I can see up ahead. When the police and ambulances scream up the hard shoulder and the air ambulance hovers overhead, things can't be good. But carpe diem – seize the moment. It's time to write this perambulation.

Eventually the traffic all started moving again and it seemed nobody had been injured in the accident as the ambulance crew and police were standing around chatting with the driver of the burnt-out car. So, I returned to thinking of other things that are social levellers.

I'd like to think that education would be one of those. The year I began secondary school, 1974, was the year my local education authority decided to change from a grammar school system to comprehensive schools. While most of my friends went to what had been the girls’ grammar in the middle of town, we lived just down the road from the local secondary modern and so that's where I ended up.

It was a remarkable education. There were great teachers for sure, really excited to have students who wanted to learn. But more than that there were other students who gave me quite as much education as did the teachers; students who came from a substantially different environment than the one I had lived in.

Preventative prank

On the first morning of school our form tutor, Mr Andrews, gingerly picked out an item from the top drawer of his desk and dropped it into the bin. “Next time could it be an unused one please?” he said.

I guess you can imagine what Lesley Ellis – who was to be quite a character all the way through the five years of our time at that school – had put in Mr Andrews’ desk drawer.

She assumed that he would be horrified, but his relaxed attitude meant that the joke was on her, not on him. But this was 1974 and I was 11, from a nice home – I had no idea what on earth was going on, no clue as to this latex item was for.

By the end of the morning with some judicious questioning I found out, without giving away to any of my new classmates that I was quite that naïve.

Now that was a very different education from anything I was used to at junior school! Quite unlike the way I was to learn the textbook facts my brain was to be filled with by the teachers.

More than that, I soon found out how to deal with the bullying that came predominantly from students in the years above. Students, that is, who were maybe understandably outraged that we posh, bright kids had invaded their school.

They were keen to “teach us a lesson”. And that they did by taking us – well, in truth taking us – to the playing fields at lunchtime and beating the **** out of me (yes, I learnt a lot of four-letter vocabulary I hadn't come across before!).

But I soon discovered that they hit far less hard if they were laughing. And so thus began a life where most of what I said was couched as a bit of a joke.

I tell my students on their first day at St John's that 80% of what I tell them is true while 20% I either got wrong at the beginning, forgot along the way or is a joke.

You are Cambridge students, I tell them; it's up to you to work out which is which. And of course, what I've just told them might be part of the 80% or the 20%!

The American veterinarian Donald McCoy was significantly less optimistic. He said that when he attended veterinary school in 1970, his class was told that half of what they learned might not be true, but they just didn't know which half. That quote has been used by many people, but I do believe it was one of our own with whom it originated.

At least we are trying to teach what we think is true, even if much of it later turns out to be somewhat less than the whole truth and nothing but the truth! Not so earlier on in our education.

It has been said that teaching is actually in effect lying to children. It was Jack Cohen and Ian Stewart who in their 1994 book The Collapse of Chaos first noted this issue. We first tell children, for instance, that the world is made up of tiny atoms like billiard balls. A bit later we tell them that actually these little balls are made up of a tinier nucleus with electrons all spinning around it like planets around the sun, so most of the atom is clear space.

A few years on and we tell the students that the electrons spinning round are really a cloud of probabilities of finding an electron at any particular place at any specific time, nor any specific particle.

Useful but incomplete

Now I grant you that trying to explain Schroedinger's equation or Heisenberg's formation of quantum mechanics at primary school is a non-starter! But explaining to them that what we are teaching them is a useful but incomplete model of what we think is happening seems much easier to build on, rather than constantly telling them “well, last year we said X, but really the truth is Y”.

How does that fit into veterinary education? Everything is meant to be evidence-based these days, isn't it? But how much of what we do really is built on a firm foundation?

We spay cats and dogs by removing their ovaries and uteri rather than just their ovaries, though recent research has shown a shorter surgical time for the former and a lower incidence of post-operative incontinence.

We vaccinate dogs every year against diseases, because of disease, age or anatomical variation. For example, the American veterinarian Donald McCoy was significantly less optimistic. He said that when he attended veterinary school in 1970, his class was told that half of what they learned might not be true, but they just didn't know which half. That quote has been used by many people, but I do believe it was one of our own with whom it originated.

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We spay cats and dogs by removing their ovaries and uteri rather than just their ovaries, though recent research has shown a shorter surgical time for the former and a lower incidence of post-operative incontinence.

We vaccinate dogs every year against viral diseases such as distemper even though WSAVA guidelines state that “Core vaccines should not be given any more frequently than every three years after the six- or 12-month booster injection following the puppy/ kitten series, because the duration of immunity (DOI) is many years…”

Maybe it's time to stop, before I get myself into too much trouble!
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• Feline urethral obstruction: Are SUBs the answer? (Nicola Kulendran)
• Hyperthyroidism: what's changed? (Angie Hibbert)
• Diagnosing FIP in the age of molecular diagnostics (Emi Barker)

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BOTANICAL MEDICINE, in the modern veterinary setting, is an emerging science. It represents the synthesis of many fields including botany, pharmacology, pharmacognosy, philosophy, history, pathology, ethnomedicine, veterinary medicine, research, clinical practice and monograph study. Of particular interest is the scientific basis of botanical medicine. What is the evidence base?

Over the last 15 years there has been an increasing publication of research on the actions of plant extracts in animals, with more than 10,000 studies published from 2010 to 2014 alone. Publications include over 2,000 systematic reviews and meta-analyses using animal models. Recent examples include animal models and botanical extracts for inflammatory bowel disease, atopic skin disease, ischaemic stroke, neurodegenerative diseases, ticks and epilepsy.

There are more than 3,000 studies published in mainstream veterinary aquaculture, poultry, dairy, swine, equine and small animal journals on herbal medicine in the last 10 years; and more than 30,000 studies for rabbits, rats, mice and guinea pigs.

Scientific basis
The scientific basis of in vitro studies that elucidate mechanisms of action of botanical medicines and their constituents coupled with in vivo studies provides a solid scientific basis for veterinary botanical medicine. Examples include:

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Welfare work ‘would not benefit from mass slaughter of donkeys’

Dear Editor,

In response to your Periscope piece in the August 2017 issue, entitled “Is the fluffy ears brigade hogging animal welfare back?”, you question the charity’s return on investment in terms of animal welfare of keeping some 5,000 “unwanted” donkeys alive at our sanctuaries. You applaud our work in developing countries to improve the lives of working donkeys and the people who depend on them for their livelihood, but state that euthanasia is more rational for UK donkeys that are “surplus to the requirement of society.”

The first point of reply is that our work as an international animal welfare organisation includes the UK simply because there remains the need within these shores to rescue donkeys from abuse – whether they are discarded pets or neglected farm animals.

A high percentage of our income goes to overseas welfare work with poor communities that rely on load-bearing donkeys for their transportation and agricultural needs. The value to humanity of these beasts of burden neither precludes the need to alleviate the suffering of donkeys closer to home, nor does it negate the value of offering lifelong care at our sanctuaries.

Our “gold standard care” is a beacon that serves to educate people everywhere about animal welfare, based on the experiences and ongoing discoveries of our vets, farriers, nutritionists, academic researchers and global programmes teams.

Our hospital treats sick donkeys that are not in our care, and trains vets both nationwide and worldwide.

Our consultation services set the bar for donkey husbandry far and wide, including those who rehome animals from our sanctuaries – in so doing contradicting the claim these donkeys are unwanted.

Our education and support services save, at minimal cost, many more donkeys from needing our help in the first place.

Our donkey-assisted therapy programme for vulnerable children and adults offers a further benefit to the wider community.

Our rescue operations also often involve other species: we do not hold that donkeys have a greater right to a life free from suffering than other sentient beings by virtue of sentimental appeal, and we collaborate with many welfare organisations, whether they specialise in a single animal or pan-species.

Our worldwide welfare work, and the income generation which funds it, would not benefit from the mass slaughter of animals. Your argument that euthanasia is the “cheapest”, “most rational” and “ethical” means to prevent future suffering does not stand up to economic or ethical scrutiny.

I am happy to sign this on behalf of The Donkey Sanctuary. I am the head of communications and have worked at this charity for 21 years. I’m also the granddaughter of Dr Elisabeth Svendsen, who founded the Sanctuary in 1969 (and who was awarded two honorary doctorates in veterinary medicine – for advancing the knowledge of donkey health and welfare in the veterinary world).

Dawn Vincent
The Donkey Sanctuary
Sidmouth, Devon EX10 0NU.

In response to Ms Vincent’s letter, I should like to make the following points: the somewhat emotive title for the piece was chosen by the editor and is not one I would have used. As Ms Vincent acknowledges, the article applauds the educational work of the charity in improving the welfare of working donkeys and as a result, the welfare of the people who rely on them. I would also like to applaud the donkey-assisted therapy that the sanctuary undertakes with vulnerable children and adults of which I was previously unaware.

The serious question the article poses is why 5,000 unwanted (my word) donkeys merit an investment of what must be several million pounds annually, to provide them with the excellent care they get. What is the rational and ethical argument for a “Donkey Sanctuary” when, to my knowledge, no such sanctuary exists for cows, sheep or pigs? Hence the reference to Animal Farm’s “All animals are equal, but some animals are more equal than others.”

I take the point that humanely slaughtering these donkeys is unlikely to encourage the public to donate funds to the charity, which implies that the emotional appeal of the donkeys is important for the marketing and fundraising effort – which is itself another area that merits open debate and I refer the reader back to George Orwell. The Donkey Sanctuary is not the only charity that provides long-term care for unwanted animals and I think that the rationale behind any charity’s policy in this regard can justifiably be questioned and debated.

– Periscope
‘Advanced dentistry’ referral service

Lumbry Park Veterinary Specialists has launched an “advanced dentistry” referral service led by Dr Matthew Oxford, a European Certificate holder in Small Animal Surgery with a special interest in the endodontic treatment of teeth.

The practice, based in Alton, Hampshire, is part of CVS’ referral network. Mr Oxford will be accepting referrals for a range of dental problems, including fractured teeth, root canal treatment, prosthetic crowns, fractured jaws, oral tumours and orthodontics, working alongside specialist teams in cardiology, internal medicine, orthopaedics, neurology, diagnostic imaging and anaesthesia.

He comments: “I’m excited to be launching a new dental referral service at Lumbry Park. The advanced facilities it offers, including the capability to work with specialist anaesthetists and to utilise the latest in-house 3D CT and MRI imaging equipment, make it a fantastic opportunity and I’m looking forward to working closely with my colleagues to deliver an outstanding dental referral service.”

Worming advice helps 500 horses

Zoetis reports that it has helped more than 500 horses by providing worming advice as part of a UK equine healthcare and castration worming advice as part of a UK more than 500 horses by providing

Six Fellowships awarded to practice’s vets

SIX vets at Davies Veterinary Specialists have been awarded Fellowships – the highest status of membership – by the RCVS. The special Fellowships for “meritorious contributions to clinical practice” are: Dr Clive Elwood – managing director; Ian Batterby – RCVS and European Veterinary Specialist in Small Animal Medicine and director; Laurent Garosi – RCVS and European Veterinary Specialist in Neurology and head of neurology; Nat Whitley – RCVS and European Veterinary Specialist in Small Animal Medicine and head of medicine; David Gould – RCVS and European Veterinary Specialist in Ophthalmology and head of ophthalmology; and Dr Jerry Davies – director and founder of Davies – has become a Fellow for “meritorious contributions to the profession”. The photo shows (from left): Dr Clive Elwood, David Gould, Laurent Garosi, Ian Batterby, Nat Whitley and Dr Jerry Davies.

Nurse qualifies as physiotherapist

SOUTH Wales veterinary nurse Nichi Tanner has become one of only a handful of qualified veterinary physiotherapists.

Nichi, who works for Valley Vets in Cardiff and The Valleys, has achieved an Advanced Certificate in Veterinary Physiotherapy following two years of intense study.

She treats dogs, cats, horses and rabbits to improve their mobility, rehabilitation after operations, manage pain and help with long-term conditions, including arthritis. Nichi now hopes to complete her Masters in Veterinary Physiotherapy.

She juggled her studies with working full-time as practice manager and RVN at Valley Vets’ two veterinary hospitals in Cardiff and Ystrad Mynach and branch surgeries in Caerphilly and Pentrech.

Nichi comments: “Physiotherapy considers the body as a whole rather than just focusing on one area. It’s rare to have a dedicated animal physiotherapist in practice, so I’m hoping clients whose pets are having problems with movement, or perhaps have recently suffered an injury, take advantage of this service as it can make a big difference to their pet’s life.”

RVC receives ‘teaching excellence’ gold award

THE RVC has received a Gold award from the Teaching Excellence Framework (TEF) – the highest rating a university can receive.

The TEF was introduced by the government to build evidence about the performance of the UK’s higher education sector, complementing the existing Research Excellence Framework with an analysis of teaching and learning outcomes.

The awards were decided by an independent panel of experts including academics, students and employer representatives and draw on national data and evidence submitted by each institution. TEF measures excellence in three areas: teaching quality, the learning environment and the educational and professional outcomes achieved by students.

When announcing the award, TEF highlighted the RVCs optimum levels of contact time, including personalised provision, supported by an integrated approach to student support; strategic focus on veterinary science through innovative scholarship, pioneering clinical activity and structured work-based learning, which is at the forefront of professional practice; rigorous approach to professional, statutory or regulatory body accreditation, extensive employer engagement with curriculum development and substantial professional and research experience of teaching staff; tailored approach to the student life cycle that supports student learning, achievement and welfare, and which includes personalised learning for all students including those from disadvantaged backgrounds; academic staff who are engaged with developments from the forefront of research, scholarship and professional practice, and who deliver opportunities for students who are consistently and frequently involved; embedded institutional culture that facilitates, recognises and rewards excellent teaching; and course design and assessment practices, which provide outstanding levels of stretch and challenge.

The results and the evidence used in the assessment can be found at www.hefce.ac.uk. The TEF awards are also published on Unistats and the UCAS website, alongside other information, to help inform prospective students’ choices.
A look through the latest literature

Comparison of outcomes of laparoscopic ovariectomy and ovariohysterectomy Kayla Corriveau and others, Texas A&M University, College Station

Surgical sterilisation of female dogs is one of the most commonly performed procedures in veterinary practice. This may involve removal of just the ovaries, or the ovaries and uterus together, with the latter method favoured by the majority of US veterinarians. Studies have demonstrated benefits in terms of reduced pain and surgical stress when using laparoscopic rather than open surgical techniques.

The authors investigated the outcomes of using laparoscopic ovarioectomy and laparoscopic-assisted ovariohysterectomy methods in a group of 278 dogs. Reviewing the records of dogs treated between 2003 and 2013, they found that the duration of surgery was significantly reduced for dogs in the ovarioectomy group. Post-operative urinary incontinence was identified at follow-up in 5.6% of patients that underwent ovarioectomy and in 14.6% of those undergoing ovariohysterectomy.

There was no evidence of pyometra in any dogs in the ovarioectomy group at the time of final follow-up. Overall, 99% of owners were satisfied with the results of the surgery and would consider the same procedure for any future pets.


Risk factors for intra-operative gastric reflux in dogs undergoing general anaesthesia

Carlos Torrente and others, Autonomous University of Barcelona, Spain

General anaesthesia can predispose surgical patients to gastrointestinal disturbances ranging from gastrooesophageal reflux to post-operative vomiting and diarrhoea. The authors investigated the potential risk factors for gastrointestinal disorders in 237 dogs undergoing general anaesthesia. Of these, 79 (33.3%) developed some peri-operative or post-operative complication, either gastro-oesophageal reflux (17.3%), vomiting (5.5%) or diarrhoea (10.5%). Intra-abdominal surgery, changes in body position and a long duration of anaesthesia were associated with increased risk of reflux. Changes in the ventilation mode during surgery, length of anaesthesia and the use of rescue e-collar support for hypotension were associated with increased risk of vomiting.


Surgical management of ectopic ureters in dogs

Stephanie Noel and others, University of Liege, Belgium

Long-term incontinence after surgical correction of ectopic ureters is a debilitating complication that occurs more frequently in female dogs. The authors investigated the clinical outcomes in 36 female and 11 male dogs undergoing ectopic ureter surgery. Thirty-three dogs were also neutered during the procedure. At long-term follow-up, 19% of the patients were incontinent, 7% were sporadically incontinent and 74% were fully continent. Long-term incontinence was improved with medical treatment and neutering was not associated with an increased risk of recurrent incontinence.


Hyperfibrinolysis and hypofibrinogenaemia in dogs with heartworm

Nadja Sigrist and others, University of Zurich, Switzerland

Bleeding abnormalities are a common feature of infections with the heart worm parasite *Angiostrongylus vasorum*. The mechanisms for these changes are not fully understood. The authors used rotational thromboelastometry, a technique which measures the viscoelastic properties of whole blood, as part of an investigation into infected dogs, with and without clinical signs of bleeding. The method demonstrated hyperfibrinolysis in the majority of dogs with bleeding and this was associated with severe hypofibrinogenaemia in many cases. Hyperfibrinolysis and hypofibrinogenaemia were successfully treated with tranexamic acid and plasma transfusions, respectively.


Staying one step ahead of fraud

ACROSS the insurance industry, reports Agria Pet Insurance, fraud is an ever-present and serious problem that affects both insurers and customers. The Association of British Insurers (ABI) estimates that, on average, fraud adds an extra £50 to the insurance bill for every UK policyholder. Pet insurance is by no means exempt, involving the administration of “proliferants” into joints to provoke an inflammatory response and stimulate healthy tissue growth. This approach has apparently been used successfully in some human osteoarthritis cases. The authors investigated the concept using dextrose as the proliferant in arthritic elbow or stifle joints in dogs. However, in a randomised placebo-controlled trial of 10 animals, pain severity scores were higher in the treatment group than in controls and there were no demonstrable differences in gait scores and radiological parameters between the two groups.


Helicobacter species in dogs with gastrointestinal disease

Sanae Kubota-Aizawa and others, University of Tokyo, Japan

The bacterium *Helicobacter pylori* has been identified as a causative factor in gastric ulcers and other gastrointestinal conditions in humans. On one occasion, this bacterial species has also been recorded in association with gastric disease in a dog. The authors took gastric biopsies from 144 dogs with gastrointestinal disease to investigate the presence of various *Helicobacter* strains. Species-specific polymerase chain reaction assays showed positive samples in 50 dogs and in 35 cases the bacterial strain involved was closely related to *H. heilmannii*. Smaller numbers of *H. bizzozeronii*, *feliis* and *salomonis* were also present. Those dogs with *H. heilmannii* had a higher frequency of moderate to severe gastritis than those shown to be *Helicobacter*-free.


Intra-articular dextrose in the treatment of osteoarthritis in dogs

Matthew Sherwood and others, Kansas State University, Manhattan

Prolotherapy is a form of treatment involving the administration of dextrose as the proliferant in arthritic elbow or stifle joints in dogs. However, in a randomised placebo-controlled trial of 10 animals, pain severity scores were higher in the treatment group than in controls and there were no demonstrable differences in gait scores and radiological parameters between the two groups.

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Surgery of oral tumours: anything new?

ORAL TUMOURS ARE REGULARLY ENCOUNTERED
in dogs and cats and our ability to treat them has increased over the last few decades. Although many oropharyngeal tumours are best treated with a multi-modal approach, including various combinations of surgery, radiotherapy, chemotherapy and immunotherapy, surgery remains the mainstay of their treatment.

Tumour biology
Like for other cancers, tumour biology is the main determinant of prognosis. Only a few tumour types constitute the vast majority of tumours encountered.

In dogs, the most frequently encountered malignant tumours of the oral cavity are malignant melanomas (MM; 31 to 42% of cases), squamous cell carcinomas (SCC; 17 to 25% of cases), fibrosarcomas (FSA; 7.5 to 25% of cases) and osteosarcomas (OSA; 6 to 18% of cases).

In cats, the most common oropharyngeal tumours are SCC (75% of cases) and FSA (13 to 17% of cases).

Very schematically, all malignant tumours in dogs tend to be locally invasive and require wide resection. In one study, 37 out of 120 (31%) malignant oral tumours recurred after surgery, with recurrence being most common with FSA (54% of cases) and least common with SCC (17% of cases).

Malignant melanomas recurred in 27% of cases, but had the highest metastatic rate (30%). Even higher metastatic rates (50-80%) for MM have been reported previously.

In one recent study, nine of 13 dogs (69%) with MM had metastasis to locoregional lymph nodes. Fibrosarcomas, OSA and SCCs had metastatic rates of 21, 22% and 3%, respectively. One- and two-year survival rates were respectively 50% and 50% for SCC, 29% and 12% for FSA, 9% and 0% for OSA and 5% and 0% for MM.

Prognostic factors for outcome with malignant oral tumours treated by curative-intent surgery include tumour type, completeness of resection, tumour size and patient age. Local recurrence is a major negative prognostic factor, influenced by tumour type, size and location, as well as by completeness of surgical excision. Wide resections, including portions of the underlying bone(s), are therefore indicated for treatment of malignant oral tumours. How wide is wide enough depends on the tumour type and size.

Tumour staging
Tumour staging is a crucial step in the management of oral tumours. It involves advanced imaging to determine the location, extension and invasion of the primary tumour (T staging), imaging, mapping and biopsy of the locoregional lymph nodes (N staging) and imaging to assess the presence of distant metastasis (M staging).

Over the last few years, it has appeared that the route of lymphatic drainage of the oral cavity is complex and hardly predictable. One study of 31 dogs with oral tumours which had their mandibular and retropharyngeal lymph nodes extirpated bilaterally showed that 62% of metastatic tumours would spread to contralateral lymph nodes, with 8% spreading exclusively contralaterally.

The aspect of lymph nodes cannot reliably be used to determine the usefulness of taking biopsies from them: a study evaluating 100 dogs with oral malignant melanoma showed that lymph node palpation and size are not reliable indicators (40% of normal-sized lymph nodes were positive for metastasis) of lymph node metastasis and that cytology or histology was required for accurate staging. In another study involving 37 dogs and seven cats, clinical examination of the lymph node also appeared poorly correlated with their metastatic status.

This evidences the importance of sampling the first lymph node (“sentinel” lymph node) on the lymphatic route of drainage of the tumour. The determination of the location of this sentinel lymph node is the objective of lymph node mapping techniques (Figure 1), increasingly used in veterinary oncology.

Once identified, the sentinel lymph node is best examined after excisional biopsy (typically performed at the time of surgery), although in one study, cytological examination of lymph nodes for tumour invasion appeared 100% sensitive and 96% specific, showing that fine-needle aspiration is an accurate diagnostic tool for lymph node metastasis evaluation.

Surgery
As discussed previously, wide surgical resection of malignant oral tumours remains the mainstay of their treatment. However, many tumours will be best treated by a multi-modal approach combining surgery with various combinations or neoadjuvant and adjuvant chemotherapy, radiotherapy, and immunotherapy. Only surgery will briefly be discussed here.

Local conditions of the oral cavity (limited availability in loose soft tissues, constant movements, bacterial charge) make wide oral resections and reconstructions often challenging. A few technical specificities, such as avoiding the use of electrocautery to cut mucosal surfaces and double-layer closures, however, limit the risk of complications. Brisk haemorrhage continued on page 18
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is commonly encountered during mandibulectomies and maxillectomies. Blood loss and intra-operative hypotension have been reported as the most common intra-operative complications with such procedures.7-9

Such haemorrhage can hardly be avoided, especially in maxillectomies, as the responsible blood vessels are contained within the resected osseous cavities. It can, however, be anticipated and its duration kept to a minimum by a judicious order in bone sections.

Most commonly, a minimum of 2cm margins is sought for excision of mandibular and maxillary malignant tumours. Mandibulectomies and maxillectomies can be unilateral or bilateral and rostral, lateral/segmental or caudal. Extensive mandibulectomies and maxillectomies are very well-tolerated in dogs.10,14

Much less information is available in the literature for cats, but functional recovery has been reported to be less satisfactory compared with dogs.15 Patient selection is therefore paramount in cats and owners must be warned about the likelihood of acute and long-term adverse after-effects. However, owner satisfaction rates are above 80% after maxillectomy or mandibulectomy in dogs and mandibulectomy in cats.16

Over the last few decades, radical oral resections have become more widely accepted as they were found to be well-tolerated. Extensive maxillary and mandibular resections, either uni- or bilateral, are regularly performed.

Cosmetic consequences can be major, but functional outcomes are almost invariably good, leading to satisfactory quality of life (Figure 2). In cats, however, patient selection should be stricter as morbidity and functional consequences are typically more severe than in dogs, but radical resections are considerable (Figure 3).

The next future step after radical oral resections is replacement of the resected portions of the skull, especially of the mandibles to preserve function as much as possible and avoid side-effects of surgery, such as mandibular drift.

Until recently, missing portions of mandibles were occasionally replaced with cortical autografts (rib or ulna) or bone matrices. The advent of CT imaging and 3D printing has rendered custom-designed implants more available and affordable. The use of a custom-designed titanium implant to reconstruct mandibles after resection of mandibular tumours was recently reported in a cat16 and will soon be reported in dogs (J. Bray, accepted for publication) (Figure 4).

Such implants are patient-specific and currently available for clinical use in referral hospitals with access to CAD design and additive manufacturing (3D printing) technologies. Their use will likely become more commonplace in the future.

References
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A splint is applied to an injured calf.

Teaching Techniques for Animal Welfare in Rwanda

Last year we were approached by our Austrian veterinary colleague Dr Otto Fischer to visit Rwanda, Central Africa, and to provide some training for the staff of a recently-established veterinary complex called the “New Vision Veterinary Hospital” (NVVH).

We were happy to accept, but had some mixed emotions. We had lived in Rwanda from 1993-95, running the Centre Vétérinaire des Volcans (Volcano Veterinary Centre) and providing healthcare to the famous mountain gorillas (Gorilla beringei) and other wildlife, but in April 1994 we had to be evacuated on account of the genocide. Our time at the NVVH was likely to be evocative.

Rwanda is often referred to as the land of a thousand hills (le pays des mille collines). NVVH is situated in the north-west, amidst steep, densely-cultivated, green-terraced hillsides and within sight of the famous Virunga volcanoes. NVVH is a private animal clinic and laboratory that was established in 2015 and is largely funded by a Swiss foundation with assistance from Austrian veterinarians and institutions.

Its declared mission is to improve the quality of veterinary diagnosis and treatment and to promote animal welfare. The emphasis is on helping Rwandans to help themselves, their communities and their country.

It occupies excellent modern facilities, with a range of equipment that includes diagnostic imaging and haematological and clinical chemical analysers. At the time of writing, the professional staff comprise four veterinarians, a technician/nurse and a scientifically trained manager. All are Rwandese.

The work of the clinic and laboratory is largely carried out in English and in the national language, Kinyarwanda, but staff are also proficient in French and Swahili.

NVVH offers services to all animal owners, both Rwandese and expatriates, in respect of farm livestock, pets (dogs and cats) and other species, such as birds, when necessary. It also aims to provide a referral or secondary opinion for other veterinary practices in Rwanda and to serve as a focus for seminars and educational ventures.

It is important to remember that Rwanda has only recently established its own veterinary school. Older veterinarians are graduates from veterinary colleges in neighbouring countries (Uganda, DRC) or further afield (especially Belgium).

Veterinary knowledge and skills within Rwanda are progressing, in part due to teaching by experienced staff from Makerere University, Uganda and elsewhere.

The NVVH already offers facilities for laboratory work by students and hopes to expand its role in this respect in the future.

Our two-week training programme at the NVVH was entitled “Veterinary Techniques for Animal Health and Welfare” and took place from 15th-26th May. The aim of the programme was primarily to provide training for the veterinary and scientific staff of NVVH. Three outsiders also participated – one a veterinary surgeon, the other two biologists.

We had been asked to use English in our teaching, but found that use of Swahili or French words and terms often helped provide clarification during lectures and practical classes.

Our training included formal lectures, practical work and lively interactive sessions. Particularly popular topics were those entitled “How to prepare for, and perform...” which covered, respectively: clinical examination, post-mortem examination, and sample taking. Use was made of material from clients’ animals and collected from farms and institutions.

One day focused on providing practical training in areas of veterinary medicine that are still novel in Rwanda, including the examination of poultry eggs (fertile and infertile), forensic investigations and fieldwork.

Lab work

Clinical and post-mortem cases yielded specimens for laboratory investigation. A particular diagnostic challenge was presented by two dogs submitted for post-mortem examination that had died “suddenly and unexpectedly”.

All NVVH staff were involved in history-taking (using three languages), environmental assessment and necropsy. Gross and microscopical investigations led to the conclusion that these animals had not succumbed to an infectious disease, but had probably been poisoned.

Opportunities to examine and sample animals included visits to a small dairy farm, a rabbit-breeding unit and an orphanage where goats, chickens and rabbits were kept and bred for human consumption.

Another whole day was devoted to animal welfare. It included two formal lectures, discussion and debate and interactive practical work. Material for this session was kindly contributed by UFAN (Universities Federation for Animal Welfare), HSA (Humane Slaughter Association) and Drs Peter Fordyce and Murray Corke of the University of Cambridge.

Examination of the two dead dogs.

Particular emphasis was laid on the “Five Freedoms” and the importance of always assessing as accurately as possible how the animal was feeling, or coping with its environment, not just following written rules and guidelines.

The ever-obliging hospital dog, “Ruby”, played an active role in demonstrating approaches to the assessment of welfare and analysis of behaviour.

During the two weeks, the participants prepared presentations on topics of their own choice. It was interesting and encouraging to note that three of the short projects selected were directly related to animal welfare – humane control of stray dogs, nursing care of sick animals and Rwandan slaughter practices.

The training programme culminated in a ceremony at which participants received their certificates and books and literature (some presented by British colleagues and organisations) were presented to the NVVH library.

As a memento, each participant received a magnifying lens to remind them of the importance of careful examination of all specimens received for laboratory examination. Finally, there was a reception for all participants and NVVH staff – sodas, brochettes and British chocolate biscuits!

Rwanda has developed apace since the genocide and ensuing conflict 20 years ago. There are many new buildings and better-quality roads, apparently efficient police and remarkably little litter. Off the main roads, however, poverty persists and much needs to be done to improve the lives of disadvantaged people.

With its excellent buildings and facilities (far superior to most comparable private veterinary clinics/laboratories in Kenya and elsewhere in East Africa) and its young, keen and enthusiastic staff, the NVVH has the potential to contribute substantially to this as well as to many other aspects of the welfare of animals and humans in Rwanda.

An exciting moment as a parasitic mite is discovered; the fingers help demonstrate its appearance.

The animal welfare day. Participants with Ruby and literature from the UK.
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Dealing with the aftermath of euthanasia

ONE IN FIVE CLIENTS who have their pets euthanised at a companion animal clinic do not return to the practice with their next animal – so what can veterinary nurses do to make them want to come back?

Former practitioner and now head of the Mojo communications consultancy, Libby Sheridan offered some suggestions for VNs attending VetsNorth.

She recognised that some clients whose pets are euthanased or die during treatment may not wish to have another animal, while others may have moved away. But for a significant proportion, the experience they have at the practice has deterred them from wanting to return.

“Often the reasons are hard to pin down as the client is silent on why they have gone. You will only know that it has happened when you see them in the park, walking their new dog,” she said.

Dr Sheridan acknowledged that having an animal put to sleep is very distressing for most owners and bad memories may become associated with the building where the event took place.

“But how we help them through the process makes a massive difference to the way they feel about it afterwards, and how they handle their grief.”

The medical properties of honey were recognised by many ancient civilisations and are a result of a combination of the material’s low pH, high sugar content and the enzyme ingredient glucose oxidase, which releases low levels of hydrogen peroxide and acts as a preservative for the honey. The special properties of manuka honey are due to an additional ingredient derived from the host plant, which has now been identified as meliphagal.

Honey-based wound healing products should only be used in the initial stages of the process, when the wound is fresh or is infected and exuding pus – “use the yellow stuff on yellow wounds”, she explained. But once the wound is clear and the granulation stage has begun, honey could actively delay the patient’s recovery because of the effects of its natural acidity.

While inappropriate use could damage the reputation of New Zealand’s NZ$280 million export industry, there are greater dangers due to substandard products. The country only has a limited area where the shrubs are grown and the maximum amount of honey produced there is just 180 tonnes a year. Yet 11,000 tonnes of product labelled as manuka honey arrive in supermarkets in the UK every year, Ms Hollis said.

She acknowledged that for medical purposes manuka honey can be diluted by up to 50% without losing effectiveness, while some of this honey is produced in Australia from bees feeding on a closely-related plant species. But a considerable quantity of honey now being sold as a health food product is not what it is claimed to be on the label. An investigation by the Groser magazine in the UK found that only one in seven of the honey products tested contained the methylgalxol levels claimed by the distributors.

Genuine manuka honey is worth at least 10 times the £5,000 per tonne cost of a consignment of ordinary food grade honey. “That creates intense competition and is an incentive to fraud because the growth in the market means that current production cannot meet the demand,” she said. Indeed, there have been incidents in which beehives in New Zealand’s Leptospermum growing districts have been destroyed, with allegations that the bees were maliciously poisoned by rival producers, she claimed.

The New Zealand government is trying to protect its export market by supporting efforts to identify inferior or adulterated products. Researchers have developed a test that will accurately detect the characteristic chemical signature of genuine manuka honey.

But there are more potential threats to the country’s export trade. Honey produced by bees visiting other types of plants may be nearly as effective in promoting wound healing – a study by Patrick Pollock at the Glasgow veterinary school demonstrated that Scottish heather honey produced results that were nearly as good for treating skin wounds in horses.

Meanwhile, there have also been attempts to grow the Leptospermum bushes in Cornwall. “I don’t know how successful that project has been, but watch this space,” she said.

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A DAY ALL ABOUT INVERTEBRATES

ST JOHN’S IS VERY MUCH an appropriate institution at which to hold a meeting of the Veterinary Invertebrate Society, for it was here that Martin Lister (1639-1712), the world’s first arachnologist, studied and was a fellow.

As an undergraduate, his biographer Anne Marie Roos tells us “he would have received a general education in liberal arts, attended lectures in classics, ethics, logic, metaphysics, divinity, mathematics, philosophy and astronomy”, receiving as a contemporary account puts it “a generous Education in all kinds of Learning for Improving the Mind and Understanding”; although the university calendar of the time reports that “a student of medicine in this University is not required to attend any lectures but is let to acquire his knowledge from such sources as his discretion may point out”.

Maybe that was what allowed him to become fascinated by invertebrates. His interest in “sampling tours” to gather specimens took him away from college more than maybe St John’s would have liked, but it was productive – from 1670-71 he published 11 communications to the Royal Society and was elected a fellow.

His monograph on snail anatomy – Excrutatio anatomica in gno de aschaei – confirmed that many were hermaphroditic and his work on the natural history of insect parasites of plants, most notably gall wasps and ichneumon flies, was groundbreaking, as was his study documenting ballooning as a method of spider dissemination.

Lister particularly worked on shells and spiders, publishing his work in a number of monographs, most notably Historiae animalium Angliae –x (1678). It was in this volume that Lister noted a red mite parasitising a harvestman, the first arachnid parasitising an arachnid and also detailed ichneumonid wasps as parasitoids on spiders.

The exciting thing for this meeting is that much of Lister’s work is kept in St John’s college library and a beautiful exhibition of these 350-year-old books was on show for those attending.

Lister’s finding of invertebrates as pathological agents on other invertebrates continues to the present day. The beauty of the college lawns has recently been marred by larvae of European chafer, Amphimallon majalis, or perhaps one should not blame the invertebrates since the damage is occasioned by crows which dig up the grass to eat the larvae.

Here infestation of the chafer’s nematodes of the genera Heterorhabditis and Steinernema using a commercial spray can be used to kill the beetle larvae. So, from first identifying an invertebrate exerting a pathological influence on another invertebrate more than 300 years ago, now the college uses such an effect to keep its lawns beautiful!

It might seem easy to say that, but actually as vets keen on preserving invertebrate life rather than killing it, we have to think twice when discussing such techniques of controlling invertebrate pests.

There are of course other reasons for ending the life of an invertebrate – it may be that one animal of a group with a disease has to be euthanased to provide diagnostic material or to minimise suffering in the individual animal.

New methods researched

Research into gene expression in invertebrate tissues requires humane tissue harvesting. To this end, Steve Trim – director of the company Venomtech, which aims to find pharmacological active compounds from invertebrate venom – discussed his research to provide a new method of invertebrate euthanasia, employing targeted hyperkalosis.

High concentrations of potassium chloride are injected into the cardiac ganglia to provide a rapid and effective technique, but research to achieve this has required studies of anatomy, neurophysiology and pharmacokinetics.

Such research is important because we are concerned about invertebrate welfare, but many will ask whether there is an evidence base for such animals experiencing stress.

To this end, Dr Carol Trim – senior lecturer in Biology at the School of Human and Life Sciences, Canterbury Christ Church University – has been investigating levels of cortisol-like molecules in theraphosid “tarantula” spiders and scorpions.

UV light is often used in vivaria housing these animals and yet there is no evidence regarding benefits and potential harms of such illumination. Dr Trim’s group has shown that levels of cortisol-like hormones in the haemolymph of both species were significantly elevated after exposure to full spectrum lighting compared to the same period of ambient light.

These animals showed behavioural signs of avoidance of the UV light, also suggesting that stress can be recognised in invertebrates quite as much as in vertebrates, although there is clearly more work to be done to confirm and extend such work.

If this is indeed the case, we need to be careful about our interactions with invertebrates in the wild and as in captivity. With this in mind, other lecturers discussed how invertebrates were cared for in butterfly breeding in Kenya and in animals kept as pets in the UK.

Butterfly propagation scheme

Professor John Cooper, president of the Veterinary Invertebrate Society and well known for his expertise in exotic species – and his wife Margaret, similarly experienced in animal law – gave a fascinating discussion of the Kipepeo Butterfly Project, a butterfly propagation scheme first inaugurated in Gedo, originally the site of a 13th-century Swahili settlement on the Kenya Coast, in 1993.

The larvae of certain indigenous butterflies and some moths, together with appropriate food plants, are collected by local people. Kipepeo (the Swahili word for butterfly, incidentally) also markets honey and silk cloth produced by the community.

The larvae of Lepidoptera are reared under netting and pupae are subsequently exported to butterfly houses and zoos in Europe and elsewhere.

Legal considerations of such butterfly rearing relate mainly to the need to have relevant permits and permissions from Kenya Wildlife Services for collection and export of pupae as well as appropriate health and safety measures for those involved in the collection and the maintenance of these Lepidoptera.

The veterinary considerations involved relate predominantly to the need to control predators, parasites and pathogens. Biosecurity is a vitally important but often neglected part of management and to this end staff education is essential. With this in mind, a training programme is planned in Kenya in the near future.

The same could be said of those keeping invertebrates as pets in this country. Invertebrate enthusiasts need to be educated to understand that there are veterinarians willing and able to diagnose and treat problems in invertebrates from cases of shell trauma or intestinal prolapse in Achata – the giant African land snail – through to dyscyclus in arthropods such as stick insects and dehydration in the theraphosid spiders; a talk expertly delivered by Sarah Pellet (Animates) explored such cases.

Vets too need to know that there is a fund of knowledge there ready to help them when presented with such cases. It was the day when vets would throw up their hands in horror or just shrug their shoulders when presented with a sick rabbit, but now that species is widely seen and treated, the subject of research papers and helpful reviews.

Today, invertebrates are in the position occupied by rabbits when I qualified 30 years ago. Where then should a vet go when needing to get information on sick stick insects or traumatised tarantulas? Is this exactly where the Veterinary Invertebrate Society steps in.

The website – https://veterinaryinvertebratesociety.wordpress.com/ – is the ideal portal for those keen to know more or just in need of a contact to work through a case. Or you could even join the society!

Alternatively, you may like to visit the VIS Facebook page (www.facebook.com/vetinvertsoc/) or follow its Twitter feed using the handle @VetInverteSoc or VerInverteSoc/. Maybe we’ll see you at the society’s next meeting!

Members of the society peruse books from Martin Lister’s collection of the late 1600s in the library of St John’s college (photo courtesy Margaret Cooper).

Dr DAVID WILLIAMS reports from the Veterinary Invertebrate Society’s latest meeting

Sarah Pellett engages delegates in a practical class on clinical examination of phasmids (photo courtesy Margaret Cooper).
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How can upper gastrointestinal endoscopy help me make a diagnosis in dogs and cats? Part 1

DISEASE OF THE UPPER GASTROINTESTINAL TRACT
is common in small animal practice and flexible endoscopy can provide a powerful diagnostic tool in the investigation of such cases.

The problem facing the clinician is the range in size of patients which may require endoscopic investigation; from small cats and dogs to giant breeds such as the Great Dane. This variation in size creates real challenges in being able to physically carry out an endoscopic examination.

Therefore, when considering purchase of a flexible endoscope it is important to take time to consider the animals you are most likely to be investigating and choose endoscopic equipment appropriate to your practice needs.

The specifications for a veterinary gastroscope are shown in Figure 1. However, there are several important factors to consider before making your purchase.

In small dogs and cats, a standard one-metre insertion tube will be adequate for carrying out a thorough examination of the stomach and duodenum. However, in large dogs the fundus of the stomach is much larger.

Adequate endoscopic examination of the stomach is impossible to complete successfully. Endoscope lenses refract light when they come into contact with fluid or food, creating what is called a “red-out” (or image loss). So starve patients for at least 12 hours prior to the procedure to ensure the stomach is empty.

The gastrointestinal tract is normally a collapsed tube, so in order to view the mucosa it is necessary to inflate the lumen with air. The air facility on the gastroscope is available to do this in a controlled manner. Only inflate the lumen with enough air to allow clear vision; take great care not to over-inflate the lumen, especially in the stomach where this can cause compression of the vessel wall and compromise breathing.

It also creates a large cavity where all the landmarks in the stomach are lost and intubation of the duodenum becomes impossible as the pylorus becomes tightly-closed.

Start your endoscopy by passing the endoscope along the hard palate, into the pharynx and then through the weak cricopharyngeal sphincter.

Once in the oesophagus, gently inflate the lumen so a clear image of the mucosa can be seen. Advance the endoscope slowly, examining the mucosa as you proceed, thus ensuring any lesions observed are “real” and not artefacts created by the gastroscope.

The oesophagus is not a straight tube but bends as it passes through the thorax. Adjust the tip of the gastroscope to allow for a good image. There should be no food or fluid accumulating in the oesophagus. It is normally not possible to routinely biopsy the oesophagus, as the mucosa is very tough and difficult to sample.

The cardia (lower oesophageal sphincter) marks the entrance to the stomach and is normally closed.

Figure 1. Basic specifications for a small animal gastroscope.

JAMES W. SIMPSON provides some tips on what to buy and how to use it, detailing the most effective way to take biopsy samples and what to watch out for when ‘going in’.

James W. Simpson, SDA, BVMB &S, MPhil, FHEA, MRCVS, RCVS Specialist in Internal Medicine, qualified from Edinburgh University in 1977 and spent three years in general practice before returning to successfully study for a Phil degree. He became lecturer, senior lecturer and ultimately professor of canine medicine at the Royal (Dick) School of Veterinary Studies, where he was head of small animal medicine. In 2011 he took early retirement and started his own referral service. He lectures both nationally and internationally and is medicine co-ordinator for the BSAVA Certificate programme.

Rugal folds can be used to guide you through the stomach as they run the length of the stomach and not transversely. So, if you want to reach the pylorus, in general follow the rugal folds.

The angular incisure marks the entrance to the antral canal, appearing as a sharp fold on the lesser curvature. It is also where carcinoma of the canine stomach is most often detected.

To ensure that the important landmarks you are looking for are always in the same place as you enter the stomach, always place the patient in left lateral recumbency. The appearance of the stomach looks entirely different in right lateral recumbency.

Prior starvation of the patient is essential. Endoscopic examination carried out with food or fluid within the stomach is impossible to complete successfully. Endoscope lenses refract light when they come into contact with fluid or food, creating what is called a “red-out” (or image loss). So starve patients for at least 12 hours prior to the procedure to ensure the stomach is empty.

The gastroscope is an important diagnostic tool in the investigation of such cases. From any lesions observed or from round the edge, not the centre, of ulcers. Where no lesions are visualised, collect multiple biopsy samples from different areas of the stomach.

The pylorus may be open or closed in the normal patient. In some cases, bile may be seen refluxing into the stomach; this is normal. The pyloric sphincter is powerful and once closed, it can be very difficult to pass the gastroscope into the duodenum. It is well-recognised as the hardest endoscopic procedure to carry out, even by experienced endoscopists.

Figure 2. Normal anatomy of the feline and canine stomach.

Advance the gastroscope through the sphincter by “feel” as the image will disappear when the lens comes into contact with the mucosa.

The sphincter is not particularly difficult to overcome and once you “feel” the endoscope pass into the stomach, stop further advancement and inflate the stomach with enough air to visualise the frenal rugal folds.

Examine the stomach systematically, ensuring that the entire mucosal surface has been examined. Do not forget to retroflex the endoscope tip to examine the cardia, which is a blind spot when entering the stomach (Figure 3).

Pass the endoscope around the angular incisure and into the antral canal. Prior lubrication of the insertion tube will aid this process and reduce resistance to forward movement.

The gastric mucosa should have a uniform pink colour throughout. Biopsy samples should be collected from any lesions observed or from round the edge, not the centre, of ulcers. Where no lesions are visualised, collect multiple biopsy samples from different areas of the stomach.

The pylorus may be open or closed in the normal patient. In some cases, bile may be seen refluxing into the stomach; this is normal. The pyloric sphincter is powerful and once closed, it can be very difficult to pass the gastroscope into the duodenum. It is well-recognised as the hardest endoscopic procedure to carry out, even by experienced endoscopists.

Figure 3. Retroflexed view showing the cardia of the stomach.
If the main objective of the endoscopy is to examine the duodenum, then success is more likely if the gastroscope is passed quickly through the stomach inflicting with just enough air to visualise landmarks. This reduces the stimulus for the pylorus to close and makes it more likely the duodenum will be successfully intubated.

Advance the tip of the gastroscope into the pyloric sphincter when the image will red-out and intubation will be carried out by “feeling” the endoscope advance into the duodenum. Apply gentle steady pressure and allow the tip to freely move as it passes around the curve of the pylorus and into the descending duodenum.

The duodenal mucosa has a pink cobblestone appearance created by the intestinal villi (Figure 4). Advance the endoscope down the duodenum as far as possible, examining the mucosa as you advance. There is little resistance to passage of the endoscope in the duodenum. Collect biopsy samples on the way back out of the duodenum.

Care of your biopsy samples
When taking biopsy samples, try to ensure the forceps are applied perpendicular to the mucosa as this ensures the best samples are collected. Only keep samples which have filled the biopsy cup and are not very small fragments on the tip of the forceps. Gently remove the biopsy sample from the cup using a 23 gauge needle, taking care not to cause any crush damage. Lay the sample on either a pre-soaked (10% formal saline) piece of card or into one of the specially made sieves for biopsy samples (Figure 5). Splinting the samples in these ways will help preserve them on their journey to the laboratory.

Summary
Acquiring the correct equipment is essential to the successful use of endoscopy as a diagnostic tool. There are several excellent veterinary suppliers which will help you in making the right choice.

Learning to use the endoscope is like learning to drive a car. It is not done overnight; going on an endoscopy course offers the best start and then it is practice, practice and practice again. In the second part of this article, I will discuss the conditions which can be diagnosed using gastroscopy.

CONSERVATION
Looking forward to lynx re-introduction
I HAVE WRITTEN BEFORE about the re-introduction of species that were once native to the UK but were driven to extinction through the activities of mankind.

While many of these re-introductions have involved birds, there are also projects focused on mammals. The European beaver has been successfully re-introduced to Scotland in recent years and there are now even more ambitious plans afoot to bring back a feline predator in the form of the Eurasian lynx.

Lynx are thought to have become extinct in the UK some time around AD 700, probably as a result of hunting for their fur. At that time they were widespread right across Europe and Asia as far as China in the east.

In the northern part of their range, they tend to be grey in colour with a lightly-spotted white belly. Those individuals living further south are generally more reddish-brown in appearance and more heavily spotted too.

Lynx are medium-sized cats ranging from 18 to 40kg as adults, with relatively long legs, large paws and short, black-tipped tails. They are solitary and crepuscular ambush hunters, spending most of the day and night sleeping and resting.

Their favoured prey is roe deer and they can catch and kill animals several times their own weight. Roe deer have been increasing in range and number throughout the UK, as has the muntjac, another deer that would provide perfect prey for the lynx.

The Lynx UK Trust was formed in 2014 by a group of conservationists with the purpose of conducting a trial re-introduction of the lynx to one or more sites around Britain. They aim to emulate the success of a number of lynx re-introduction projects in mainland Europe which, along with population recovery now that it is a protected species, has seen numbers in Europe rise from an estimated 700 back in the 1950s to somewhere around 10,000 today.

Some of the main concerns against bringing the lynx back to the UK are its danger to livestock, particularly sheep; to pets; and of course to humans. Reassuringly there are no authenticated records of lynx attacking humans and the experience from Europe is that predations on sheep are extremely rare.

Lynx are shy animals which hunt in forest environments, not in open fields with no cover; a behaviour nicely illustrated by our own country-living domestic cats which rarely cross open spaces but follow hedgerows and tree lines for shelter.

Over the last year or so, the Lynx UK Trust has carried out a local stakeholder consultation in the area around Kielder Forest in Northumberland and the Scottish Borders as this is their preferred site for the initial trial. Local reaction has apparently been largely positive with understandable serious reservations having been expressed by sheep farmers in the area and their representatives.

The Trust’s plan is to introduce some six lynx, four females and two males, captured from the wild most likely in Sweden. The animals will be fitted with radio collars so that their movements can be carefully tracked and the Trust intends to submit its plans for the re-introduction to Natural England in the near future.

Kielder Forest was chosen because it is a large area of woodland with an abundance of roe deer and few roads, thus giving the cats the best possible chance of survival. And while approval of the plan by Natural England is not guaranteed, the possibility that it might be given the go-ahead is enough to make me very excited indeed.

If lynx are successfully re-introduced with few of the feared problems materialising, it could pave the way for the introduction of that most iconic species of all, the wolf. I for one wish the project well.
NO MORE LIMPING COWS...

At this time of year, local dairy herds are being milked at 6am and walk back to the pasture some two and a half hours later. This is just at the time when people are scurrying to work.

One or two cars will follow the herd along the road for a few hundred metres and at the back is a limping cow. The herdsman, on foot or on a quad bike, is conscious that the cow is lagging behind the others and the drivers are losing patience, so he hurries her up, resulting in even more exaggerated limping.

If supermarket milk buyers and veterinary advisers have their way, this daily scene will be a thing of the past. There may well always be limping cows, but they will not be forced to walk in pain.

One local farmer has overcome the issue of frustrated neighbours by redirecting the cows inside the hedge instead of along the road. It may be that recognition of lameness in this herd will be reduced; hiding the back is a thing of the past. It needs to be certified. There is a period of grandfather’s rights and certification is not required if a vet is assessing on behalf of a client. However, veterinary surgeons, first aid trimming includes a four-day lameness course for veterinary surgeons, and asked to score them. There were individual cows walking on concrete and walking. The milk buyers intend to penalise farmers with score 3 cows.

The farmer or herdsman can take a look and then decide on further hoof trimming or veterinary surgeons. For professional attendance, whether hoof trimmer or veterinary surgeon. The farmer or herdsman can take a look and then decide on further action depending on the circumstances. The delegates considered whether the immediate advantage of mobility scoring was to identify the 2s and 3s.

The discussions were enhanced by Rhiannon Purbrick, who carries out mobility scoring on large and small herds and contributed practical observations.

Gareth Foden highlighted that the videos were taken with a gate in the background. The straight edge of the top of the gate provides a measure for the straight back observation. David Freenkall, vet tech manager and foot trimmer, joined the group for the practical on-farm session.

Apparent issues
At this point, some of the issues with herd scoring became only too apparent. It is usual to score herds as they leave the milking parlour. The observer chooses a fixed point and watches the cows walk past. The size of the milking parlour will determine how many cows walk past the observer at any one time.

Cows do not walk slowly one behind the other and the value of recording only the cows with impaired mobility is apparent. David was able to call out the cow identification and the score, but by the time that registered, three more cows had walked past.
Mobility scoring clearly requires experience and practice if it is to form an effective part of herd management. The need for a course and certification became increasingly apparent.

The point was made by David that if you look at a cow long enough, you will find something wrong with it. Mobility scoring needs to be on a first impression basis. The more experienced the observer, the easier it becomes to detect cows with an abnormal gait.

The big issue is how to utilise the information. There is a danger that with the milk buyers insisting on a herd assessment, mobility scoring will become a tick box exercise with the farmer not using the results to manage the herd. It was discussed that action on mobility scores could be built into herd health plans.

**Need to agree protocols**

An on-farm protocol for actions to be taken with the different scores needs to be agreed with the vet. Actions with score 3 cows are very clearly defined by the AHDB: a score 3 cow is very lame and requires urgent attention; the cow should not be made to walk far and kept on straw or grass; calling may be the only solution. Practical management actions need to be identified for each herd and disease situation.

The course includes aspects of biosecurity with emphasis on the risks of an external contractor bringing disease to a herd and the risk to the contractor from zoonoses; anyone carrying out mobility scoring needs to establish a protocol for optimal biosecurity.

Safety on-farm is considered with goring, crushing, butting, kicking, slip, trip, fall and hazardous substances included in the risks. Communication with farm personnel in a professional manner is also emphasised and there may be language difficulties that need to be recognised. Recording, communicating and collating the results to the appropriate person is an important aspect.

Increasingly the herd mobility score will link in with the activities of the hoof trimmer and the veterinary treatment of individual cows. Brought together, these elements contribute a valuable resource, but work needs to be done to achieve a complete assessment.

The farmer will have a record of the various observations and activities, but there are real opportunities for more effective use of the information.

A register of certified mobility scorers can be viewed at www.roms.org.uk. Records of herd mobility scores carried out support the online examination, leading to certification. The majority of those currently listed will have grandfather's rights, but this is expected to change rapidly. Within the coming year, grandfathers will be expected to sit the online examination.

Further videos of walking cows were presented to the delegates for assessment. Everyone appeared more confident about their scoring. Score 2s were more accurately assessed and the one score 3 was noted immediately.

The objective is for the mobility scorer to be able to affect change on the farm and to improve mobility. No one is pretending that this is easy, but a few calculations showed that the cost and time is well spent, if the results are acted on.

**Benchmarking tool to help farmers reduce antibiotic use**

VETS at Synergy Farm Health have launched a new measurement method and “powerful benchmarking tool”, enabling farmers to better understand and rate their own antibiotic use.

The tool is based on medicine use data collected from all of the practice’s dairy farm clients spread over Somerset, Dorset and East Devon over the past three years. Based on 220 farms, the anonymous data include the number of antibiotic courses each cow receives year on year, milk yield and farming styles so clients can compare like-for-like.

Vet and antibiotic resistance lead for Synergy Farm Health, Alasdair Moffett, explains: “Benchmarking like-with-like provides us with a powerful tool and allows farms to easily understand if they are making good progress or if they could still improve.”

For more information, visit www.synergyfarmhealth.com or call 01935 83682.

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Abnormalities of the suspensory ligament branches in National Hunt racehorses
Alison Fairburn and others, University of Bristol
Suspensory ligament branch desmotrophy is a common cause of lameness in horses in all athletic disciplines. The prevalence of these lesions increases with age in both National Hunt and flat racehorses. Enlargement of the cross-sectional area of the ligament on ultrasonographic examination may be an indication of subclinical injury. The authors carried out scans on the forelimb ligaments of 62 horses from a single training yard. Their results showed that 19 horses had subclinical abnormalities in at least one branch. Measurements of the medial branch may be the most reliable measure of these changes.


Evaluation of a device for continuous monitoring of gastrointestinal temperature
Elisabeth-Lidwien Verdegaaal and others, University of Adelaide, Australia
The effects of exercise on body temperature in horses have usually been investigated under experimental conditions on an indoor treadmill. However, to achieve a more realistic assessment of the impact of exercise on thermostasis, studies should ideally be carried out under field conditions. The authors used a telemetric gastrointestinal pill to monitor gastrointestinal temperature in horses at rest and during exercise. The results were compared with those from a rectal probe. The GI temperature measured with the device was consistently and significantly higher than that recorded using the rectal probe. The study shows that the device is a reliable and practical method for real-time monitoring of GI temperature.

American Journal of Veterinary Research 78 (7): 778-784.

Influence of Salmonella status on the outcome of colic surgery in horses
Louise Southwood and others, University of Pennsylvania, Kennett Square
Salmonellosis and the shedding of S. enterica in faeces is considered to be a significant post-operative complication of colic surgery in horses. However, the clinical signs of salmonellosis in horses can range from absent to severe. The authors compare the long-term outcome of colic surgery in salmonella-positive and -negative horses. The owners were interviewed by telephone at least 12 months after surgery. Although salmonella-positive horses had a higher risk of surgical site infections and weight loss, the percentage of patients still alive at follow-up was higher. The proportion of patients able to resume their former function was similar for the two groups.


Cardiorespiratory function during treadmill exercise on an incline or decline
Hajime Ohmura and others, Equine Research Institute, Tochigi, Japan
A common method used to enhance cardiovascular fitness in racehorses is to train them to run uphill. However, running downhill will impose different forces on muscles and some human athletes prefer training on a downward sloping surface. The authors measured a range of physiological parameters in Thoroughbreds training on treadmills with identical uphill and downhill gradients. Their preliminary findings show that downhill locomotion resulted in lower energy costs than horizontal or uphill motion and that these costs changed with speed. Further studies are necessary to determine the overall effects of these changes on muscle development.

American Journal of Veterinary Research 78 (3): 340-349.
**Lawsonia intracellularis – an emerging disease in horses**

**Lawsonia intracellularis** is an intracellular bacteria that infects young horses, causing an intestinal disease known as equine proliferative enteropathy (EPE).

Lawsonia was historically considered a disease of pigs and has been associated with vast economic losses throughout the commercial pig industry. However, many species can be infected and its importance as an emerging disease in horses is now being recognised.

Over recent years, reports of sporadic cases and outbreaks have been increasing and the disease has reached almost worldwide in occurrence. The disease typically occurs in young horses, with those between four and nine months of age particularly susceptible.

In pigs, multiple stress factors (such as weaning and mixing of groups) have been associated with clinical disease and it is possible that similar risk factors play a role in the development of disease in young horses. EPE has seasonal occurrence and in the UK and Ireland is most frequently reported between August and late February. However, recent reports have shown that this time frame varies by year and geographic region.

Transmission of disease is thought to occur through the ingestion of infected faecal material from wild or domestic animals. Exposure to pigs is not commonly reported in equine infections and studies have demonstrated that the bacterial strains that infect foals vary from those that cause disease in pigs.

However, the bacterial strain found in foals has been detected in numerous other species. In fact, Lawsonia appears to be widespread among rodents, wildlife and birds and it is likely that they play an important role in the spread of disease, although the exact source of infection in horses remains to be determined.

Following ingestion, the bacteria enter the cells of the intestinal tract and cause them to proliferate (“intestinal hyperplasia”). This results in abnormal thickening of the intestinal wall. Although the small intestine is primarily affected, the disease can occasionally cause thickening of the large intestine too. As a result of these changes, the foal’s ability to absorb nutrients is reduced and loss of proteins occurs through the damaged and leaky intestinal wall.

**Tip of the iceberg**

Within a group it is the weaker foals that typically develop the most obvious signs of disease. However, these foals tend to be the tip of the iceberg and many others within the group are likely to be infected without developing overt clinical disease.

The presence of characteristic clinical signs in a young horse, combined with the detection of low albumin and protein on blood evaluation, and thickening of the small intestine detected on ultrasound examination are highly suggestive of Lawsonia infection.

However, these signs alone are not always conclusive and diagnostic testing is used to confirm the diagnosis. There are two main laboratory tests used for the investigation of Lawsonia. Faeces can be tested for the presence of bacterial genetic material or DNA (PCR testing).

This is helpful in confirming the infection in sick foals. However, the foal may have stopped shedding the bacteria by the time the illness is obvious and as a result many infected foals have a negative test result.

The second test is a blood test based on the identification of antibodies. A positive result simply tells you that the foal has been exposed to the bacteria, but cannot differentiate this from active disease. Furthermore, it takes time for the foal’s immune system to produce these antibodies and as a result it is possible for an infected foal to have a negative result in the early stages of infection. It is, though, useful as a screening tool in a herd situation.

Although both tests have their limitations, they each play an important role in the diagnosis of Lawsonia infection.

In most cases, foals with EPE can be successfully treated with antibiotics and supportive care. Because the bacteria invade the cells of the intestine, antibiotic selection is important. The drug selected must be able to achieve therapeutic concentrations within the intestinal cells.

The more severely affected foals will require intensive care and in particular, intravenous fluid therapy designed to manage the low protein concentrations. Supportive care is provided to help prevent or decrease secondary complications.

**Good prognosis**

Overall prognosis for foals affected by *Lawsonia intracellularis* is good, with one study reporting a survival rate of 93%. However, a worse outcome is predicted in those with complications or the more severe form of disease.

Also important is the longer-term outlook. Research performed in Kentucky showed that although clinically affected horses sold for 68% less at auction as yearlings, there was no negative effect on race earnings later in life.

Current control strategies are aimed at the prevention of disease. Although we still do not fully understand the role of wildlife and birds in the spread of infection, it would seem sensible to reduce exposure through the use of good pest control and biosecurity. Similarly, isolation of clinically affected foals is likely to help reduce environmental contamination.

Vaccination is a commonly used strategy in the control of the pig form of the disease. The same vaccine has been tested in foals and has been used within the UK and Ireland for several years with encouraging results.

Additional strategies such as minimising stress and controlling heavy worm burdens may also help by reducing susceptibility to disease.

There remain a large number of questions regarding *Lawsonia intracellularis* and EPE. In particular, a better understanding of how the bacteria are transmitted to and among horses and the specific role of wildlife in the spread of disease could improve strategies to prevent or lessen the effect of this emerging disease in horses.

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**Catriona Mackenzie**, BVMS, MSc, CertAVP(EM), MRCVS, graduated from Glasgow in 2006. Following a short spell in mixed practice, she moved to Kentucky where she undertook an Internal Medicine Fellowship at Hagyard Equine Medical Institute. On returning to the UK, Catriona joined Rossdales Equine Hospital in 2009 to undertake a two-year internship. She subsequently joined the stud team in Newmarket, where she worked for three years. Following this, she went to the University of Liverpool to complete a three-year residency in Equine Internal Medicine and rejoined Rossdales Equine Hospital as a member of the medicine team in March 2017. Her particular interests include foals, gastroenterology and intensive care patients.

**A yearling with Lawsonia showing general ill thrift.**

**Swelling below the face.**

**Ultrasound showing thickening of the small intestine.**
Something for everyone at BEVA

TAKING PLACE FROM 13th to 16th September at Liverpool Arena Convention Centre, this year’s BEVA Congress is set to be an unmissable event for equine vets, vet nurses, student vets, dental technicians, farriers and practice managers alike.

With the great range of lectures, workshops and social events on offer throughout the congress, there really will be something for everyone.

Make the most of the scientific programme

The six halls will be opening their doors on Thursday morning, offering more than 90 hours of CPD lectures designed for all delegates.

In his plenary lecture, Professor Derek Knottenbelt OBE will present his view on how we can use the past to make the future of equine veterinary science better.

The following sessions will range from dermatology to reproduction with lectures and workshops led by many familiar names in medicine, imaging, therapeutics, surgery and ophthalmology.

Thomas Divers, professor of medicine at Cornell University, is due to present several talks in the Infectious Diseases stream on the first afternoon, where he will cover topics such as hepatitis viruses, Lyme disease, and coronavirus enteritis.

Also on the Thursday, why not join delegates watching David Freeman, Appleton chair in Equine Surgery at the University of Florida, demonstrate enucleation in the teaching area? David is later set to share his expertise in colic surgery in lecture sessions on the Friday and Saturday.

Another highlight will be Dennis Brooks’ presence in the Ophthalmology stream, where he will talk to delegates about examination, ulcerative and non-ulcerative corneal diseases, and various other ophthalmic “odds”, “sods” and “disasters”.

Dennis is currently a member of the American College of Veterinary Ophthalmologists and a professor emeritus at the University of Florida. Besides lecturing, he will also be running demonstrations in the teaching area and joining forces with Brian Patterson, Fernando Malalana and Derek Knottenbelt for a workshop session on the Saturday.

Saturday is farriery, nursing and dentistry day. If you’re a vet or farrier, don’t miss the talks on all aspects of the horse’s foot, moderated by Renate Weller. For vet nurses, Saturday offers a whole set of equine nursing presentations, covering topics from handling difficult horses to bandaging and radiography. Dentistry topics will also be presented throughout the day in lectures and discussions tailored to vets and EDTs.

Looking beyond the great array of clinical sessions, why not take the opportunity to consider the future of the industry by joining the Moral Maze discussions about corporatisation? Lectures on learning from human healthcare will offer a view of the industry from a slightly different angle, and antimicrobial resistance will be on the agenda with Professor the Lord Trees on the Thursday. Mental and physical well-being will be covered on Friday in what is likely to be a popular session, supported by workshops on resilience and well-being in the afternoon.

Commercial exhibition

The exhibition area will be buzzing with exhibitors hoping to tell you all about the latest equine products and services.

A bar will be open in the afternoons, complete with a table tennis table and on the Thursday, a table tennis player ready to take on those delegates who fancy their chances against a national champion!

If table tennis isn’t your game, there will be several Visibion-sponsored imaging quizzes, where delegates can be in with a shot at winning book vouchers by successfully answering questions on imaging cases, which will later be discussed by a panel of experts.

Speaking of experts, a practical teaching and demonstration area will be open for those interested in ophthalmology and orthopaedics, where speakers will perform practical skills in front of an audience. Delegates can then sign up to smaller groups for teaching sessions on cadaver specimens.

The horse in the room

It would be a great shame (and probably quite difficult) to miss the live horse demonstration in the exhibition area. International expert in anatomy, lameness and ultrasound, Professor Jean-Marie Denoix will be demonstrating his skills with a live horse on the Saturday morning. Delegates can join the audience to watch the professor undertake a full ultrasound examination of the equine musculoskeletal system.

A chance to network

The exhibition bar and table tennis area will not be the only opportunities for colleagues to come together and meet other delegates. There are numerous social events organised for this year, starting with a welcome reception on the Wednesday evening. Students are invited to their own drinks and nibbles reception on the Thursday and there is even the opportunity to go running with your peers first thing in the morning with RUNBEVA.

CVS Equine is sponsoring the main social event – the annual black-tie dinner and dance – which takes place at St George’s Hall on the Friday.

For full information on the congress, visit https://www.beva.org.uk/home/education/congress.

VISITORS to the Virbac trade stand will be invited to enter a competition to win £200 worth of Fairfax & Favor vouchers. Delegates are also invited to join the team for cheese and wine during the “Happy Hours” from 5.30pm on Thursday 14th and 5pm on Friday 15th.

The team will be on hand to discuss the ever-increasing Virbac Equine product range, which includes Inflacam Granules – the only meloxicam granules on the market, and the latest addition to the Virbac Equine sedative and anaesthetic range, Torphadine.

Happy hour fun and vouchers to be won
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New equine hospital up and running

THE HIGHLY-RESPECTED
Arundel Equine Hospital has moved from Arundel to its new premises at Ashington in West Sussex, changing its name to the Sussex Equine Hospital in the process, writes John Periam.

The practice’s six directors – Rob van Pelt, Ed Lyall, Matt Waterhouse, Paula Broadhurst, Andy Crawford and Simon Staempfi – are delighted with the move, which will give them a more central location with ease of access from local trunk roads.

Ed Lyall comments: “We are indebted to Rob van Pelt for all his hard work in designing the new practice and working with the builders and council from its inception which was planned some eight years ago. This could not have been done without his dedication. If anyone deserves a holiday, Rob does!”

There is a total of 21 vets working from the practice, covering an area from Sussex into Hampshire and Surrey with some further UK and overseas travel for pre-purchase examination if needed. Five vets are involved in stud work, AI and embryo transfer.

This is linked to the new purpose-built laboratory on-site which speeds up any diagnostic requirements if needed. They also offer this service to other practices.

The new premises offer the best possible facilities to clients with ample parking – new stable blocks offering a full portfolio of dedicated specialised services.

A new MRI scanning unit is due to be installed soon and in 2018 a CT scanner will be put into place. Rob van Pelt says: “We planned well in advance and purchased new equipment including a new IT system – the Eclipse Practice Management Software System – so it would be set up and ready to install at Ashington. This contained all our records and by doing this it helped us spread the costs.

“What has impressed me is the dedication of our loyal staff; all have moved over. This has helped no end.”

Ed Lyall says the practice has been able to give local people the opportunity of new employment.

He adds: “The working environment gives a lot more space and we have included four self-contained accommodation blocks for postgrad students and staff should they need to stay on site.”

Seeing the practice today and knowing the practice at Arundel, I am sure those involved in breeding, racing and sport horse management along with the many dedicated horse owners will have one of the best equine veterinary practices this country can offer.

New BEVA medicines guidance

THE BEVA has revamped its online medicines guidance resource to help members negotiate the intricacies of prescribing equine medicines and to use the Cascade accurately.

“Compliance with equine medicines legislation is complicated,” it says. “It involves the challenges of food production, equine passport and essential medicines legislation as well as the prescribing Cascade, VMD guidance and the RCVS practice standards scheme.”

The online guidance now includes:

- The members’ product database to help members share details of suppliers of hard-to-source medicines.
- The BEVA’s guidance on the use of veterinary specials in equine practice.
- Links to download its formulary app, “BEVA Drugs”.
- The guidance can be accessed through the Resources for Vets section of the BEVA website (some resources require members to be logged in).

The resource has already been invaluable for members working towards the new Practice Standards Scheme; Josh Slater, from the RVC, comments: “The PSS Awards define what a high-functioning equine practice looks like. The BEVA medicines guidance documents enabled us to fulfill the PSS Awards scheme requirements for demonstrating responsible use of medicines and compliance with requirements such as Cascade prescribing and emergency treatment of horses, helping us to achieve our ‘Outstanding’ rating. The resource will be very useful for all equine practices preparing for PSS inspections and continues to be an invaluable day-to-day reference source for us.”

The BEVA’s guidance is shown with her dedicated surgical team performing a fetlock arthroscopy.

State-of-the-art operating theatres contain all the latest equipment. These have been designed for ease of access to all areas. Mattie McMaster (Canadian surgeon) is shown with her dedicated surgical team performing a fetlock arthroscopy.

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The association will also be holding two courses in October to provide CPD, including some of the latest products available and especially how they use evidence-based updates on a range of topical issues in equine medicine. The focus will be on recent research with practical relevance and the courses are aimed at clinicians who have attained or are working towards certificate-level qualifications. The first will be held in Uxbridge, Leeds on the 10th and the second in Oxford on the 31st.

One-day equine orthopaedics course

NUPSLA Veterinary Services will be holding a one-day equine orthopaedic CPD course on 21st September at Oakham Veterinary Hospital, Rutland.

The course – Advances in Equine Orthopaedic Therapies and Regenerative Medicine – has been designed for equine clinicians who have a working knowledge in the field of orthopaedics and wish to increase their knowledge and practical skills in treating equine tendon, ligament and joint disease.

Orthopaedic therapies will be discussed via an evidence-based approach and the speakers will explain their personal views on these modalities, including some of the latest products available and especially how they use them as part of their daily clinical routine. There will be group participation and a wet lab session covering ultrasound-guided injections, injection points for various treatments, scanning techniques, class IV therapeutic lasers and how to harvest bone marrow or adipose tissue.

Speakers include Dr Marc Koene, Jonathan Anderson, Rachel Read and Ben Anghileri. Cost per delegate is £295 (plus VAT) and 7.5 hours of CPD are available. For further details, visit www.nupsala.com.

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A recap on investment markets

As we enter September, it’s hard to believe that we are already more than two-thirds of the way through 2017 and once again we haven’t been short of economic or political news and ructions.

Key events have included two interest rate increases by the US Federal Reserve and hints that the central bank is about to start withdrawing quantitative easing. There have been reassuringly healthy headline growth numbers and positive economic surprises from China and Europe, but with more mixed news from the USA and the UK, where first-quarter GDP growth figures disappointed.

We also saw a slide in the US dollar to nine-month lows, with gains for the pound, Euro and Chinese renminbi along with another decline in the oil price.

There were decreases in unemployment across the West without any acceleration in wage growth. The headline rates of inflation in the UK, USA, Japan and Europe increased (this could largely be due to oil prices).

In sterling terms Asia came next, helped by a rally in China, and then the UK, with America falling behind and Eastern Europe bringing up the rear.

In terms of fixed interest securities, this is an asset class many have had concerns over for some time now. Inflation increased, the US Federal Reserve raised rates, three of the eight members of the Bank of England’s Monetary Policy Committee voted for a rate rise in June, and the European Central Bank faced questions over ending QE.

This prospect had a detrimental effect on German bonds, but emerging market bonds showed positive returns, as did high-yield bonds in the UK, Euro and US.

We cannot forget the hung parliament in the UK. Markets appear to have taken all of this in their stride thus far, with the consensus view that equities would do well and bonds less well being proved right. On a total return basis, global equities offered positive returns while bonds did not and commodities did worst of all. Within equity markets, Western Europe performed best, helped by more quantitative easing and increasingly upbeat economic data, as well as the French and Dutch election results that markets viewed as positive.

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What are our thoughts for the final third of 2017?

Overall, we believe there are five themes that look relevant for the remainder of this year:
1. The dollar and whether President Trump’s and the US Federal Reserve’s fiscal and monetary policies will drive up the US dollar price further. It appears that Trump is not succeeding in getting policies through and the Fed is raising rates, but despite some falls, the dollar remains strong. However, a strong dollar is deflationary for the rest of the world, so this may not be all bad news.
2. Bonds (Fixed Interest Securities) and if rising growth and inflation expectations inflict more falls in their value. There is no doubt that bonds have struggled in the first half, but inflation began to reduce again in May and June and the oil price rise effect from last year will begin to drop out of the equation going forward. Further rate hike talk from the Fed (or other central banks, like the Bank of Canada) could well mean these securities continue to struggle this year.
3. Can emerging markets continue their outperformance? There will probably continue to be differences in performance within the sector. The dollar helped Eastern Europe, but helped Asia and overall emerging markets should continue to do well.
4. Banks and whether they can maintain their good run. Financial stocks have had a good first half of 2017, which is a good sign, as is the manner in which the US Federal Reserve’s latest stress tests passed all of their banks for the first time in seven years. The collapse of two Italian banks and one Spanish one in quick succession in June does, however, suggest Europe’s banks are not as robust as everyone would like to think and this must be watched closely.
5. Last but by no means least is Brexit and the shape the British government’s negotiating position takes. There is no doubt at all that this looks very messy at best! But it is not yet unduly hampering returns from UK stocks, which are underpinned by a forecast strong 4% dividend yield.

Sustained sterling strength could hinder profits for FTSE100 companies more in the latter stages of this year, as this index is made up of mainly multi-nationals.

The Lifetime ISA – how does it work?

The Lifetime Isa (LISA) was made available for 18- to 40-year-olds from April of this year.

Savers are now able to put aside up to £4,000 per year and have this topped up by the government by

Dylan Jenkins is at RT Financial Planners Ltd, Mercia House, High Street, Winchcombe, Glos. GL54 5LJ; telephone 01242 604066, e-mail d.jenkins@rtfp.co.uk; website www.rtfp.co.uk.
Improving team efficiency

THE THIRD CX CONGRESS took place recently. The event has grown notably, this time opening its doors in Nottingham to 250 delegates.

The three streams – Leadership, Pet and Equine – followed an inspiring opening talk delivered by Fred Sirieix, general manager of the renowned Galvin at Windows London restaurant and Maître d’ on Channel 4’s First Dates.

Fred likened service to religion: you must have belief, honesty, trust, integrity and joy, and you must practice over and over. You can’t depend on prayer though; to make profit, you must be clear about what you want and take action to achieve it, he said.

Fred’s 10 golden rules can be applied in any sector where customer service is a part of the business:
- There can only be one person in charge at any one time
- The system is always in charge
- Help only comes if you ask for it
- Stay in position – stay in your station
- If you don’t know, or when in doubt, ask
- Never be late
- Always look your best
- Treat others the way you would want to be treated
- Enjoy what you do
- Be nice

Because these things don’t always come naturally in business, Fred says you must make your expectations known. He advised managers to be very clear about what kind of team you are recruiting and training, and don’t forget to brief your team on a daily basis.

Learning styles

In the first leadership session, Liz Massop of Nottingham vet school talked about training your team, re-emphasising Fred’s advice that training is the only way to achieve consistency, which is key to customer experience. She uses the “LATER” principles for training to improve the efficiency of a team:
- Learning outcomes – identify what the problems are and what the team can do to solve them
- Activate prior knowledge – find out what the team already knows and whether it is correct; think about how the skills and knowledge of individuals can be used to improve the team’s efficiency
- Teach – use a range of visual, auditory, reading and kinaesthetic learning approaches to teach team members. Role play is another useful tool – particularly triangle role play where roles are rotated
- Evaluate – ask the team how they think they did before relaying positive and negative feedback; check the team’s understanding
- Reflect and refine – ask the team what they have learnt and how it will make a difference. Try to set a culture of openness and responsiveness to encourage feedback.

Measure what matters

Leadership theory has evolved dramatically over the past few decades and the importance of measuring performance is now at the heart of leadership discussions.

How do you know where the business is excelling and where there are still problems if you don’t measure performance? There is often more going on than can be seen from within the system on a day-to-day basis.

Fred Gascoyne of Scarsdale Vets highlighted the importance of measuring change in a practice. The trap that many businesses fall into is measuring too much, but not using the data to make any impact. It is much more important to identify a small number of key performance indicators and use these to build a picture of various aspects of your practice which can be used to identify areas for improvement.

To decide on what factors to use as key performance indicators, think about what you want to know – try to fit this on one piece of paper. You don’t have time to measure and analyse everything – be clear about what you are trying to achieve and what indicators will help you reach your goals. Try not to change the goal posts; longer periods of data are more beneficial – but don’t keep measuring indicators that are not going to be of any use. If you overcomplicate key performance indicators, they will be underutilised. Decide what is important, keep it simple, and start collecting data now.

Key performance indicators for a practice may fall into four categories:
1. Clients and patients – e.g. new client registrations, active clients, lapsed clients, client satisfaction, patient species and age analyses.
2. Colleagues – e.g. length of service, various aspects of your practice which and use these to build a picture of various aspects of your practice which can be used to identify areas for improvement.
3. Finance – e.g. income by product group, comparable growth, average transaction value and average annual client spend. You can also consider income, gross margin, staffing costs and operating profit.
4. Process – e.g. total visits (by product group), theatre utilisation, caller reports, percentage of active pets vaccinated/dogs microchipped, average waiting time.

Data from key performance indicators will provide a headline for what may be going on, but they are only indicators and more research will be required to fully understand the situation; often linking key performance indicators together can give a better idea of where improvements can be made, Jeff says.

Fred Sirieix offered 10 golden rules for great customer service.

£1 for every £4 they put in. The government bonus will stop at the saver’s age reaching 50.

Access is flexible enough, but it does come with penalties. The LISA is intended as a savings vehicle for a house deposit, or for retirement. It will therefore be possible to withdraw funds for a house deposit for a house valued at up to £450,000 with no penalty at all. Also, when the saver reaches age 60, there will be no penalty at all. Also, when the saver reaches age 60, there will be no penalty at all.

At any other time, if a withdrawal is made then the government bonus plus any growth on the bonus will have to be repaid, as well as a 5% exit charge.

It has long been rumoured that there are plans in Westminster to make significant changes to pension tax relief. The current system is often viewed as being unfair as those paying the highest rates of tax (i.e. those earning more) receive the greatest level of tax relief when making pension contributions.

Despite no significant changes to the current system being made thus far, I wonder if, in the Lifetime ISA, we may be seeing the shape of things to come. It could be that the LISA is paving the way for a new flat-rate system, limited to a maximum amount of tax relief being granted each year.
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WE HAVE ALL HEARD concerns repeatedly voiced about long working hours in the veterinary profession, with significant worries about the impact on our quality of life and patient care, writes Lydia Chambers, member of the Organising Professional Committee (OPC) at British Veterinary Union in Unite (BVU).

The EU legislation specifies that employees cannot be expected to work more than 48 hours per week on average. It is possible for an employee to volunteer to opt out of this limit, but they cannot be sacked or treated unfairly for refusing to do so.

An employee who has opted out can choose to opt back in again at any time, although they may have to give three months’ notice to their employer. Employees cannot be discriminated against for the choice to opt back in, even if the opt-out agreement formed part of their original contract of employment. There are also further EU regulations regarding breaks and holiday allowance, etc.

With the threat of the UK leaving the EU and the current protections given within EU legislation, notably the Working Time Directive (WTD), the BVU undertook a small survey to investigate veterinary professionals’ worries and current situations.

There was an exploratory survey with 45 respondents: 49% veterinary nurses, 44% veterinary surgeons, and 7% working in other roles such as practice management. Nearly 90% of those surveyed worked in small animal practice, and 76% were working on full-time contracts.

The findings paint a remarkably clear picture of a profession which feels the strain of long working hours, and which for a striking proportion of members does not currently feel the benefits of the legal protections supposedly in place to safeguard our welfare.

Among our respondents, less than 5% had opted out of the WTD. Nearly 30% did not know about their WTD status, while two-thirds had not opted out. Of the two-thirds who had not opted out, 13% worked more than 48 hours per week on average.

Of those who considered themselves outside the WTD (13 respondents), only 8% felt it was their own free choice to opt out. Out of half had never specifically been asked about it and 23% were expected to opt out as part of their employment offer.

An overwhelming majority of respondents (over 95%) said they felt that their work was affected by tiredness arising from long working hours. For 62% this was an occasional occurrence, but 20% felt this happened often and 13% frequently. All respondents considered long working hours to be a problem in the veterinary profession, with 84% feeling that this affects both their own health and patient care.

Thus there was overwhelming consensus on the problem, although the solution seems less clear cut. Views on the impact of EU legislation were split: 56% felt that the potential loss of the WTD after Brexit would not affect their working conditions whereas 44% thought it would.

Many of the comments given in our survey painted a picture of significant stress and strain from working hours. Responses included: “all staff are expected to work unpaid overtime every week”, “I think this is a real problem and this is why I work part-time”, and “I have worked out of the Working Time Directive hours before without actually signing an agreement at an out of hours clinic. It did feel like it was expected. It had a negative effect on my health and I’m sure it affected my nursing standard”.

There were many more, describing similar situations and concerns.

Need to keep protections
The impact of Brexit is uncertain, particularly given that the WTD seems very poorly enforced in practice at present, but it is clear that we cannot afford to lose any more protections.

In the experience of the BVU, many vets and nurses feel forced into accepting working conditions and hours that are detrimental to their health and their work, because fundamentally the (employer-driven) norms of the profession are at odds with the wishes of its members. Given that there is widespread concern about the exodus of experienced vets and nurses from the profession, it seems very obvious that this is a problem that employers need to address collectively.

Many individuals cope with the problem by switching to part-time work – where, perhaps, they risk being underpaid and under-rewarded for their efforts, and lose career advancement opportunities – and others regretfully respond by leaving the profession that they would otherwise love.

Our survey was small, but the results are remarkable. In an economically uncertain future, we would urge employers to reconsider the traditional norms of working hours and remember that a sustainable workplace needs employees to work in conditions where they can remain happy and healthy, and have the energy to invest in patient care.

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Do you dream of owning your first home?

FOLLOWING THE SUCCESS OF THE VetsNorth seminar programme and exhibition, we were taken aback by the number of domestic mortgage enquiries we received over the two days.

This is no great surprise, though, due to the complex nature of the mortgage market (be it first purchase or buy to let) and as such we thought it prudent to publish an article on house mortgages.

This article is particularly aimed at the first-time buyer who may be concerned they cannot even get onto the first rung of the mortgage ladder to advise there may be potential solutions to enable them to achieve their dream of house ownership.

House prices are still increasing and with the press reporting variations on the average annual wage needed to afford a typical first-time buyer home, it sounds scary, but don’t let this put you off – getting your dream home could still be affordable.

There are now a number of very attractive schemes for first-time buyers and mortgages for first-time buyers are looking far better than they have in recent years:

■ Help to buy
■ Shared ownership
■ Lender schemes

1. Help to buy equity loans

The government provides you with a loan for 20% of the property deposit. This is for new build properties up to £600,000 only. This allows borrowers with a 5% deposit to take out a mortgage for 75% of the property’s value.

Help to buy equity loans are interest-free for the first five years. After this, you’ll need to pay circa 1.75% fee per annum, which then rises every year at the rate of the Retail Prices Index plus 1%.

For example, for a £200,000 property you could put down a £10,000 (5%) deposit and get a £150,000 (75%) mortgage and a £40,000 (20%) equity loan.

You can find a list of participating house builders here: www.help2buy.gov.uk/equity-loan/find-help2buy-agent/.

There is also a Help to Buy ISA in which the government will boost your savings by 25%. The maximum government bonus you can receive is £30,000.

2. Shared ownership

Shared ownership schemes are provided through local housing associations. You buy a share of your home (25% to 75%) with a mortgage and pay a reduced rent on the remaining share.

This makes home ownership more affordable as it reduces the amount required for a deposit and also the proportion of the property’s value needed as a mortgage.

Under shared ownership you can only buy a new-build property or an existing shared ownership home. In theory, the combined monthly cost of mortgage plus rent should be about 80% of that of an equivalent home bought or rented privately.

You have the option to buy more shares in your home too. Shared ownership properties are not always available as a search option on sites such as Rightmove, but agents list the sale price of the share for sale, so they will display as the lower price properties in an area.

3. Lender schemes

Several mortgage lenders offer special mortgage deals aimed at helping buyers to get on the property ladder. These include:

■ A scheme accepting a 5% deposit, backed with a family member lodging a further 10% of the property’s purchase price into a savings account with the bank, where it earns interest at around 2%.

So if you want to buy a property for £150,000, you need to raise a 5% deposit of £7,500. Your parents or relatives would then need to hold savings of £15,000 with the bank. As your deposit is now effectively 15%, you’ll have access to lower mortgage rates.

Assuming criteria met, after three years the 10% deposit is released back to the family member, with interest added, and you continue with your mortgage.

Another scheme requires a 5% deposit and requires family members to have savings of at least 20% of the property value.

So for a property worth £150,000, you would need a 5% deposit of £7,500, while family members would need to put a minimum of £30,000 in the savings account. Subject to criteria, family members can get their savings back plus at least 2.7% interest.

Next steps

■ Ensure your credit profile is fit and healthy. Subscribe to a credit service such as the free one from www.noddle.co.uk.
■ Assess your savings and spending, utilities, food, car, leisure, lifestyle – what do you spend those cash withdrawals on?
■ Can family support you with any help with the deposit or costs?
■ Seek independent advice! Now you would expect to hear this from a broker, but this really is the best advice. I can give you, as there are over 100 lenders in the UK and each lender has variations in criteria, lending calculations, rates and charges.

Read through the broker’s initial disclosure document thoroughly to ensure you are happy with the fee remuneration structure, level and scope of the service they can provide.

JULIE-ANN HAWKINS

of FTA looks at the options available and says the good news is there’s help out there if you know where to look.

Julie-Ann Hawkins is a CeMap-qualified mortgage adviser and director at FTA Mortgages Ltd, which specialises in advising on and arranging bespoke mortgages for healthcare professionals. For advice on securing a new mortgage or reviewing an existing mortgage arrangement, telephone 0330 088 1157 or e-mail info@ftafinance.co.uk.
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