

Lecture summaries

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Panel Discussion - Contentious POCUS Consensus Statements

Be an anonymous Delphi expert reviewer for an hour! This panel discussion with domain leads from the POCUS consensus statement will focus on the statements that were difficult to develop and those in which a consensus opinion was elusive. Topics covered will include gauging left atrial distension, formal diagnoses such as biliary mucocoele, pyometra and gastrointestinal obstruction, supporting diagnoses of neoplasia, and deciding when ultrasound 'can' be used, or 'should' be used...

Learning goals:

1. Appreciating which POCUS skills can be considered basic skills vs advanced skills.
2. Recognising the line between POCUS and formal ultrasonography or formal echocardiography.
3. Deciding whether procedural ultrasound guidance 'can' be used vs 'should' be used.
4. What is NOT covered in the POCUS consensus statement and why.

Core ultrasound guided locoregional anaesthesia blocks

Ultrasound-guided regional anaesthesia (UGRA) is a powerful tool in veterinary emergency and critical care, allowing effective analgesia while minimizing systemic drug requirements and their associated adverse effects. This presentation reviews the core UGRA blocks most applicable in emergency and ICU settings, focusing on indications, sonoanatomy, technique, and safety. Emphasis is placed on integrating UG-LRA into multimodal analgesia protocols for trauma, perioperative stabilization, and critically ill patients. Practical tips are provided to improve block success, reduce complications, and increase clinician confidence in time-pressured environments.

Learning goals

1. Understand the role of ultrasound-guided locoregional anaesthesia in improving analgesia and physiological stability in emergency and critical care patients.
2. Identify key sonoanatomical landmarks for commonly used core UG-LRA blocks in dogs and cats.
3. Select appropriate locoregional blocks based on patient presentation, injury pattern, and clinical priorities.
4. Recognize potential complications and safety considerations associated with UG-LRA in critically ill patients.

PANEL - Surgical timing (Pyothorax, septic peritonitis, diaphragmatic hernia, GDV)

Optimal surgical timing in critically ill patients requires balancing the urgency of source control with the patient's physiological reserve. The decision to proceed to surgery hinges on whether the patient can tolerate anesthesia and surgical stress without precipitating or worsening organ dysfunction. This panel will explore how physiologic stabilization, risk stratification, and

anesthetic planning influence timing of surgery, highlighting when immediate intervention is life-saving versus when delayed or staged surgery improves outcome.

Learning goals

1. Differentiate conditions requiring immediate surgery
2. Integrate physiologic optimization and anesthetic/surgical planning
3. Anticipate surgery and anesthesia-specific risks and complications

Dexmedetomidine in the ER and ICU

Dexmedetomidine has been demonstrated to be a versatile molecule with several clinical applications other than the simple sedation and premedication. The sedative effect can be used to reduce post-anaesthetic delirium, and to manage hospitalization stress. Different route of administrations, such as intranasal and transmucosal, can facilitate the use in particular patients. The infusion can allow the maintenance of sedation, analgesia and muscular relaxation as long as needed with minimal cardiovascular impact. The aim of this lecture is to present several facets of dexmedetomidine and to explore the current and potential applications in small animal emergency and critical care.

Learning goals

1. Select ECC-appropriate indications
2. Design titration-based dosing plans
3. Predict and manage haemodynamic effects
4. Integrate dexmedetomidine into multimodal analgesia/sedation bundles,
5. Identify special safety considerations

Simple protocols for safe sedations and GA

Safe sedation and general anesthesia are essential components of emergency and critical care, yet they are often perceived as complex and high-risk, particularly in unstable patients. This talk focuses on simple, practical, and reproducible protocols for sedation and general anesthesia that can be safely applied in the emergency and ICU setting. Emphasis will be placed on patient assessment, drug selection, dose adjustment, monitoring, and prevention of common complications. By understanding core principles rather than memorizing complex recipes, clinicians can improve patient safety, efficiency, and confidence when managing sedation and anesthesia in critically ill animals.

Learning goals

1. Perform a rapid pre-sedation and pre-anesthetic assessment to identify risk factors and guide protocol selection.
2. Select appropriate sedation and general anesthesia protocols based on patient status, procedure type, and available resources.
3. Apply dose-sparing and multimodal strategies to minimize cardiovascular and respiratory complications.
4. Implement basic monitoring and troubleshooting steps to recognize and manage common anesthetic complications early.