

# Lecture summaries

## Lynda Rutherford

BVM&S, Mvetmed, DipECVS, PGcertVetEd, FHEA, MRCVS

ECVS and RCVS recognized specialist in small animal surgery, Senior lecturer small animal surgery

University of Edinburgh, Royal (Dick) School of Veterinary studies, Edinburgh, Scotland

### **Practical wound care and tricky wound closure techniques**

This lecture will discuss optimizing patient management with big wounds. We will cover initial patient management, different options for wound dressings and tips on skin reconstruction. It will include factors to help decision making like when to close and when to leave to heal by secondary intention. We will also discuss managing post-operative complications. Hopefully it will help to *relieve tension* associated with managing challenging cases with big skin deficits!

#### Learning goals

1. Detail initial triage and stabilisation of patients with traumatic wounds
2. Describe how to initially manage wounds including lavage and debirdment
3. Know the advantages/ disadvantages as well as how to apply dressings
4. Know key factors deciding when surgical management is appropriate
5. Key tips for optimizing surgical management

### **Surgical management of upper airway crises**

This lecture should help you to breathe easier when managing challenging cases with upper respiratory tract crisis! We will discuss emergency stabilisation including how to manage these patients prior to referral. We will cover surgical emergencies such as brachycephalic obstructive airway management (BOAS), laryngeal paralysis. We will also include a step by step guide to placing and managing temporary tracheostomy tubes.

#### Learning goals

1. Recognise an upper respiratory tract crisis
2. Key steps to stabilising patients with URT crisis
3. Surgical procedures for BOAS and laryngeal paralysis
4. Post-operative considerations for patients after URT surgery
5. Placement and management of temporary tracheostomy tubes

### **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