

Soft Tissue Surgery and Spays/Neuters Over 12 Months

Appointment Provider	Surgical Technician	Surgeon
Examine Pet - measuring and photographing ALL masses, performing impression smears or aspirates with cytology on any masses recommended to be removed	Create treatment plan	Review exam notes, plan from lab results, and lab results when surgical technician advises they are ready
Discuss surgical removal - often need 2 cm margins, may have sutures, may need e-collar or shirt, biopsy will determine if surgery was curative or if further treatment needed	Review case and treatment plan with surgeon	Create a PVP plan
<p>*Under 6 yrs: Pre-operative chemistry and CBC (chem must have at least 10 values)</p> <p>*Over 6 yrs: Pre-operative chemistry, CBC, UA (chem must have at least 20 values)</p> <p>*Canines current heartworm status (meaning neg in the last 12 months and on regular prevention OR neg in the last 30 days (antigen/microfilaria if not on prevention)</p> <p>*Felines current FELV/FIV status (within the last 6 months regardless of if indoors only)</p> <p>*If metastatic spread a possibility, 3 view thoracic radiographs should be advised</p> <p>*If cystotomy, a culture will be performed at time of procedure should be off antibiotics 7 days prior to procedure</p>	Review schedule and be sure appropriate admission and discharge has been scheduled	Go out to meet owner morning of procedure when they drop off their pet
*All patients must be taken off any fish oils, omega fatty acids, glucosamine/chondroitins for 2 weeks prior and 2 weeks after visit, must seek surgeon permission to be on NSAIDs or steroids	Discuss treatment plan, value, and what to expect with owners	Examine patient the morning of procedure before they are sedated
Make sure that exam nurse is task listing the surgery technician that you are sending out testing for a surgery case	Collect deposit if has not already been done	Call owner when pet is in recovery
Charge either 00-5c "soft tissue surgery at Healing Paws...." or if referring out "referral to specialist for surgery or medicine consult". Highlight the notes that accompany this charge on your invoice and copy to include in paperwork you send home with client	Review PVP plan with surgeon and prepare for owner pick up	Make owner aware of any biopsy results and also copy appointment provider on these results

Review test results, create any needed medical plan, review with owner, advise owner surgery technician will reach out to them	Call owner to check on patient progress the day after surgery	
Discuss that surgeon will be prescribing pre-anesthetic medication once they have reviewed the case and will prepare those for owner to pick up closer to surgery date		

Mass Removal Note: Dr. Sands will remove most soft tissue subcutaneous, dermal, and eyelid masses that a Healing Paws Veterinary Care doctor has seen unless they are involved in muscle or have significant closure concerns. The only way for Dr. Sands, Dr. Zeltzman, or any other surgeon to evaluate the difficulties and potential complications with closure of these incisions, is if there is a photo and measurements of the mass and the photo indicates where the mass is in relation to other parts of the body. (See Ivy Lou Chilton for example).

Testing Note: When recommending soft tissue surgery here at HPVC (currently open to mass removals, vulvoplasty, hernia repairs, dewclaw removals and cystotomies) for patients who are not getting spayed or neutered, the Dr. Sautner team should be considering referral to me just as they would referral to Dr. Zeltzman. This means the patient should have pre-anesthetic bloodwork +/- urine (including current heartworm (neg in last 12 months and on hwp) or FELV/FIV status (tested neg in last 6 months) done by dr who originally sees the case. Patients under 6: a chem 10/cbc/accuplex or chem/10/cbc/felv/fiv is acceptable. Patients over 6: a urine/chem 20/cbc/accuplex or urine/chem 20/cbc/felv/fiv is acceptable. If patient having a larger panel for other reasons, they will be accepted. If there is a metastatic cancer concern, 3 view chest radiographs should be done prior to surgery referral.

Evaluating Test Results: The appointment provider is to evaluate the labwork, call the owner about the labwork and make any medical plan needed based on the labwork. The surgeon is not the internal med doc on these cases but will be making the anesthetic plan and reserves the right to decline the surgery, refer the surgery or alter the treatment plan once they have seen the labwork and radiographs. Once the labwork and radiographs have been reviewed by appointment provider, then this information is passed to the surgical technician who will review the case with surgeon, create a treatment plan, and schedule procedure.

PVP Packages: The referring team is not to prescribe surgical PVPs in patients that are not spays/neuters but are having surgery at HPVC. (If these patients have current PVP plans that are effective that should be noted to the surgical tech and the owner should be advised we may adjust them or keep them the same for surgery.) For patients without current PVP protocols, when the surgery scheduling tech reviews the case with surgeon, surgeon will create a PVP protocol based on the patient's signalment, bloodwork results, and procedure. The owner will be expected to pick up this medication and give prior to the procedure and

should be advised as such. For referral to Dr. Zeltzman, team SHOULD send home PVPs based on his protocols.

Pre-anesthetic Consultation Exam: Dr. Sands will do pre-anesthetic examination the morning of the procedure and will go out to meet owner. Owner should be advised that they may be there 30 minutes as they will be meeting her. If the owner wants to meet with Dr. Sands prior to that day, schedule a 30 minute block that is currently orange but change it to an anesthesia prep type and write "pre-surgery consultation with Dr. Sands". There is a surgery consultation treatment code in the computer for charging and that will be assessed. This is for patients who are not spay/neuters.

Spay or Neuters With Additional Procedures: The following must be done:

1) As soon as this procedure is recommended (even if at first pup visit), a follow-up must be created that says the time it is to be recommended and the procedures. i.e. if the pup is 4 months old and you are recommending the spay at 10 months of age create a follow up for 6 months that reads "spay and hernia repair"

2) when this is scheduled remember that this is essentially 2 procedures - therefore without surgical technician approval, you can only schedule this on a day that only has 1 other procedure scheduled as our current caseload is 3 procedures per day.

Age based scheduling guidelines for spays and neuters (non-complicated)

Patient is under 12 months old and up-to-date: then follow our normal process

Patient is over 12 months old:

*Verify that it has been seen at HPVCA by a dr for a WELLNESS visit.

- If yes, follow our normal process.
- If no, schedule them for a doctor wellness visit. At that dr visit, the pre-op testing may be performed by that dr. PVPs for the procedure should go home. These patients *do not have an anesthesia prep package or anesthesia prep visit*.
 - At this well visit the following must occur:
 - dr examination
 - pre-op bloodwork to include accuplex or *felv/fiv if not tested negative in the last 12 months* (code AC600 or SA600 plus feline snap test)
 - treatment plan created (no anesthesia prep needed) and gone over with owner
 - PVP package sent home
 - any preventative care or vaccinations performed. *Note, if vaccinations performed, spay/neuter can not be scheduled for 2 weeks but must be done within 4 weeks of this visit.*
 - The dr seeing this visit is responsible for performing and charging the appropriate testing, sending home the PVP package based on chart, and interpreting bwork results when

they return. ANY ABNORMALITIES MUST BE REPORTED TO SURGERY TECH IMMEDIATELY.

*This diagnostic testing and PVP package will only be good for 1 month so procedure must be scheduled within 4 weeks - client care may choose to schedule the well doc visit and procedure visit both when owner requests appt but must follow up that deposit is received and treatment plan signed.

**If treatment plan not signed within 1 week of dr well visit, deposit not received within one week of well visit, or patient in heat then procedure should be canceled until those things occur.*