



Peripatetic Orthopaedic Surgery

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About us

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VetPartners Surgical Services offer an advanced-level orthopaedic and soft tissue service, as well as mentoring and training for teams. The bespoke service is available to VetPartners small animal practices across Wales and the South West.

Our collaborative, ambulatory surgical service is led by Rob Harry, who has been working as a veterinary surgeon for over 20 years and holds RCVS advanced practitioner status in small animal surgery and post-graduate certificates in surgery, endoscopy and endosurgery.

Whether you're looking to treat a complex case or would like to advance the level of care that you can offer in-house, we can provide surgical procedures and support, as well as mentoring and training for your veterinary surgeons and supporting RVNs.

Rob can visit your practice and perform orthopaedic surgeries, coach your team on specific procedures and help bolster what you can offer your patients and clients.

We offer mentoring for vets who would like an additional pair of hands in theatre and can collaborate with CPD providers to offer CPD packages to help introduce new procedures at local practices.

By sharing resources and nurturing the next generation of veterinary talent in our teams, we can make the most of everyone's skills and strengths, allowing us to provide outstanding care.

The VetPartners group is made up of talented vets with a wealth of skills between them, and the aim of our service is to develop and grow the VetPartners surgeons of the future.

By assisting our practices to retain cases in-house, we can enhance your services, equipment and expertise while developing confident veterinary surgeons for future VetPartners patients.

To learn more about our services, please get in touch.



Rob Harry

**BVSc PGC SAS GPCert
SAS GPCert Endo MRCVS**

Clinical Director

Born and bred in the Vale of Glamorgan, Rob graduated from the University of Bristol Vet School in 2001. He joined a large practice in South Wales in 2006, becoming the owner and clinical director in 2009. The practice joined VetPartners in 2017 and he soon joined the fold, becoming the clinical director of VetPartners Surgical Services in 2024.

He holds postgraduate certificates in small animal surgery, endoscopy and endo surgery and is an RCVS recognised Advanced Practitioner in small animal surgery. While he enjoys all aspects of surgery, he has a particular interest in orthopaedics, specifically fracture management and stifle (knee) surgery. He is also passionate about developing and mentoring vets, ensuring skills are passed on to the next generation. He has experience in developing and mentoring vets, having worked as a CIM (clinical instruction mentor) and as an external examiner for the Surrey University Vet School.

In his own time, he is a keen fly fisherman, loves to travel with his family and is an avid Formula 1 fan. The highlight of his F1 obsession was taking a pit-lane tour in Hungary, where he got to see the McLaren garage in all its glory.

Information for practices working with VPSS

VPSS provides an ambulatory surgical service for VetPartners practices in the South West of England and Wales.

This document outlines the service provided and responsibilities of VPSS as well as those of the home practice and client.

Home Practice Role and Responsibilities:

- Provision of all clinically relevant information, with client consent, to allow a remote assessment, likely diagnosis and treatment plan to be achieved, without patient contact. VPSS rely completely on the clinical information provided by the home practice. Misdiagnosis due to inaccurate or unavailable clinical information poses a small risk and clients should be made aware that treatment plans and procedures may be changed or modified after examination with the VPSS surgeon.
- Confirmation of the agreed surgical date and allocation of appropriate appointment slots on the PMS to ensure availability of consulting space, suitable kennelling space and theatre time.
- Communication with the owner regarding the treatment plan, date, time and presurgical patient fasting and medication requirements.
- Completion of a preoperative examination 2-3 days prior to surgery that should include
 - full physical examination with chest auscultation and temperature check,
 - preGA bloods (if required), and
 - a careful check for any signs of superficial skin or dental infection (feet, groin, axilla, ears & teeth) that may preclude orthopaedic surgery.
- Communication of all costs involved, including follow-up care and potential complications and organisation of how fees will be paid. VPSS can provide a suggested procedure cost to the home practice, if required. Due to variation in charging between practices, VPSS will be unable to discuss costs with clients at the time of treatment.
- Ample prior notice (at least 24 hours) should the procedure need to be cancelled for any reason. Failure to inform VPSS of cancellation prior to the day of treatment will incur the normal visit cost.
- Provision of suitably qualified team members to perform the procedure in conjunction with a surgeon from VPSS. We would recommend at least one experienced RVN and 1-2 additional nursing colleagues, with one confident to scrub in and act as a surgical scrub assistant. Training can be provided on request. A veterinary surgeon should be available on site until the point at which the patient is discharged. If nursing colleagues are unavailable, VPSS can provide one experienced RVN at an additional cost. This should be arranged at the time of appointment booking.
- Provision of all medications listed in the Required Medications Document (See separately). All medications should be checked prior to VPSS visit to confirm adequate quantities are available and are within the labelled expiry date.

- Recording doses, volumes and wastage of any medications used and ensuring they are appropriately charged to the client.
- Recovery and ongoing monitoring and medicating of the patient while at the home practice.
- Communication to the client of all discharge instructions and the post-operative treatment plan. VPSS will provide a Client Discharge Instructions sheet to assist with all post operative care.
- Management of any client concerns during the post operative period. VPSS will be available during normal working hours to provide assistance with non-emergency situations.
- 24/7 provision of emergency treatment including any serious or life-threatening illness associated with surgery.
- Provision of suitable H&S (including Radiology Safety) protocols and training of VPSS team members to ensure compliance with regulations.
- Provision of on-site parking for one vehicle to allow quick and safe transfer of equipment and materials to and from the practice.
- Assistance with cleaning, packing and, where possible, sterilisation of VPSS instruments and equipment. Provision of replacement consumable items used for this process (autoclave packaging etc)

VPSS Role and Responsibilities:

- Interpretation of available radiographs and clinical history to confirm the likely diagnosis and appropriate treatment options.
- Confirmation of a time and date when the procedure can take place with the home practice. Communication of an estimated time scale for the procedure and any additional requirement for consulting room time, overnight care etc.
- Initial client communication regarding the procedure being performed, expected outcomes and treatment goals and possible risks and complications commonly associated with the procedure. This can be done onsite prior to surgery or remotely via telephone or video call.
- Pre-surgical patient assessment on the day of the procedure (fitness for anaesthesia etc) and anaesthetic and surgical planning.
- Assistance with presurgical planning radiographs.
- Provision of x-ray badge monitors for all VPSS team members involved with radiography.
- Management of the patient immediately before, during and after the procedure with the assistance of an experienced home practice RVN unless RVN is provided by VPSS by prior arrangement. This will include premedication and anaesthesia, placement of pre-emptive local analgesia blocks, additional perioperative analgesia and antibiotics and postoperative radiographs.
- Counter signing of the controlled drugs register for any CDs prescribed by VPSS.
- Patient handover to home practice for ongoing recovery and discharge.

- Provision of surgical instruments and consumables required to complete each procedure.
- Provision of clear, written discharge instructions for the owner and a surgical summary for practice records.
- Provision of remote support for management of any post-operative concerns or complications during normal day time working hours and urgent advice relating to previous surgeries outside of these hours. All contact with VPSS should be made by a member of the home practice, ideally the case vet. VPSS mobile number or email address should not be provided to clients without the explicit consent of the VPSS team.

Client Role and Responsibilities

- Present the patient at the specified times and dates for all surgical appointments.
- Adhere to the written pre-op and discharge instructions.
- Inform the home practice of any possible concerns or complications promptly.

Surgical Case Checklist and Protocol

Procedure Booking Process

If you have a surgical case you would like to refer to us, please email

info@vetpartnerssurgicalservices.co.uk

- o Case vet (phone and email);
- o Patient age, breed, weight & sex;
- o A concise summary of the recent history and a problem list. Please note, providing the full clinical records without a case summary may delay our response time.
- o All radiographs (Original JPEG Format – Not Photos of a display screen)
- Alternatively, complete the 'Refer a Case' form on the VPSS website (**[Refer a Case - VetPartners Surgical Services](#)**).
- You will receive an email from **info@vetpartnerssurgicalservices.co.uk** acknowledging receipt of your referral request.
- VPSS aims to contact the case vet within 2 working days of the referral to confirm findings and discuss a treatment plan, including any recommended surgical procedure.
- VPSS will then contact the home practice to arrange an appropriate date and time for treatment, including remote / onsite consultations and surgery.
- Once booked, VPSS will email the case vet with confirmation of patient name, proposed procedure, date and time.

Home Practice Responsibilities

- Please communicate times and dates of all appointments relating to the planned procedure to the client.
- Your practice should produce an estimate for the treatment, share it with the client and discuss payment options.
- Please arrange a pre-surgical examination of the patient <72 hours before the procedure, during which the following checklist should be completed:
 - o A full physical examination – in particular, assessing the cardiovascular system, respiratory system, and ruling out GI disease or infectious processes (ears, teeth, skin) that may preclude surgery.
 - o Please offer pre-anaesthetic bloods and record and share any results.
 - o Record details of all current medication doses and timings. Pre-emptive analgesia with suitable NSAIDs (where appropriate) is suggested in lame or painful patients.
 - o Confirm up to date client contact details are recorded on the PMS.
 - o Communicate presurgical patient preparation (overnight fasting, etc.).
 - o Discuss the risks related to the anaesthetic and the procedure to allow the client to give informed consent. VPSS can provide a list of recognised complications associated with the procedure if requested. VPSS will perform a remote consult to discuss specific surgical considerations, risks and expected outcomes. An in-person consult can be performed on the day of surgery, but this is not routine and should be requested by the home practice prior to the date of surgery.
- Please complete the Theatre and Medication Checklist to ensure all required drugs and equipment are available, and in date / operating correctly.
- Please inform VPSS as soon as possible if you have identified any reason why surgery may not proceed as planned. At least 24 hours notice is required for cancellation of a procedure.

Procedure Day Checklist

- Please admit the patient following your normal admission protocol, and ensuring the owner is fully aware of the risks of the procedure.
- VPSS will be available for a face-to-face presurgical consultation if this has been prearranged. Please ensure that a consult room is available for the appropriate period.
- All patients will have a venous catheter placed for the duration of the procedure, ideally prior to premedication, but at the latest, prior to induction.

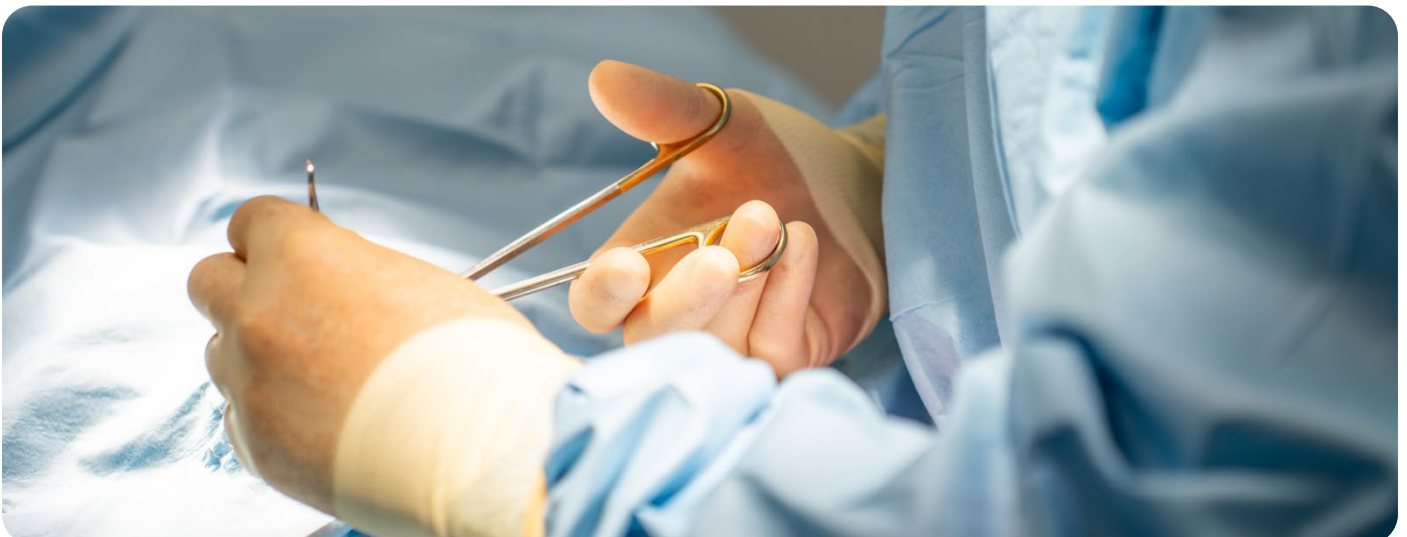
- VPSS surgeon and where relevant the VPSS nurse will hold a brief surgical planning meeting with all colleagues involved. This will include:
 - Proposed timings for premedication and induction.
 - Anaesthetic and surgical planning.
 - Identification of any pre/intra/post operative risks or concerns.
 - Confirmation of patient ID, procedure to be performed and exact surgical site.
 - Requirements for pre/post operative radiography facilities (including likely timings).
 - Creation of a post-operative care plan including establishing which vet will oversee the patient once the VPSS surgeon has completed the procedure.
- All patients should have a buster collar and superficial wound dressing applied while in recovery at the practice.
- VPSS will provide written discharge instructions for all patients. These should be saved on the patients file as well as provided to the owner.
- VPSS will provide a written surgical report for each procedure which should also be attached to the patient's records.

Complications and Setbacks

VPSS is available for support if any query or complication arises. Please either email info@vetpartnerssurgicalservices.co.uk, or use the mobile number provided. Ideally this contact should be made by the attending veterinary surgeon.

VPSS may be unavailable out-of-hours and at weekends. By engaging VPSS your practice is agreeing to provide appropriate aftercare and OOH provision as and when needed.

Please do not share our contact details with owners or any third-party without prior consent.



Drug	Formulation	Dosage	Route	Comments
Premedications				
Acepromazine	2mg/ml	Cats & Dogs 0.02-0.04mg/kg	I/M , I/V	
Medetomidine	1mg/ml	Dogs - 5-20ug/kg Cats	Dogs - I/M, I/V\ Cats - I/M	
Methadone	10 mg/ml	Dogs - 0.3 mg/kg Cats - 0.2 - 0.3 mg/kg	Dogs - I/M I/V Cats - I/M	
Induction Agents				
Propofol	10mg/ml	1-4mg/kg Premedicated 6-7mg/kg Unpremedicated	I/V	
Alphaxan	10mg/ml	2mg/kg Premedicated To effect	I/V	
Local Analgesia				
Bupivocaine	0.5%	0.1 - 0.3mg/kg (depending on site)	Epidural Perineural	0.1mg/kg Sciatic + Femoral 0.3mg/kg Brachial Plexus
Buprenorphine	0.3mg/ml	0.014ml/kg	Epidural	Add 0.1ml/kg 0.5% Bupivocaine
Antibiotics				
Cefuroxime	600mg or 1.2g Powder	20mg/kg	I/V	Repeat every 90 mins during procedure
Pot. Amoxicillin		20mg/kg	I/V	Repeat every 90 mins during procedure
Adjunct Analgesia				
Paracetamol	10mg/ml	10 - 15mg/kg	I/V	
Ketamine	100mg/ml	0.5-1mg/kg	I/V	
Emergency Medications				
Atropine		0.01-0.04mg/kg	Slow I/V to effect	
Naloxone		0.01-0.03mg/kg	Slow I/V to effect	

Drug	Formulation	Dosage	Route	Comments
Dispensable Medications				
PardaleV	Tablets	1 tablet per 40kg BID	PO	
Meloxicam	Oral Susp	Dogs: 0.1 mg/kg Cats: 0.05 mg/kg	PO	Avoid multiple injections at loading dose!!
Cephalexin	Tablets	(50, 250, 500mg) 20mg/kg BID	PO	
Buprenorphine	0.3mg/ml	Cats: 0.02-0.03 mg/kg <QID	PO	
Trazadone	Tablets / Capsules	DOGS: 5-10kg 25mg 11-20kg 50mg >20KG 100mg >40kg titrate up to max of 300mg dose.	SID PO	

VPSS Home Practice Surgical Equipment and Consumables Checklist

The following is a list of equipment and consumables that will be required to perform orthopaedic surgery at your practice. Please check this list and ensure the equipment is available and working correctly prior to our visit. If you do not have an item available, please inform us prior to the visit date.

- X-ray facilities with ability to download/save DICOM images to a remote device/laptop
- R/L xray markers and calibration marker.
- Surgical Clippers and new blades
- Rope ties and sturdy drip stand (for hanging prep, if required)
- Patient warming device
- IV drip pump and fluid warmer
- Patient monitoring – BP, Capnography etc
- VetWrap – 1-2 rolls of sterile VetWrap would be useful
- Chlorhexidine soap and Sterilium
- Surgical masks (tie, not elastic), hats, gloves and gowns.
- Theatre shoes for any staff entering theatre
- Spare, large disposable drapes
- Theatre operating table with adjustable height – Charger for battery powered tables
- Theatre light and autoclavable handle (Sterile)

- Cautery unit and sterile monopolar handpieces (VPSS Can provide)
- Suction unit and sterile tubing
- Electric sockets – If unavailable an extension lead to the nearest socket
- Large surgical trolley (Ideally 800x500mm or larger)
- 21G 1½", 23G 1" needles
- 2M, 3M, 3.5M PDS (or equivalent), 2M, 3M Monosof (or equivalent), 2M Nylon (or equivalent). All should be on cutting or reverse-cutting 5/8 curved needles.
- Primapore adhesive dressings
- Buster Collars
- Autoclave bags, tape and drapes
- Ultrasonic Instrument bath

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VetPartners Practices Limited trading as VetPartners Surgical Services.

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Approachable | Respectful | Collaborative | Supportive | Dedicated