

## VSA Welcomes Two Neurologists!

The surgeons of Veterinary Surgical Associates are excited to welcome two neurologists to the staff this August! As most of you know, VSA has been providing neurosurgery coverage to the Bay Area since 1992 with a focus on spinal cord disease. Veterinary Medical Specialists has also been providing support for medical and intracranial neurologic diseases since they opened in 2002. However, even with all that coverage, both practices were very keen on being able to provide care through the expertise of a veterinary neurologist. We will be introducing our new Neurology Department this summer by bringing on Drs. Christina Vitale and Carrie Journey to provide coverage in multiple facilities.

Dr. Vitale graduated from the University of Missouri and then completed a rotating internship at North Carolina State University. She then returned to Missouri for her residency in neurology and neurosurgery. Her main focus of research during her residency was acute spinal cord injury, but she also has a special interest in intracranial and spinal cord neoplasia. Christina, a Midwest native, is excited to be moving to California to be close to the coast where her dogs Lefty and Daisy can swim and hike, and Fiona the cat can bask in the sunlight. Dr. Vitale will be rotating her time between our Dublin and Campbell facilities to provide enhanced neurological care to our East Bay and South Bay practices.

Dr. Journey graduated from the University of Georgia and then moved to Seattle to complete a private practice internship. She has been at the University of Pennsylvania for her neurology and neurosurgery residency for the last 3 years. Carrie has interest in surgical neuro-oncology as well as inflammatory brain disease. She and her husband both enjoy video games and gadgets and are looking forward to living close to the technology-rich Silicon Valley. She will be traveling to the west coast with her dog, Dante, and 2 cats Monkey and Loki. Dr. Journey will be practicing out of our San Mateo facility full-time.

Both neurologists will rely on advanced imaging through either our on-site CT units (available at each of our facilities) or MRI through a close relationship with IAMS Pet Imaging Center in Redwood City. They will be able to perform electrodiagnostic studies on your patients, and they have access to 24-hour care through each of our facilities to provide support for postoperative patients, including those having brain surgery. With multiple neurologists, as well as the current specialists of VSA and VMS, we hope to provide all of you with unparalleled access to diagnostics and therapeutics for your neurologic patients.

SAVE THE DATE : April 18, 2010

San Ramon Marriott  
11th Annual VSA/VMS  
Small Animal  
Veterinary Symposium

## SERVICES

*General Surgery*

Oncology  
Reconstruction  
Laparoscopy/thoracoscopy  
Portosystemic shunts  
Ureteral/urethral surgery  
PDA/PRAA

*Orthopedic*

TPLO  
TPO  
DARthroplasty  
Total hip replacement  
Arthroscopy

*Neurologic*

Hemilaminectomy for IVDD  
Spinal tumors  
Vertebral stabilization  
LS fusion/decompression

*Other Services*

Digital Radiology  
Computed Tomography  
Emergency Surgical Services  
24 Hour Care Facilities  
Mobile Surgery Availability

## LOCATIONS

800.834.7874

*Concord*

1410 Monument Blvd.  
Concord, CA 94520  
Tel 925.827.1777  
Fax 925.827.2364

*San Mateo*

251 N. Amphlett Blvd.  
San Mateo, CA 94401  
Tel 650.696.8196  
Fax 650.696.8191

*Campbell*

907 Dell Ave.  
Campbell, CA 95008  
Tel 408.364.1777  
Fax 408.385.3677

*Dublin*

7121 Amador Plaza Rd.  
Dublin, CA 94568  
Tel 925.771.2015  
Fax 925.771.2016

Address  
Correction  
Requested

VETERINARY SURGICAL ASSOCIATES  
1410 Monument Blvd., Suite 100  
Concord, CA 94520

## Saturday Appointments (cont.)

office to discuss the case with the surgeon. We continue to offer emergency surgical services through the various emergency clinics in the Bay Area, as well as continuing to offer 24 hour care throughout the weekend for our inpatients in San Mateo.

Saturday scheduled appointments and surgery are currently available only in our San Mateo office. The phones for our Concord, Dublin and Campbell offices will continue to be forwarded to our weekend emergency answering system.

*Dedicated to the art of surgery for the  
benefit of you, your client and  
your patients.*

Dwight Gaudet, DVM, MA  
Sharon Ullman, DVM, MS, Diplomate ACVS  
Lissa Richardson, DVM, Diplomate ACVS  
Charles Walls, DVM, Diplomate ACVS  
Julie Smith, DVM, Diplomate ACVS  
Leigh Glerum, DVM, Diplomate ACVS  
Andrew Staatz, DVM, Diplomate ACVS  
Martin Aitken, DVM, Diplomate ACVS  
Sharon Gottfried, VMD, Diplomate ACVS  
Timothy W.H. Sellmeyer, DVM, Diplomate ACVS  
William Scherrer, DVM, Diplomate ACVS  
William Banz, DVM, Diplomate ACVS  
Angela Spann, DVM, Surgical Resident  
Sean Wells, DVM, Surgical Resident  
Marco Cervi, DVM, Surgical Resident  
Cassandra Ruthrauff, DVM, Surgical Resident  
Josie Mallinckrodt, DVM, Surgical Resident  
Michael Green, DVM, Surgical Resident



### Elective Laparoscopy Packages

Laparoscopic techniques allow us to perform procedures through multiple small incisions instead of one longer incision. Our patients appear to be significantly less painful post-operatively, with a more rapid return to normal attitude and energy. The smaller incisions may reduce the risk of infection, seroma, or dehiscence. Activity restriction is still recommended until incisions are healed.

Veterinary Surgical Associates is currently offering the following elective laparoscopic surgeries at a discounted, package price:

\*Ovariohysterectomy \$2500

\*Cryptorchid castration \$2500

\*Prophylactic gastropexy \$2250

\*Combination prophylactic gastropexy with spay/neuter \$2750

Fees are inclusive of the initial surgical consultation, anesthesia, analgesia, surgical procedure, overnight care, and suture removal.

Please feel free to refer your clients to our San Mateo facility (650-696-8196) for any of the aforementioned procedures, or to our Concord facility (925-827-1777) for prophylactic gastropexy only. If you have any questions regarding these surgeries or any other minimally invasive procedures, give us a call anytime.



### Current Surgical Treatments for Chronic Elbow Arthritis

Chuck Walls, DVM, DACVS



Effective modalities for treatment of chronic elbow arthritis in the dog have generally been lacking compared to surgical treatment of advanced arthritis of other joints such as the hip. Medical management has greatly improved our treatment of chronic arthritis with the combination of NSAIDS, nutraceuticals, Adequan, intraarticular joint fluid replacement therapy (Synvisc), acupuncture, physical rehabilitation and activity modulation, specific diet therapies, herbal therapies, and most importantly, weight loss. Despite this multimodal approach to the treatment of arthritis, elbow disease continues to have an adverse affect on our patients' activity level and quality of life.

More recently however, new surgical advances in elbow surgery have begun to show promise in the effective treatment of chronic elbow arthritis.

#### Elbow anatomy and physiology of function

The elbow joint is unique, as it is a three bone hinge joint which not only allows for flexion and extension but also pronation and supination throughout most of its normal range of motion. Axial weight bearing forces, once thought to be primarily borne by the radius, have more recently been shown to be distributed almost evenly between the radius and ulna. Within the ulna, weight bearing is concentrated in the medial compartment known as the medial coronoid region. In the canine elbow, "Elbow Dysplasia" (ED) of the elbow results from some form of humeral-ulnar conflict (HUC) resulting in varying degrees of elbow arthritis due to presumed abnormal weight bearing loads. There are several hypotheses as to the cause of HUC which ultimately can result in chronic elbow arthritis. These range from radioulnar length discrepancies, radio-ulnar incongruity, ulnar notch shape abnormalities, primary rotational instability of the radius and ulna and potential musculotendinous mismatch. Traditionally ED has been defined as 1) medial coronoid fragmentation, 2) OCD of the medial humeral condyle and 3) ununited anconeal process. In reality, these may just be differing manifestations of the underlying joint incongruity. *The most common cause of acute and chronic elbow pain in the dog and ongoing arthrosis regardless of cause remains abnormal joint forces in the medial compartment of the elbow joint*, represented by the medial coronoid and corresponding medial humeral condyle. The apparent lack of gross disease of the articular cartilage of the lateral compartment is both interesting and fortunate in relation to potential treatment options of the future.

#### Elbow replacement surgery

The unique configuration of the elbow joint has limited the advancement of elbow prosthetic development in both humans and animals for many years and still is in its infancy. Canine elbow replacement technology, starting with the Ralph Lewis total elbow in the early to mid 1980's to the "Conzemius total elbow prosthetic" of the late 1990's has gone through many revisions of both implants and techniques. Even so, the procedure remains one with a high degree with complications and failure. More recent advances in implant technology and the movement away from the lateral elbow approach to a less invasive medial elbow approach has shown promise. The "Tate" total elbow replacement, developed by Dr. Randy Acker, uses an innovative "cartridge" technology and biologic in-growth components to accomplish alleviation of elbow pain related to chronic elbow arthritis. To date, still a

relatively few dogs have had both short and long term follow up with this procedure and it is still recommended only for the patient with end-stage elbow arthrosis. However, we feel this is a real technological step forward and will probably be a standard method of treatment in the years to come. In the future, further advances in "hemi" arthroplasties (replacing only one component of the joint while leaving the other surface in its natural state) using this technology as well as concepts being developed by Kyon, makers of total hip replacement components, are sure to provide an even more reliable form of elbow replacement in the not too distant future.

#### Sliding Humeral Osteotomy

The "Sliding Humeral Osteotomy" (SHO) procedure was first conceived and developed by Dr. Kurt Schultz when he was at UC Davis in the late 1990's. The concept was to try to develop a procedure that would produce the clinical advantages of transferring the weight bearing load of the elbow from the degenerative medial compartment to the healthier lateral compartment. To accomplish the biomechanical advantages of weight bearing load transfer to the lateral compartment of the elbow (Fig. 1) and create a stable osteotomy, Drs. Schultz and Noel Fitzpatrick--through many trials and error over a 10 year period--developed the current technique and locking SHO plate/screw fixation system in association with the biomedical company New Generations. The result of their hard work has been to create a technique and implant system with a high degree of clinical success and minimal complication when performed according to strict technical guidelines.

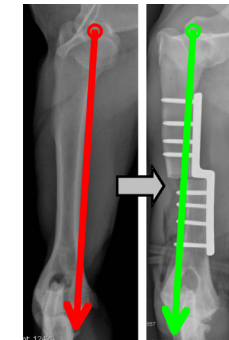


Fig. 1

Well over 100 medium to large breed dogs with chronic elbow arthritis have undergone this procedure to date. The current technique involves initial arthroscopy to document that the articular cartilage wear was limited to the medial compartment of the elbow joint. The procedure then requires a medial approach to the mid-shaft of the humerus, partial application of the SHO plate. The plate is then use as its own "jig" to support and maintain alignment of the humerus while a transverse osteotomy is performed. The proximal segment of the humerus is then translated laterally to maintain at least 25% cortical contact, and the locking screws are placed to secure the plate to the bone. The patients are maintained on limited leash walks for 12

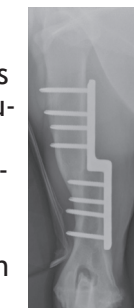


Fig. 2

weeks and radiographic healing is usually complete by 12 weeks. (Fig. 2)

An initial study of 59 limbs that had undergone the SHO procedure showed that lameness improved in all limbs by 26 weeks, and that in 66% of elbows with long term follow up, the lameness resolved. Most of the working dogs were able to return to active hunting and significantly decreased or stopped the use of NSAIDS. A few dogs had second look arthroscopy that revealed the presence of fibrocartilage covering the previously identified full thickness articular cartilage wear of the medial humeral condyle and corresponding medial coronoid region, showing proof principle of the theoretical benefits of unweighting the medial compartment of the elbow by transferring the weight bearing load to the lateral compartment. (Fig. 3)

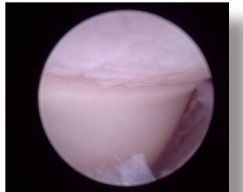


Fig. 3

Chuck Walls, who is based out of our Concord and Dublin facilities, is a fellow of the SHO society and a partner in Veterinary Surgical Associates. He is actively evaluating and accepting patients who might benefit from this procedure. The patients will be evaluated and monitored throughout the pre and post operative period and standardized data submitted to the SHO data base so that the success of the procedure can be determined amongst a large number of patients. If you have a patient with chronic unilateral or bilateral elbow arthritis secondary to elbow dysplasia who you think might benefit from this procedure, please have the clients call Dr. Walls directly in either our Dublin or Concord practice, or have your clients schedule an appointment with Dr. Walls for an evaluation. Feel free to call any VSA office if you have any questions regarding this procedure or any other orthopedic surgical questions you or your clients may have.



### Saturday Appointments Available in San Mateo

VSA Surgeons are now offering morning appointments and afternoon surgical procedures in our San Mateo office on Saturdays beginning June 13th.

You and your clients will be able to directly contact the San Mateo office on Saturdays between the hours of 8:00 AM and 5:00 PM at (650) 696-8196. Saturday appointments may be scheduled in advance for non-urgent and elective procedures.

Should you have an emergency or an urgent case arise on Saturday, please feel free to call the San Mateo