



# Congress Guide

VIRTUAL  
25-27 MARCH 2021

**NEW FORMAT  
NEW CONTENT  
NEW THINKING**

*Seeing things differently*



Event sponsors



**IDEXX**

**zoetis**



FOOD + ENVIRONMENTAL SENSITIVITIES



## LET'S MAKE ITCHING ANCIENT HISTORY

Hill's Prescription Diet Derm Complete is our masterpiece.  
The only nutrition for both food **and** environmental sensitivities.

Derm Complete helps to address two primary causes of itching with:

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- 2 A breakthrough formula with bioactives and phytonutrients to reduce the signs associated with environmental sensitivities

Ask your Hill's territory manager about skin care that's  
**A STEP AHEAD FOR THEIR BEST LIFE**

<sup>1</sup>Mueller RS, Olivry T, Prélaud P. Critically appraised topic on adverse food reactions of companion animals (2): common food allergen sources in dogs and cats. *BMC Vet Res*. 2016;12:9.

# Welcome to a new type of BSAVA Congress

In 2020 the veterinary professions underwent a paradigm shift in how we worked. To meet this change, BSAVA assembled a team of nurses, primary care practitioners, academics and specialists and clinical directors to spearhead a revolution in the BSAVA Congress. Together we forged a congress 'by the professions for the professions' at which we hope you will get to learn in new ways, view issues from new perspectives and yes, have a bit of fun on the way!

We are determined to embrace the opportunities that going virtual allows.

- Virtual presentations are often better if they are focussed and interactive, so we have made many of our presentations **two speaker conversations** with delegate participation rather than formal lectures.
- Virtual congresses allow delegates to participate and learn at your own pace and in your own time, so the content will be on the platform for **2 months** after the live event.
- 'Going virtual' means more than just presentations, so we are providing a range of training opportunities through **multi-media resources**.
- Virtual **exhibitions** can become bespoke personal experiences, so we have worked with our partners in industry to provide you with the interaction when you want and how you want.
- Health and wellbeing is vital to our delegates, so we have a **wellbeing section** running in the exhibition and **keynote lectures** and a daily **virtual run** during the congress day.
- Finally, we know at the end of the day we all want to **socialise**, so we have organised virtual tastings, discos, live music and cocktail classes.

None of this would have been achieved without the hard work of a small team of veterinary professionals working against the clock to achieve something that you may have thought impossible – a true virtual congress that lived up to the promise of the medium.

I am so excited to be able to welcome to the new experience that is BSAVA Virtual Congress.



**Professor Ian Ramsey**

BVSc PhD DSAM DipECVIM-CA FHEA FRCVS

**BSAVA President 2020-2021**



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## Special sessions at Congress

### Sign up to Congress Symposia

Congress is running three symposia during the Thursday and Friday of the event, giving headline sponsors the opportunity to present knowledge and research within their specific areas of expertise.



Nutrition and canine allergic skin disease.



Urinalysis/microbiology and hard to treat UTIs.



1. Understanding pain in the arthritic synovial joint
2. The development of monoclonal antibodies to block the action of NGF.

### Extend your knowledge with industry representatives

Don't miss the lectures and live Q&A sessions hosted by Congress exhibitors. The stream will run over all three live days of Congress and includes a wealth of CPD from leading names in the industry. Enjoy pragmatic purrs (of wisdom) for the pandemic from Cats Protection; getting to grips with ultrasonography techniques with Clarius and bilateral laparoscopic adrenalectomy know-how with KARL STORZ Endoscopy; learn how to get your patients to break the dirty habit of coprophagia with TVM UK Animal Health and take a look at histiocytic diseases in dogs and cats with NationWide Laboratories. From a practice management perspective RVCS will teach you everything you need to know about VetGDP and Vetlife will present a session on support for the veterinary community.

### Learn from our affiliates

Association of Charity Vets (ACA) ▶ Small Animal Medicine Society (SAMSoc) ▶ British Veterinary Zoology Society (BVZS) ▶ Association of Anaesthetists (AVA) ▶ European Association of Veterinary Diagnostic Imaging (EAVDI), ▶ British Veterinary Dental Association (BVDA) ▶ British Veterinary Rehabilitation and Sports Medicine Association (BVRMSA).

We have 17 compelling sessions on offer hosted by seven of our affiliate associations that are ideal for building knowledge in specific areas. Examples range from 'How to approach the RTA case with no owner present' to 'Virtual surgery and 3D printing' to 'Avian orthopaedics'.

# Introducing ProCyte One™ Haematology Analyser



The simplest way to get a trusted CBC in-house

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**IDEXX**

# Congress Programme

With a NEW format centred on discussion, most main sessions will see two speakers deliver short presentations followed by a live, audience-led conversation.

This is guaranteed to deliver a unique opportunity for you to explore the multi-faceted disciplines of the small animal veterinary world, to see the clinical challenges from different points of view, and to join in.

Our Virtual Congress programme will deliver to delegates:

- Three days of interactive learning, including live presentations, Q&A's and exciting Keynote Lectures
- Inclusivity – There are no 'vet only' or 'nurse only' streams in 2021! Content is divided into 24 module topics aimed at all members of the veterinary practice. We welcome vets and nurses into any session of interest
- 130 hours of high quality CPD
- 80 live broadcast sessions across four simultaneous Live Streams PLUS a dedicated Exhibitor Stream
- An On Demand Stream containing 95 pre-recorded webinars to access at any time
- Access to all clinical content via the online platform for 60 days – missed a live session? Don't worry, it will be added to its Stream later in the day
- Plus, opportunities to network with colleagues in the lounge areas or visit the virtual exhibition hall in the breaks

**NEW  
MONTHLY**



# GIVES DOGS MORE DAYS OF **PLAY**



## **Librela – A New Era in Pain Management**

### The First Injectable Monthly Antibody Therapy for Dogs With Osteoarthritis (OA)<sup>1</sup>



Effectively alleviates OA pain for 1 full month with a proven safety profile<sup>1</sup>- with minimal involvement of the liver or kidneys and minimal GI impact<sup>2</sup>



Works differently from NSAIDs specifically targeting Nerve Growth Factor, a keyplayer in OA pain<sup>3</sup>



Dogs experienced increased mobility and decreased pain after the first injection<sup>4</sup>



Puts OA pain treatment in your hands as a monthly injection delivered in clinic<sup>1</sup>

**References:** 1. Librela SPC 2. Keizer RJ, Huitema AD, Schellens JH, Beijnen JH. Clinical pharmacokinetics of therapeutic monoclonal antibodies. Clin Pharmacokinet.2010;49(8):493-507.

3. Epstein ME. Anti-nerve growth factor monoclonal antibody: a prospective new therapy for canine and feline osteoarthritis. Vet Rec. 2019;184(1):20-22.

4. Zoetis Study Number C866C-XC-17-194

Librela® contains Bedinvetmab **POM-V**

For further information please see the product's SPC or contact Zoetis UK Ltd, First floor Birchwood Building, Springfield Dr, Leatherhead, KT22 7LP  
www.zoetis.co.uk • Customer Support: 0845 300 8034 or customersupportUK@zoetis.com • Use medicines responsibly (www.noah.co.uk/responsible)

Date of preparation: January 2021. MM-11964

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# Seven magnificent lectures if you are a...

With more than 180 webinars and live sessions to choose from, we know how hard it is to select the ones that are right for you and your career. So we've asked our programme committee volunteers for their thoughts and this is what they said...

## ...recent graduate

Key modules: Diagnostic Imaging & Acute Abdomen

- ▶ **Common anaesthetic complications**  
THURSDAY 25 MARCH, 16:50–17:40
- ▶ **Getting the most from your orthopaedic exam in the lame dog**  
SATURDAY 27 MARCH, 10:00–10:50
- ▶ **Help! Acute abdomen: what do I do?**  
SATURDAY 27 MARCH, 14:30–15:20
- ▶ **Improving outcomes from lumpectomies**  
THURSDAY 25 MARCH, 15:30–16:20
- ▶ **Improving your practice's skills in cytology**  
SATURDAY 27 MARCH, 10:00–10:50
- ▶ **Interactive lower respiratory radiography**  
THURSDAY 25 MARCH, 10:00–10:50
- ▶ **Where do I start? Keys to cost-effective neuro diagnosis**  
FRIDAY 26 MARCH, 14:30–15:20

## ...clinical vet looking for a refresher

Key modules: Ophthalmology & Chronic Pain

- ▶ **Approaches to weakness & collapse: a case-based discussion**  
FRIDAY 26 MARCH, 17:50–18:40
- ▶ **Dental surgery: difficult extractions – tips & tricks**  
FRIDAY 26 MARCH, 16:50–17:40
- ▶ **Drug management in chronic pain: when basics are not enough**  
SATURDAY 27 MARCH, 17:50–18:40
- ▶ **Improving outcomes from lumpectomies**  
THURSDAY 25 MARCH, 15:30–16:20
- ▶ **Interactive cytology**  
SATURDAY 27 MARCH, 12:20–13:10
- ▶ **Interactive lower respiratory radiography**  
THURSDAY 25 MARCH, 10:00–10:50
- ▶ **Treatment of canine atopic dermatitis in 2021: what options, in what order?**  
THURSDAY 25 MARCH, 10:00–10:50

## ....vet, 4-8 year qualified

Key modules: Cardiology & Oncology

- ▶ **Acute kidney injury**  
FRIDAY 26 MARCH, 11:20–12:10
- ▶ **Dental surgery: difficult extractions – tips & tricks**  
FRIDAY 26 MARCH, 16:50–17:40
- ▶ **Interactive lower respiratory radiography**  
THURSDAY 25 MARCH, 10:00–10:50
- ▶ **Joint surgery & arthroscopy: the basics**  
THURSDAY 25 MARCH, 17:50–18:40
- ▶ **These are the pits: non-healing corneal ulcers & how to deal with them**  
FRIDAY 26 MARCH, 11:20–12:10
- ▶ **The leaking tap: what's new?**  
SATURDAY 27 MARCH, 11:20–12:10
- ▶ **Why & how should we do more liver biopsies in practice**  
THURSDAY 25 MARCH, 14:30–15:20

## ...advanced practitioner

Key modules: Liver Disease & Urogenital Surgery

- ▶ **Catheter intervention or surgery?**  
THURSDAY 25 MARCH, 16:50–17:40
- ▶ **Feline chronic gingivitis & stomatitis: an update**  
FRIDAY 26 MARCH, 17:50–18:40
- ▶ **What should we advise owners about mucocoeles: surgery, medicine or ignore?**  
THURSDAY 25 MARCH, 15:30–16:20
- ▶ **How to deal with abdominal surgical complications**  
SATURDAY 27 MARCH, 17:50–18:40
- ▶ **Take a deep breath: BOAS surgery doesn't have to be scary**  
FRIDAY 26 MARCH, 15:30–16:20
- ▶ **The burst pipe under the floorboards: how to spot urinary trauma?**  
SATURDAY 27 MARCH, 12:20–13:10
- ▶ **What is the current thinking on feline triaditis: does it even exist?**  
THURSDAY 25 MARCH, 17:50–18:40

## ...practice manager and/or clinical director

Key modules: Patient Safety is not an Option & The Profession Today: Recruitment and Retention

- ▶ **Build it & they will come: creating a vet & nurse friendly practice**  
SATURDAY 27 MARCH, 14:30–15:20
- ▶ **Clinical audit: an important part of patient safety?**  
THURSDAY 25 MARCH, 10:00–10:50
- ▶ **Dental management in practice**  
FRIDAY 26 MARCH, 14:30–15:20
- ▶ **Lessons from lockdown: telemedicine is here to stay**  
SATURDAY 27 MARCH, 11:20–12:10
- ▶ **Mastering uncertainty: communicating to inspire confidence**  
SATURDAY 27 MARCH, 10:00–10:50
- ▶ **Today's VUCA world: opportunity or threat?**  
SATURDAY 27 MARCH, 12:20–13:10
- ▶ **What does environmentally friendly look like in practice?**  
FRIDAY 26 MARCH, 11:20–12:10

## ...vet nurse

Key modules: Kidney Medicine & Nursing Cornerstone of Care

- ▶ **Anaesthesia in BOAS patients: protocols & pitfalls**  
FRIDAY 26 MARCH, 16:50–17:40
- ▶ **Are safety checklists your new best friend?**  
THURSDAY 25 MARCH, 12:20–13:10
- ▶ **Tame that vein**  
FRIDAY 26 MARCH, 14:30–15:20
- ▶ **Identifying anaesthetic problems**  
THURSDAY 25 MARCH, 15:30–16:20
- ▶ **Improving your practice's skills in cytology**  
SATURDAY 27 MARCH, 10:00–10:50
- ▶ **Owner engagement in chronic pain**  
SATURDAY 27 MARCH, 15:30–16:20
- ▶ **Team urology**  
FRIDAY 26 MARCH, 15:30–16:20

## Your Congress Programme volunteers



**Prof Ian Ramsey**  
Your president and  
Professor of Small Animal  
Medicine at the University  
of Glasgow



**Dr Kit Sturgess**  
RCVS Recognised Specialist  
in Small Animal Medicine &  
Advanced Practitioner in  
Veterinary Cardiology



**Claire Woolford**  
Head nurse at Anderson  
Moores Veterinary  
Specialists



**Dr Julian Hoad**  
Clinical Director, Crossways  
Veterinary Group



**Andy Green**  
Veterinary Director at  
Pennard Vets

# Programme: Thursday 25 March

Please note: each session will finish with a live discussion element. Programme subject to change.

08:00	CONGRESS OPEN			
08:45	WELCOME & DAY ONE KEYNOTE – LUCY COOKE			
<b>Module</b>	<b>Patient safety is not optional</b>		<b>Dermatology</b>	
	LECTURE TITLE	SPEAKER	LECTURE TITLE	
<b>Session</b>	<b>Clinical audit: an important part of patient safety?</b>		<b>Treatment of canine atopic dermatitis in 2021: what options, in what order?</b>	
10:00–10:50	Patient safety: where do we start?  Clinical audit: where can we start and why?  	Catherine Oxtoby (UK)  Pam Mosedale (UK)	Options  Strategy   Tim Nuttal (UK)  Ariane Neuber-Watts (UK)	
<b>Session</b>	<b>What are SEAs &amp; M&amp;Ms?</b>		<b>Has Covid caused stress related alopecias?</b>	
11:20–12:10	SEAs: introduction and overview  	Pam Mosedale (UK)  Helen Silver (UK)	The dermatologists view  The behaviourists view  Ariane Neuber-Watts (UK)  Sarah Heath (UK)	
<b>Session</b>	<b>Are safety checklists your new best friend?</b>		<b>How should I deal with alopecia in small furries in practice?</b>	
12:20–13:10	The practice and vet perspective  	Angela Rayner (UK)  Helen Silver (UK)	The dermatologists view  The exotics practice view  Ariane Neuber-Watts (UK)  John Chitty (UK)	
	<b>On demand content</b>		<b>On demand content</b>	
	<ul style="list-style-type: none"> <li>■ Best practice for infection control: COVID-19 and beyond Tim Nuttal (UK)</li> <li>■ VetSafe: what is it and how do I use it? Catherine Oxtoby (UK)</li> <li>■ Tackling post-op complications, including checklists and auditing Helen Silver (UK)</li> </ul>  	<ul style="list-style-type: none"> <li>■ Approach to feline inflammatory skin disease Debbie Gow (UK)</li> <li>■ Alopecia: what to do when the endocrine skin tests are normal? Tim Nuttal (UK)</li> <li>■ Alopecia in rabbits Ariane Neuber-Watts (UK)</li> </ul>		
13:10–14:10	Bacterial cystitis ...how the lab can help with decision making Susana Silva and Marta Costa			
			13:10–14:10 <b>Canine allergic skin disease</b> Ronald Corbee & Becky Mullis  	
<b>Module</b>	<b>Anaesthesia</b>		<b>Liver disease</b>	
	LECTURE TITLE	SPEAKER	LECTURE TITLE	
<b>Session</b>	<b>Nerve blocks made easy</b>		<b>Why and how should we do more liver biopsies in practice</b>	
14:30–15:20	Caudal epidurals for blocked cats  Dental nerve blocks	Andrew Bell (UK)  Daniel Pang (USA)	Why should we do more?  How should we do more?  Mike Willard (USA)  Penny Watson (UK)	
<b>Session</b>	<b>Identifying anaesthetic problems</b>		<b>What should we advise owners about mucocoeles: surgery, medicine or ignore?</b>	
15:30–16:20	How capnography can help you identify problems with your patient  What options you have in managing hypotension under anaesthesia if fluids don't work	Andrew Bell (UK)  Daniel Pang (USA)	What are the medical options for mucocoeles?  When and how should we intervene surgically with mucocoeles?  Mike Willard (USA)  Chris Shales (UK)	
<b>Session</b>	<b>Common anaesthetic complications</b>		<b>Interactive cases with increased liver enzymes</b>	
16:50–17:40	Is it cold in here? Hypothermia under anaesthesia  Get the suction! Regurgitation under anaesthesia	Michelle Moran (UK)  Carl Bradbrook (UK)	Interactive live session   Mike Willard (USA)	
<b>Session</b>	<b>Sedation wars!</b>		<b>What is the current thinking on feline triaditis: does it even exist?</b>	
17:50–18:40	Safe sedation and sedation versus anaesthesia: when is it ok to not intubate?  Monitoring for sedation	Carl Bradbrook (UK)  Vicky Ford-Fennah (UK)	Interactive live session  Penny Watson (UK)	
	<b>On demand content</b>		<b>On demand content</b>	
	<ul style="list-style-type: none"> <li>■ Best practice for CPR techniques for patients under anaesthesia Paul Macfarlane (UK)</li> <li>■ Local techniques for celiotomy: new local anaesthetic techniques for celiotomy – Basic lecture and Advanced lecture Jaime Viscasillas (ES)</li> <li>■ Neutering: provide the best anaesthesia every time. How to provide the best care to patients Ian Self (UK)</li> <li>■ Cats hurt too - feline analgesia: peri-operative analgesic techniques for cats Claire Woolford (UK)</li> </ul>	<ul style="list-style-type: none"> <li>■ The value of a good hepatic biopsy Penny Watson (UK)</li> <li>■ A practical approach to jaundice in cats Penny Watson (UK)</li> <li>■ Diagnosis of congenital portosystemic shunts: the textbooks are misleading Mike Willard (USA)</li> <li>■ Medical and surgical options for portosystemic shunts Gerard McLauchlan (UK) &amp; Chris Shales (UK)</li> </ul>		
18:50	<b>REPEAT OF DAY ONE KEYNOTE – LUCY COOKE</b>			
19:45	<b>CLOSE OF CONGRESS DAY ONE</b>			

08:00	<b>CONGRESS OPEN</b>	
08:45	<b>WELCOME &amp; DAY ONE KEYNOTE – LUCY COOKE</b>	

Module	<b>Diagnostic imaging</b>		<b>Feline medicine and nursing</b>	
	Lecture Title	Speaker	Lecture Title	Speaker
<b>Session</b>	<b>Interactive lower respiratory radiography</b>		<b>How can we make our practices more cat friendly?</b>	
10:00–10:50	Fully live interactive session	 Gawain Hammond (UK)	How can we make our practices more cat friendly: the behaviourists viewpoint	Sarah Heath (UK)
			How can we make our practices more cat friendly: the clinician's viewpoint	 Nicki Reed (UK)
<b>Session</b>	<b>Interactive cardiac radiography</b>		<b>How should we deal with anaemic cats in our practice?</b>	
11:20–12:10	Fully live interactive session	 Kieran Borgeat (UK)	How should we deal with anaemic cats in our practice: general approach – which tests to do and in what order?	Nicki Reed (UK)
			How should we deal with anaemic cats in our practice: blood transfusions	Elle Haskey (UK)
<b>Session</b>	<b>Interactive abdominal imaging</b>		<b>How should we deal with cats with chronic diarrhoea in our practice?</b>	
12:20–13:10	Fully live interactive session	 Bob O'Brien (USA) & Kenny Simpson (USA)	How should we deal with chronic diarrhoea in our practice	Fergus Allerton (UK)
			How should we deal with cats with chronic diarrhoea in our practice: the value of diets in the management of Feline IBD	 Nicki Reed (UK)

	<b>On demand content</b>	<b>On demand content</b>
	<ul style="list-style-type: none"> <li>■ Thoracic radiology: it's not all about the lungs Gawain Hammond (UK)</li> <li>■ Imaging of the canine and feline adrenals Bob O'Brien (USA)</li> <li>■ Imaging of the canine and feline pancreas Bob O'Brien (USA)</li> </ul>	 <ul style="list-style-type: none"> <li>■ Causes of chronic diarrhoea in cats and their investigation Fergus Allerton (UK)</li> <li>■ Investigation and management of behavioural factors in recurrent feline cystitis Sarah Heath (UK)</li> <li>■ Feline IMHA Nicki Reed (UK)</li> </ul>

LUNCHTIME

Module	<b>Cardiology</b>		<b>The surgical team: practice and principles</b>	
	Lecture Title	Speaker	Lecture Title	Speaker
<b>Session</b>	<b>Health technology: the role of apps and devices in the future of cardiology (a personal perspective)</b>		<b>Getting the best out of the surgical team</b>	
14:30–15:20	Interactive live session	Marc Kraus (USA)	How can Halsted's Principles help me improve my surgical skills?	Dick White (UK)
			Maximising the use of a scrubbed assistant in surgery	Alison Young (UK)
<b>Session</b>	<b>The asymptomatic patient</b>		<b>Improving outcomes from lumpectomies</b>	
15:30–16:20	Asymptomatic patients: I am hearing a heart murmur for the first time in an adult dog. What should I do?	Adrian Boswood (UK)	Lumpectomies made interesting	Jolle Kirpensteijn (USA)
	Asymptomatic patients: I am hearing a heart murmur for the first time in an adult cat. What should I do?	Jose Novo Matos (UK)	Skin reconstruction techniques	Jonathan Bray (UK)
<b>Session</b>	<b>Catheter intervention or surgery?</b>		<b>Iatrogenic wound infections</b>	
16:50–17:40	Catheter intervention or surgery: cardiac interventions – when and how?	Tobi Wagner (UK)	Surgical preps and autoclaves	Georgie Hollis (UK)
	Catheter intervention or surgery: cardiac surgery – when and how?	Poppy Bristow (UK)	Asepsis has failed: where do we start tracking down the culprit?	Alison Young (UK)
<b>Session</b>	<b>The ethics of managing heart disease in pets</b>		<b>Joint surgery and arthroscopy: the basics</b>	
17:50–18:40	Interactive live session	James Yeates (UK) Tobi Wagner (UK) Poppy Bristow (UK) Joint live discussion	Preparing equipment and team for joint surgery	Alison Young (UK)
			How to begin in arthroscopy and common pitfalls?	Andrew Phillips (UK)

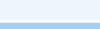
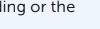
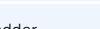
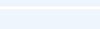
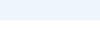
	<b>On demand content</b>	<b>On demand content</b>
	<ul style="list-style-type: none"> <li>■ Nursing the cardiac patient Ed Durham (USA)</li> <li>■ For the whole team: we have an echo machine – what can we do with it? Jo Dukes McEwan (UK)</li> <li>■ How do I take my basic heart scan further? Jo Dukes McEwan (UK)</li> <li>■ Update on current ACVIM consensus statements MVD &amp; HCM Jose Novo Matos (UK) &amp; Kieran Borgeat (UK)</li> <li>■ Update on current ACVIM consensus statements MVD &amp; HCM – case studies Jose Novo Matos (UK) &amp; Kieran Borgeat (UK)</li> </ul>	<ul style="list-style-type: none"> <li>■ Axial pedicle flaps Jonathan Bray (UK)</li> <li>■ How to improve tissue handling skills Mickey Tivers (UK)</li> <li>■ Getting confident with Schedule 3 Liz Mullineaux (UK)</li> </ul>

18:50	<b>REPEAT OF DAY ONE KEYNOTE – LUCY COOKE</b>	
19:45	<b>CLOSE OF CONGRESS DAY ONE</b>	

# Programme: Friday 26 March

Please note: each session will finish with a live discussion element. Programme subject to change.

08:00	CONGRESS OPEN		
08:45	WELCOME & DAY TWO KEYNOTE – JENNY CAMPBELL		
<b>Module</b>	<b>Can the profession go green?</b>		<b>The exotic hideaway</b>
	LECTURE TITLE	SPEAKER	LECTURE TITLE
<b>Session</b>	<b>One health, one planet: why sustainability is a necessity</b>		<b>ENT infections in rabbits and small furries: what's up, Doc?</b>
10:00–10:50	Leadership perspective: what is needed right now and how to change minds?  What is happening in the veterinary sector: a high level perspective	Libby Kemkaran-Thompson (UK)  Ellie West (UK)	How to approach ENT cases in practice  Sinusitis and rhinitis in rabbits: non-antibiotic therapies
			Thomas Donnelly (FR)  John Chitty (UK)
<b>Session</b>	<b>What does environmentally friendly look like in practice?</b>		<b>Common cases in exotic skin disease</b>
11:20–12:10	The business case for sustainability  Practice level practical perspective	Becky Sedman (UK)  Zoe Halfacree (UK)	How to diagnose in practice. Which diagnostic tests to do?  Factors involved in skin disease in reptiles: detecting infectious causes
			Tom Dutton (UK)  John Chitty (UK)
<b>Session</b>	<b>20x20 visions of a greener future now - Pecha Kucha</b>		<b>Help, it's an exotic emergency: what do I do?</b>
12:20–13:10	There and back again: a tale of travel footprints Primary care practice experience of IE scheme How nurses can drive one health How is the green initiative going at our practice? Going green: NHS experience	Matthew Sawyer (UK) Sarah Sheppard (UK) Claire Roberts (UK) Becky Sedman (UK) Clare Topping (UK)	Principles of triage and immediate assessment of exotics  Help, it's an exotic emergency: what do I do – reptiles
			John Chitty (UK)  Tom Dutton (UK)
	<b>On demand content</b>		<b>On demand content</b>
	<ul style="list-style-type: none"> <li>■ Shining a spotlight on waste: life through the COVID lens Zoe Halfacree (UK)</li> <li>■ How exactly do you change minds? Libby Kemkaran-Thompson (UK)</li> <li>■ Hospital case study: how did we make our anaesthesia practices more environmentally friendly? Will McFadzean (UK)</li> </ul>		<ul style="list-style-type: none"> <li>■ Understanding blood results in small mammals and reptiles John Chitty (UK)</li> <li>■ Analgesic and anaesthetic drugs in small mammals Ian Self (UK)</li> </ul>
	13:10–13:25 Understanding pain in the arthritic synovial joint John Innes		<b>zoetis</b> 13:15–14:15 KEYNOTE – DEREK MILLS
<b>Module</b>	<b>Dentistry</b>		<b>Neurology on a shoestring</b>
	LECTURE TITLE	SPEAKER	LECTURE TITLE
<b>Session</b>	<b>Dental management in practice</b>		<b>Where do I start? Keys to cost-effective neuro diagnosis</b>
14:30–15:20	Ergonomics in the dental station for the veterinary surgeon  Ergonomics in the dental station for the veterinary nurse	Jens Ruhnau (DK)  Claire Bloor (UK)	An introduction to the neurological examination  Key diagnostic tests
			Tom Cardy (UK)  Holger Volk (DE)
<b>Session</b>	<b>Better dental imaging: techniques and practice</b>		<b>How to approach neuro trauma in practice</b>
15:30–16:20	Cone-beam CT in veterinary dental practice  Dental radiology projections for three rooted maxillary teeth	Milinda Lommer (USA)  Jens Ruhnau (DK)	How to approach neurotrauma: a vet's perspective – diagnosis and management  How to approach neurotrauma: a vet nurse's perspective – diagnosis and management
			Tom Cardy (UK)  Holly Smith
	16:20–16:50 The development of monoclonal antibodies to block the action of NGF with Q&A John Innes		<b>zoetis</b>
<b>Session</b>	<b>Dental surgery: difficult extractions – tips and tricks</b>		<b>Diagnosing seizures and other paroxysmal events</b>
16:50–17:40	Difficult dog extractions: tips and tricks  Difficult cat extractions: tips and tricks	Jens Ruhnau (DK)  Milinda Lommer (USA)	Odd episodes: when is a seizure not a seizure?  Other causes
			Tom Cardy (UK)  Holger Volk (DE)
<b>Session</b>	<b>Feline chronic gingivitis and stomatitis: an update</b>		<b>Approaches to weakness and collapse: a case-based discussion</b>
17:50–18:40	Feline chronic gingivitis stomatitis Part I: FCGS – what it is and managing expectations?  Feline chronic gingivitis stomatitis Part II: stem cell therapy	Boaz Arzi (USA)  Boaz Arzi (USA)	Interactive live session
			Holger Volk (DE) Gerard McLauchlan (UK) Adrian Boswood (UK)
	<b>On demand content</b>		<b>On demand content</b>
	<ul style="list-style-type: none"> <li>■ Feline chronic gingivostomatitis: recent updates and future perspectives Boaz Arzi (USA)</li> <li>■ The use of cone beam CT in veterinary dental practice compared with conventional dental radiology Milinda Lommer (USA)</li> </ul>		<ul style="list-style-type: none"> <li>■ A guide to the fundamentals of traumatic brain injury and spinal trauma Tom Cardy (UK)</li> <li>■ Nursing the neurological patient Holly Smith (UK)</li> <li>■ Epilepsy management: beyond conventional drugs Holger Volk (DE)</li> </ul>
18:50	REPEAT OF DAY TWO KEYNOTE – JENNY CAMPBELL		
19:45	CLOSE OF CONGRESS DAY TWO		

08:00	CONGRESS OPEN							
08:45	WELCOME & DAY TWO KEYNOTE – JENNY CAMPBELL							
<b>Module</b>	<b>Ophthalmology</b>		<b>Kidney medicine and nursing</b>					
	LECTURE TITLE	SPEAKER	LECTURE TITLE	SPEAKER				
<b>Session</b>	<b>Ocular opacities: what, when, where, why?</b>		<b>Getting the basics right</b>					
10:00–10:50	Corneal opacities	Lorraine Fleming (UK)	Blood tests in kidney disease: looking beyond urea and creatinine	 Rebecca Geddes (UK)  Sophie McMurrough (UK)				
	Anterior chamber, lens and vitreous	Richard Everson (UK)	Urine tests in kidney disease: beyond dipstick and USG					
<b>Session</b>	<b>These are the pits: non-healing corneal ulcers and how to deal with them</b>		<b>Acute kidney injury</b>					
11:20–12:10	SCCEDs, endothelial degeneration	Richard Everson (UK)	Making the diagnosis	 Alix McBrearty (UK)  Caroline Boothroyd (UK)				
	Feline indolent ulcers	Lorraine Fleming (UK)	Managing the patient					
<b>Session</b>	<b>Ocular emergencies: what the heck am I dealing with?</b>		<b>Nephroliths: when are they a problem and what should I do next?</b>					
12:20–13:10	What the heck am I dealing with? Part I	Richard Everson (UK)	Identifying kidney stones: incidental finding or the key to the patient's problem?	 Isuru Gajanayake (UK)  Tim Charlesworth (UK)				
	What the heck am I dealing with? Part II	Lorraine Fleming (UK)	Approach to calcium oxalate nephroliths: surgery, medicine or wait and see?					
	<b>On demand content</b>		<b>On demand content</b>					
	<ul style="list-style-type: none"> <li>■ Brachycephalic dogs: key ocular issues Richard Everson (UK)</li> <li>■ Corneal sequestrums in cats: diagnosis and treatment options Richard Everson (UK)</li> <li>■ Canine and Feline cataracts: diagnosis, treatment and prognosis Lorraine Fleming (UK)</li> </ul>		<ul style="list-style-type: none"> <li>■ Nutrition: stretching your knowledge: the evidence base for dietary intervention in renal disease Isuru Gajanayake (UK)</li> </ul> 					
	13:15–14:15 KEYNOTE – DEREK MILLS							
<b>Module</b>	<b>Brachycephalics</b>		<b>Nursing: the cornerstone of care</b>					
	LECTURE TITLE	SPEAKER	LECTURE TITLE	SPEAKER				
<b>Session</b>	<b>Gasping for air: how badly is my patient affected?</b>		<b>Tame that vein</b>					
14:30–15:20	Assessment of a BOAS patient in the consultation room: what do these noises mean (LIVE)	Julia Riggs (UK)	Bad veins: how to get IV access when all the veins have gone	 Amy Newfield (USA)  Sophie McMurrough (UK)				
	Assessment of the airway under anaesthetic (LIVE)	Chris Shales (UK)	Intravenous catheter care and maintenance					
<b>Session</b>	<b>Take a deep breath: BOAS surgery doesn't have to be scary</b>		<b>Team urology</b>					
15:30–16:20	Nose and soft palate	Jane Ladlow (UK)	Don't hate urinate: urethral catheterisation	 Sophie McMurrough (UK)  Kathryn Latimer (UK)				
	Laryngeal collapse and tracheostomy	Rob White (UK)	Urine for a treat: nursing the blocked bladder					
<b>Session</b>	<b>Anaesthesia in BOAS patients: protocols &amp; pitfalls</b>		<b>Does all bleeding eventually stop?</b>					
16:50–17:40	Vet perspective	 Liz Leece (UK) Sarah Gibson (UK)	Common coagulopathies	 Laura Rosewell (UK)  Holly Witchell (UK)				
	Vet nurse perspective		Nursing the bleeding patient					
<b>Session</b>	<b>The team approach to the brachycephalic patient</b>		<b>Curb the queasiness</b>					
17:50–18:40	Interactive live session	 Chris Shales (UK) Julia Riggs (UK) Lydia Smith (UK)	What can you do for the nauseated patient?	 Laura Rosewell (UK)  Holly Witchell (UK)				
			Caring for the pancreatitis patient					
	<b>On demand content</b>		<b>On demand content</b>					
	<ul style="list-style-type: none"> <li>■ Now then: this is no ordinary dog: what should I be looking for? Chris Shales (UK)</li> <li>■ Regurgitation and BOAS hiatal hernia: should this be treated surgically? Rob White (UK)</li> <li>■ Nursing the BOAS patient: primary considerations Lydia Smith (UK)</li> </ul>		<ul style="list-style-type: none"> <li>■ Addison's disease: "The Great Imitator" Sophie McMurrough (UK)</li> <li>■ Hello haematology Laura Rosewell (UK)</li> <li>■ Tubes, tubes and more tubes: nursing the high dependence patient Elle Haskey (UK)</li> </ul>					
18:50	REPEAT OF DAY TWO KEYNOTE – JENNY CAMPBELL							
19:45	CLOSE OF CONGRESS DAY TWO							

# Programme: Saturday 27 March

Please note: each session will finish with a live discussion element. Programme subject to change.

08:00	CONGRESS OPEN			
08:45	WELCOME & DAY THREE KEYNOTE – DR RANJ SINGH			
Module	Orthopaedics	Cytology for vets and nurses		
	Lecture Title	Speaker	Lecture Title	
Session	Getting the most from your orthopaedic exam in the lame dog		Improving your practice's skills in cytology	
10:00–10:50	Orthopaedic exam review  	Ben Walton (UK)  Miranda Aiken (UK)	Common mistakes in sampling  	Paola Monti (UK)  Elizabeth Villiers (UK)
Session	Is this lameness orthopaedic or neurological?		Is it cancer?	
11:20–12:10	Clinical history	Ben Walton (UK)	How does the cytologist do it?	
	Clinical exam	Bianca Hettlich (CH)	What else does the oncologist need to know (TNM)?	
Session	My favourite orthopaedic myths		Interactive cytology	
12:20–13:10	My favourite myths around FHO  	Bianca Hettlich (CH)  Miranda Aiken (UK)	Live interactive session	Paola Monti (UK) Elizabeth Villiers (UK)
	On demand content		On demand content	
	<ul style="list-style-type: none"> <li>■ Why is my dog still lame after cruciate repair? Miranda Aiken (UK)</li> <li>■ My pragmatic approach to elbow dysplasia Bianca Hettlich (CH)</li> <li>■ Does my patient need a hip replacement? Ben Walton (UK)</li> </ul>		<ul style="list-style-type: none"> <li>■ Cytology 1: the first steps Elizabeth Villiers (UK)</li> <li>■ Cytology 2: inflammatory lesions Elizabeth Villiers (UK)</li> <li>■ Cytology 3: common cutaneous and subcutaneous tumours in dogs and cats Paola Monti (UK)</li> </ul>	
13:15–14:15 REPEAT OF FRIDAY LUNCHTIME KEYNOTE – DEREK MILLS				
Module	Chronic pain	Oncology myths and legends		
	Lecture Title	Speaker	Lecture Title	
Session	What can be achieved in a ten minute consult		Chemotherapy: common myths debunked	
14:30–15:20	Establishing pain through owner questioning  	Matt Gurney (UK)	Giving chemotherapy is too dangerous to the cat	
	What can be achieved in a 10 minute consult?	Sam Lindley (UK)	Giving chemotherapy is too dangerous to the dog	
Session	Owner engagement in chronic pain		How to deal with the incidental mass	
15:30–16:20	Managing expectations: client education  	Sam Lindley (UK)	Can we ever assume a mass is a lipoma?	
	Monitoring pain therapies	Matt Gurney (UK)	Incidental abdominal masses in dogs	
Session	Building a pain management plan: where to start		The miracle cures: how to deal with Dr Google	
16:50–17:40	Drug free management  	Sam Lindley (UK)	Will changing my pet's diet help to cure the cancer?	
	Foundations of drug therapy: into building the plan and an overview of NSAIDs	Stuart Carmichael (UK)	I have read on the internet about... Using EBM to combat miracle cures	
Session	Drug management in chronic pain: when basics are not enough		Client communication: it's a two way street!	
17:50–18:40	Older drugs  	Matt Gurney (UK)	Top tips for getting the message across without losing the patient: part I	
	New approaches	Ian Self (UK)	Top tips for getting the message across without losing the patient: part II	
	On demand content		On demand content	
	<ul style="list-style-type: none"> <li>■ Teaching owners to recognise pain? Emma Love (UK)</li> <li>■ What can we do about the pain of arthritis? Stuart Carmichael (UK)</li> <li>■ Basics of acupuncture Sam Lindley (UK)</li> </ul>		<ul style="list-style-type: none"> <li>■ Are all feline abdominal masses lymphomas? Sarah Mason (UK)</li> <li>■ Giving chemotherapy in practice is not too difficult! Sarah Mason (UK)</li> <li>■ Mast cell tumours: what to do when Michael Macfarlane (UK)</li> </ul>	
18:50	REPEAT OF DAY THREE KEYNOTE – DR RANJ SINGH			
19:45	CLOSE OF LIVE CONGRESS			



08:00	CONGRESS OPEN					
08:45	WELCOME & DAY THREE KEYNOTE – DR RANJ SINGH					
						
Module	Current topics		Urogenital tract surgery			
	Lecture Title	Speaker	Lecture Title	Speaker		
Session	<b>Mastering uncertainty: communicating to inspire confidence</b>		<b>The broken tap: when do we need a plumber?</b>			
10:00–10:50	Overview of psychology of uncertainty 	Carolyne Crowe (UK)	Critical history, blood tests and urinalysis	Alix McBrearty (UK)		
	Application of this from COVID lockdown perspective in practice 	Alan Robinson (UK)	Imaging the urogenital tract: what test when?	Gawain Hammond (UK)		
Session	<b>Lessons from lockdown: telemedicine is here to stay</b>		<b>The leaking tap: what's new?</b>			
11:20–12:10	Insights into maintaining relationships and changing dynamics with remote consults 	Brian Faulkner (UK)	Identifying ectopic ureters: tips and tricks	Laura Owen (UK)		
	Practice perspective: how have we used it, what have we learned?	Matt Flann (UK)	USMI when medicine fails: what next?	Alasdair Hotston Moore (UK)		
Session	<b>Today's VUCA world: opportunity or threat?</b>		<b>The burst pipe under the floorboards: how to spot urinary trauma?</b>			
12:20–13:10	Overview of VUCA 	Richard Casey (UK)	Spotting urinary tract trauma	Ed Friend (UK)		
	Key themes of change 	Liz Somerville (UK)	Treatment options for urinary tract trauma	Laura Owen (UK)		
	<b>On demand content</b>		<b>On demand content</b>			
	<ul style="list-style-type: none"> <li>■ The true value of a high performing team Carolyne Crowe (UK)</li> <li>■ Conflict resolution strategies for reception: top tips and tactics for the conflict front line Brian Faulkner (UK)</li> <li>■ BREXIT – how has it changed the recruitment landscape? Andreia Dias (PT)</li> </ul>		<ul style="list-style-type: none"> <li>■ The blocked dog: what are the surgical options? Ed Friend (UK)</li> <li>■ Urinary tract trauma: working through case examples Alasdair Hotston Moore (UK)</li> </ul>			
	13:15–14:15 REPEAT OF FRIDAY LUNCHTIME KEYNOTE – DEREK MILLS					
Module	<b>The profession today: recruitment and retention</b>		<b>Acute abdomen</b>			
	Lecture Title	Speaker	Lecture Title	Speaker		
Session	<b>Build it and they will come: creating a vet and nurse friendly practice</b>		<b>Help! Acute abdomen: what do I do?</b>			
14:30–15:20	Team perspective	Alan Robinson (UK)	Presentation and triage of acute abdomen	Alison Moores (UK)		
	Productivity is more than a number: rewarding and recognising team excellence	Ernie Ward (USA)	What is the immediate management, in terms of bloods, drugs and tests?	Jackie Demetriou (UK)		
Session	<b>Desperately seeking vets and nurses: how do I make my practice stand out?</b>		<b>Stabilising the acute abdomen</b>			
15:30–16:20	The unfair advantage: a digital strategy to fill your vacancies	Dave Nicol (UK)	Fluid therapy in acute abdomen	Jess Herley (UK)		
	Writing a compelling advert	Brian Faulkner (UK)	Anaesthetic considerations for the acute abdomen	Ian Self (UK)		
Session	<b>Good team players are found not made: how to choose wisely</b>		<b>Optimising surgical management of the acute abdomen</b>			
16:50–17:40	Review of different tools and criteria for selection	Carolyne Crowe (UK)	Surgical management of the acute abdomen	Jackie Demetriou (UK)		
	How I hire: essential attributes of excellent employees	Ernie Ward (USA)	Otomies and ectomies in the acute abdomen: how to improve outcomes	Rob White (UK)		
Session	<b>I've got 'em, now how do I keep 'em? The keys to retention</b>		<b>How to deal with abdominal surgical complications</b>			
17:50–18:40	Why culture matters 	Ernie Ward (USA)	Post surgical complications: overview	Jackie Demetriou (UK)		
	Intrinsic vs extrinsic motivation	Alan Robinson (UK)	Dealing with post-operative peritonitis	Jane Ladlow (UK)		
	<b>On demand content</b>		<b>On demand content</b>			
	<ul style="list-style-type: none"> <li>■ Beware the toxic achiever: successful teams are about we not me Carolyne Crowe (UK)</li> <li>■ The recruitment conundrum: we need you - do you need us? Dave Nicol (UK)</li> <li>■ On fire or burning out? Why self care really matters Ernie Ward (USA)</li> <li>■ Getting nurses into the profession... and keeping them there! Jill Macdonald (UK)</li> </ul>		<ul style="list-style-type: none"> <li>■ Making the most of your exploratory laparotomy: how to avoid the peak and shriek Vicky Lipscomb (UK)</li> <li>■ Use of nursing care plans for acute abdomen Sophia Venables (UK)</li> <li>■ How to be sure of GI foreign bodies Jane Ladlow (UK)</li> <li>■ Laparoscopy and the acute abdomen Philip Lhermette (UK)</li> </ul>			
18:50	REPEAT OF DAY THREE KEYNOTE – DR RANJ SINGH					
19:45	CLOSE OF LIVE CONGRESS					



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# Sponsor Symposia



## » Hill's Pet Nutrition Symposium

Thursday 25 March | Live Stream 2 | 13:10–14:10

### Canine allergic skin disease

Presentation with Ronald Corbee & Becky Mullis

#### Key learning points

- The importance of first ruling out adverse food reactions
- Nutrition and its role in managing other skin diseases
- Awareness of secondary infections
- Considering delayed type hypersensitivity when there is a relapse
- Nutritional management of both atopic dermatitis and food allergies and how nutrition can provide a benefit to your patients

Friday 26 March

Exhibitor Stream

15:30–14:30

### Canine allergic skin disease

Repeated broadcast of presentation with Ronald Corbee & Becky Mullis



## » Zoetis Symposium

Friday 26 March | Live Stream 1 | 13:10–13:25

### Understanding pain in the arthritic synovial joint

Pre-recorded presentation with John Innes

In this webinar, John Innes BVSc PhD DSAS(orth) FRCVS RCVS Specialist in small animal orthopaedics, will touch on the disease of osteoarthritis (OA), inciting factors for OA pain and the role of Nerve Growth Factor (NGF) in the pain pathway.

Friday 26 March | Live Stream 1 | 16:20–16:50

### The development of monoclonal antibodies to block the action of NGF

Presentation and Live Q&A with John Innes

In this webinar, John Innes BVSc PhD DSAS(orth) FRCVS RCVS Specialist in small animal orthopaedics, will review the role of NGF in joint pain, provide an overview of the medications that have been available for OA Pain over the last 30 years and finish with the introduction of anti-NGF monoclonal antibody as a new therapeutic class for the management of OA Pain.

Saturday 27 March | Exhibitor Stream | 10:00–10:45

### Understanding pain in the arthritic synovial joint / The development of monoclonal antibodies to block the action

Repeated broadcast of presentations with John Innes



## » IDEXX Symposium

Thursday 25 March | Live Stream 1 | 13:10–14:10

### Bacterial cystitis ...how the lab can help with decision making

Presentation and Live Q+A with Susana Silva & Marta Costa

Urinalysis and uroculture are an integral part of investigating urinary tract signs, but it's important to get the right samples and interpret results in light of the clinical presentation.

Urinalysis with sediment and urine culture are a cornerstone of the investigation of lower urinary tract signs. To maximise their value it is important to get the right samples and only test patient with appropriate clinical signs. Additionally, interpreting results of urinalysis is impacted by the collection method and storage of the sample, and for culture cystocentesis samples are preferred. Ideally, while awaiting the results, antibiotic treatment should be withheld to reduce the likelihood of choosing an inappropriate antibiotic, which can lead to bacterial resistance. Bacterial cystitis should always be treated with first line antibiotics provided the sensitivity results support it. The use of newer generation antibiotics should be avoided unless there is no suitable alternative. In recurrent cystitis it is paramount to identify and correct the underlying cause to have a successful treatment.

Key learning points for presentation:

- The presence of lower urinary tract signs is not pathognomonic of bacterial cystitis
- Bacterial cystitis is not a very common cause of feline lower urinary tract signs
- Urine is not necessarily sterile and subclinical bacteriuria should not be treated
- In general, patients without lower urinary tract signs do not need a urine culture
- Urine for urine culture should ideally be collected by cystocentesis
- Always aim to choose first-line antibiotics when treating bacterial cystitis if the bacterial sensitivity allows it
- Identification of underlying causes should be priority for recurrent cystitis and feline bacterial cystitis

Friday 26 March | Exhibitor Stream | 14:30–15:30

### Bacterial cystitis ...how the lab can help with decision making

Repeated broadcast of presentation with Susana Silva & Marta Costa

# Exhibitor stream

In addition to our main clinical programme, delegates can visit the Exhibitor Stream in the Auditorium of our virtual event platform to watch lectures & live Q&A sessions hosted by our exhibitors.

Delegates will require a ticket to the Virtual Congress to view exhibitor content.

## Thursday 25 March

### Cats Protection

11:20–12:10

### Pragmatic purrs (of wisdom) for the pandemic

Presentation and Live Q+A  
Lauren Kirk (UK)

### Veterinary Client Mediation Service

12:20–13:00

### The VCMS, complaints in COVID-19: what can we learn to support practice-client relationships for the future

Fully live session  
with Jennie Jones

This session will highlight trends in veterinary practice complaints over the past 12 months, and how these can provide insight and inform client care quality improvement within practice. As we look forward beyond 2020/21, the VCMS will look at how complaints during the pandemic highlight the causes and triggers for complaints, and more importantly guidance on what we can do within teams to prevent these scenarios and to de-escalate when they arise.

### Clarius

13:10–14:00

### Practical small animal ultrasound: diagnosing pathology with intestinal, gallbladder & spleen exams

Presentation and Live Q&A  
with Camilla Edwards

Join ultrasonography educator Dr. Camilla Edwards, DVM, CertAVP, MRCVS as she teaches how to perform common ultrasound scanning techniques and pathology interpretation. You'll discover how easy and affordable it is to add wireless ultrasound to your veterinary clinic or animal hospital.

We'll explore:

- How to improve care with first opinion ultrasound on the first visit

- Performing ultrasound exams to rapidly identify the presence of abnormalities
- Ultrasound techniques for characterizing masses, sludge and free fluid
- Honing interpretation, taking measurements and building quality reports

### BSAVA

14:00–14:30

### Canine and feline endoscopy

Live Q+A  
Phil Lhermette (UK)

### RCVS

14:30–15:20

### VetGDP: everything you need to know

Presentation  
Linda Prescott-Clements (UK)

Live Q+A  
Sue Paterson (UK) & Jenny Soreskog-Turp

From summer 2021, we are introducing changes to the way veterinary graduates are supported during their transition from vet school to their first job. New graduates will no longer enrol onto the Professional Development Phase (PDP) and will instead be part of our new structured programme of support, the Veterinary Graduate Development Programme, or VetGDP. This session will provide an overview of VetGDP and give you the information you need in order to plan your veterinary graduate recruitment this year.

There will be a live Q&A at the end so that we can address any queries you may have.

This session is open to anyone in the veterinary team including:

- Veterinary surgeons who may be considering becoming a VetGDP Adviser
- Practice managers and others involved in veterinary graduate recruitment
- Anyone who would like to find out more about VetGDP

### NationWide Laboratories

15:30–16:20

### Histiocytic diseases in dogs and cats: an overview of clinical presentation and diagnosis

Presentation  
Alison Lee

Histiocytic proliferative disorders are the source of some confusion, given their complex nomenclature and nonspecific clinical presentations. These diseases occur in both dogs and cats and derive from Langerhans cells, dendritic cells and macrophages. This presentation provides an overview of histiocytic diseases in dogs (histiocytoma, cutaneous Langerhans cell histiocytosis, cutaneous histiocytosis, systemic histiocytosis, histiocytic sarcoma and dendritic cell leukaemia) and in cats (progressive histiocytosis, histiocytic sarcoma and pulmonary Langerhans cell histiocytosis), including their cellular origins and clinical presentation. An overview of their diagnosis, including the use of cytology, histopathology and immunohistochemistry is also provided.

### Objectives

- Recognise the various histiocytic disorders that occur in dogs and cats, including their origins and clinical presentation
- Know the key differences and similarities between these conditions
- Gain an understanding of the diagnostic approach to these diseases
- Appreciate how immunohistochemistry may be used in the diagnosis of histiocytic diseases and the limitations of this technique in practice

### Aimed at

- Veterinary surgeons
- Veterinary students
- Veterinarians with an interest in pathology

# Friday 26 March

## » Veltlife

11:20–12:10

### Veltlife: support for the veterinary community

Fully Live Session

Adrian Nelson Pratt & Danny Chambers

## » Dechra

12:20–13:10

### With feline unintended weight loss, you can't afford to wait: an introduction to Mirataz®

Presentation

Geoff Duncan (UK)

With the release of Mirataz veterinary practices have more choices in the management of the feline weight loss patient. In this session we will discuss the pathology of inappetence, the consequences of weight loss and how Mirataz can help optimise management of our feline weight loss patient.

## » BSAVA

13:30–14:00

### Infection control and prevention

Live Q+A

Emma Gerrard (UK)

## » IDEXX Symposium

14:30 – 15:30

### Bacterial cystitis... how the lab can help with decision making

Repeated broadcast of presentation

Susana Silva & Marta Costa

See page 15 for details.

## » Hill's Pet Nutrition Symposium

15:30–14:30

### Canine allergic skin disease

Repeated broadcast of presentation

with Ronald Corbee & Becky Mullis

# Saturday 27 March

## » Zoetis Symposium

10:00–10:45

### Understanding pain in the arthritic synovial joint / The development of monoclonal antibodies to block the action

Repeated broadcast of presentations with John Innes

In this webinar, John Innes BVSc PhD DSAS(orth) FRCVS RCVS Specialist in small animal orthopaedics, will touch on the disease of osteoarthritis (OA), inciting factors for OA pain and the role of Nerve Growth Factor (NGF) in the pain pathway.

## » KARL STORZ

11:20–12:10

### Bilateral laparoscopic adrenalectomy for canine pituitary dependent hyperadrenocorticism

Presentation and Live Q&A with Karla Lee

Canine hyperadrenocorticism is the third most common canine endocrinopathy in the UK, affecting an estimated 1 in 400 dogs. 85% of dogs with hyperadrenocorticism have a pituitary tumour, resulting in high circulating adrenocorticotropic hormone that stimulates excessive cortisol production by the adrenal gland. The reported treatment of choice for pituitary dependent hyperadrenocorticism is hypophsectomy, but the availability of this technique is limited. Medical treatment with Trilostane is the most common treatment. Trilostane treatment aims to reduce cortisol production in the adrenal gland, but it is associated with a 16% rate of adverse effects and requires lifelong treatment and ongoing hormone testing.

Bilateral laparoscopic adrenalectomy is presented as a safe and valid, alternative treatment option for pituitary dependent hyperadrenocorticism, with case examples and surgical videos.

## » TVM UK Animal Health

11:20–12:10

### Coprophagia: breaking a dirty habit

Presentation  
Helen Harrison

Coprophagia (the eating of faeces) is a common and unpleasant habit exhibited in dogs, yet it is likely underdiagnosed as owners find it an embarrassing topic to talk about. Whilst it can be caused by underlying medical conditions, it is often a manifestation of a underlying behavioural problem. This short webinar will cover what these underlying medical and behavioural causes can be and how to tackle them, to help your clients resolve this problematic behaviour in their dogs.

## » BSAVA

13:30–14:00

### Practical veterinary welfare

Live Q+A  
Matthew Rendle (UK)

## » Mount International United Services

14:30–15:20

### Benefits of CT and MRI in veterinary practices

Presentation and Live Q&A  
Denise Newsom

The CPD video will give an overview CT and MRI, including the advantages of each imaging modality. Through discussion of two case studies with Stuart Cooke BVetMed CertSAS MRCVS, RCVS Recognised Advanced Practitioner and Director of Swift Referrals. This video aims to demonstrate the impact of advanced imagery on veterinary practice. Also why CT and MRI is so valuable and will be an essential part of the future of veterinary diagnostic imaging.

**CT case study:** A canine trauma case

**MRI case study:** MRI cervical/thoracic spine in a feline acute case

Denise Newsom, a CT/MRI experienced radiographer will be available for clinical and technical questions after the video.

# Exhibitor listings



## Adaptix Imaging

Veterinary Equipment, Start Up Zone

[adaptix.com/veterinary](http://adaptix.com/veterinary)

Talk to us about how the low-cost, low-dose Adaptix 3D veterinary imaging system returns a more accurate diagnosis and higher profits for your surgery.



## AllAccem Inc. - SANOS

Manufacturer

[www.allaccem.com](http://www.allaccem.com)

AllAccem, Inc. are manufacturers of SANOS, OticArmor & CutoGuard. We are focused on providing innovative approaches to existing medical device and pharmaceutical development challenges.



## Andersen Sterilisers

Veterinary Equipment

[www.anderseneurope.com](http://www.anderseneurope.com)

Andersen Sterilisers offer a range EO gas sterilisation services and equipment. In house sterilisers include ambient temperature table top units or faster heated units.



## Animal Behaviour & Training Council

Association/Charity

[www.abtc.org.uk](http://www.abtc.org.uk)

The Animal Behaviour and Training Council is the regulatory body that represents animal trainers, training instructors and animal behaviour therapists to both the public and to legislative bodies.



## Animal Cancer Trust

Association/Charity

[www.animalcancertrust.co.uk](http://www.animalcancertrust.co.uk)

ACT serves the needs of owners seeking information about cancer diagnosis and treatment in pet animals.



## Association of Charity Vets

Association/Charity

[www.associationofcharityvets.org.uk](http://www.associationofcharityvets.org.uk)



## AVID MicroChips & PETtrac Database

Manufacturer

[www.avidplc.com](http://www.avidplc.com)

Our aim is to provide you and your clients with high quality MicroChips, scanners and excellent customer service, something we've been doing for over 28 years.



## Braemar Finance

Professional Services

[www.braemarfinance.co.uk](http://www.braemarfinance.co.uk)

Braemar Finance are specialist finance providers for the veterinary profession, with nearly 30 years' experience. We offer a range of tailor-made, tax efficient finance solutions for businesses and individuals.



## BSAVA

Association/Charity

[www.bsava.com](http://www.bsava.com)

Come along and find out more about BSAVA membership, educational and regional courses, as well as how you can receive grant funding from BSAVA-PetSavers!



## BSAVA Publications

Publisher, Association/Charity

[www.bsavalibrary.com](http://www.bsavalibrary.com)

Visit the BSAVA Publications stand to find out about our latest titles and our congress offers, access videos and chat with the publishing team.



## BSAVA Volunteers

Association/Charity

[www.bsava.com/about-us/volunteering](http://www.bsava.com/about-us/volunteering)

Interesting in volunteering? Find out how you can get involved in a myriad of ways, with differing time commitments and see where this can lead...



## Burgess Pet Care

Pet Food

[www.burgesspetcare.com](http://www.burgesspetcare.com)

Burgess is one of the UK's leading animal food manufacturers, catering for the country's most popular animals including dogs, cats, rabbits, guinea pigs, chinchillas, hamsters, gerbils, rats and ferrets.



## Cats Protection

Association/Charity

[www.cats.org.uk](http://www.cats.org.uk)

As a leading animal welfare charity, our vision is a world where every cat is treated with kindness and an understanding of its needs.



## Chanelle Pharma

Pharmaceuticals

[chanellepharma.com](http://chanellepharma.com)

Chanelle pharma is an Irish based company with a demonstrable track record for the last 35 years of supplying animal health products across the UK and beyond.



## Dechra

Pharmaceuticals

[www.dechra.com](http://www.dechra.com)

Dechra are an international specialist veterinary pharmaceuticals and related products business. Our expertise is in the development, manufacture, sales and marketing of high quality products exclusively for veterinarians worldwide.



## Eickemeyer Veterinary Products

Veterinary Equipment

[www.eickemeyer.co.uk](http://www.eickemeyer.co.uk)

Whether you need surgical equipment (operating tables, lights, diathermy), anaesthesia kit (monitors, O<sub>2</sub> concentrators), X-ray equipment (DR panels, dental), ophthalmology (Kowa slit lamp, Tonovet Plus, Tonopet), orthopaedics (Zlig, TPLO, TTA) or even quiet cat clippers - we can help you!



## Elanco Animal Health

Pharmaceuticals

[www.elanco.com](http://www.elanco.com)

Elanco (NYSE: ELAN) is a global animal health company that develops products and knowledge services to prevent and treat disease in food animals and pets in more than 90 countries.



## Hills Pet Nutrition

Pet Food

[www.hillspet.co.uk](http://www.hillspet.co.uk)

Hill's Pet Nutrition is proud to have been producing quality nutrition for dogs and cats, for more than 80 years. The welfare of animals is at the heart of everything we do, from our groundbreaking research, to our support for animal shelters and charities around the world.



## IDEXX Laboratories

Manufacturer

[www.idexx.co.uk/en-gb/veterinary](http://www.idexx.co.uk/en-gb/veterinary)

IDEXX is a leader in pet healthcare innovation, serving veterinarians around the world with a broad range of diagnostic and information technology-based products and services.



## iM3 (UK)

Veterinary Equipment, Start Up Zone

[www.im3vet.co.uk](http://www.im3vet.co.uk)

iM3 supplies veterinarians throughout the world with high quality yet affordable veterinary dental products. iM3 continues to design, develop and manufacture the latest veterinary dental machines, instruments, X-rays and dental consumables.



## IMV Imaging

Veterinary Equipment

[www.imv-imaging.co.uk](http://www.imv-imaging.co.uk)

Offering a range of leading products in veterinary ultrasound, X-ray, digital image management (PACS) and 3D imaging, we are dedicated to providing technology that makes a real difference as well as the learning, customer care and support to help you use it and deliver the best animal care.



## Infusion Concepts

Veterinary Equipment

[www.infusionconcepts.com](http://www.infusionconcepts.com)

Infusion Concepts is a family-run company founded by a veterinary surgeon to bring the best range of consumables to the veterinary market. We also sell a number of infusion devices, and have a comprehensive servicing and repair facility for devices we sell, and those we don't.



## IVC Evidensia

Recruitment, Referral

[www.ivcevidensia.co.uk](http://www.ivcevidensia.co.uk)

We care, we dare, we share. Investing in our people, premises and processes to provide clinical excellence, we live our values through our actions as an employer and are proud to be the UK network of Europe's leading veterinary care provider.



## KARL STORZ Endoscopy (UK) Ltd

Veterinary Equipment

[www.karlstorz.com/gb](http://www.karlstorz.com/gb)

KARL STORZ Endoscopy is amongst the largest endoscopy equipment manufacturers in the world. It has a specialist veterinary medicine division covering small animals, large animals and avian/exotics.



Links Group

## Links Group

Association/Charity

[thelinksgroup.org.uk](http://thelinksgroup.org.uk)

Our vision is a world free from abuse of people and animals. We raise awareness of the link between the abuse of people and animals through support, training and inter-agency working.



## Lintbells

Nutraceuticals

[www.lintbells.com](http://www.lintbells.com)

Lintbells Veterinary manufacture high quality and effective nutritional supplements for joints, calming, skin & coat and digestive health. Our veterinary exclusive range includes YuMOVE Advance 360 for dogs and cats.



## Mount International United Services

Veterinary Equipment

[www.mi.us.co.uk](http://www.mi.us.co.uk)

MIUS supply, service and maintain new and refurbished diagnostic imaging equipment to UK veterinary practices. We specialise in CT, MRI, X-ray, Fluoroscopy and Ultrasound systems.

## AmerisourceBergen

MWI Animal Health®

## MWI Animal Health

Professional Services

[www.mwiah.co.uk](http://www.mwiah.co.uk)

You care for animals. We care for the rest. Founded by veterinarians, for veterinarians, MWI Animal Health has over 40 years experience delivering a quality wholesale service, a secure supply chain and business continuity through their two fully stocked distribution centres.

## Petplan®

### Petplan

Pet Insurance, Financial Services

[www.petplan.co.uk](http://www.petplan.co.uk)

The UK's No.1 pet insurance provider.

## Protexin® veterinary ●●●

## Protexin Veterinary

Nutraceuticals

[www.protexinvet.com](http://www.protexinvet.com)

Protexin Veterinary has been a recognised and trusted name in the veterinary market for over 20 years. We are dedicated to producing innovative research based products of the highest quality that emphasise our guiding philosophy – Science and Nature in balance.

## ROYAL CANIN® INCREDIBLE IN EVERY DETAIL

## Royal Canin

Pet Food

[www.royalcanin.com/uk](http://www.royalcanin.com/uk)

At Royal Canin, we put the cat and dog first. Our diets have been carefully and scientifically developed to provide the right nutritional solution for each pet. Our research into nutritional profiles and kibble design has resulted in diets that are precisely tailored to your pet's needs.

## RCVS SETTING VETERINARY STANDARDS

## Royal College of Veterinary Surgeons (RCVS)

Association/Charity

[www.rcvs.org.uk](http://www.rcvs.org.uk)

As a regulator, we set, uphold and advance veterinary standards. As a Royal College, we promote, encourage and advance the study and practice of the art and science of veterinary surgery and medicine. We do all these things in the interests of animal health and welfare, and in the wider public interest.



Small Animal MEDICINE SOCIETY  
Joining diagnostic and therapeutic strategies together

## SAMsoc

Association/Charity

[www.samsoc.org](http://www.samsoc.org)

The Small Animal Medicine Society (SAMsoc) is a non-profit association founded in 2003 for veterinary surgeons from the UK and abroad who share a passion and enthusiasm for small animal medicine.



## Scrub Hat Shop (The)

Start Up Zone

[thescrubhatshop.com](http://thescrubhatshop.com)

Set up by a retired RVN in 2019, The Scrub Hat Shop make fantastically colourful, perfect fitting scrub hats suitable for both men and women. The Scrub Hat Shop also make nurse pockets for all those scissors, highlighters, calculators, lip balms and (sometimes stolen) pens!



## Simply Veterinary Coaching

Professional Services, Start Up Zone

[www.simplyveterinarycoaching.com](http://www.simplyveterinarycoaching.com)

Helping veterinary professionals eliminate the stress of trying to be everything, to everyone, all of the time and ensure they give the best of themselves to those who need them the most - including themselves!

## SPVS

## SPVS

Association/Charity

[www.spvs.org.uk](http://www.spvs.org.uk)

Find out more about our wide range of non-clinical advice, guidance and support for all veterinary professionals.



## StreetVet

Association/Charity

[www.streetvet.co.uk](http://www.streetvet.co.uk)

StreetVet is a registered charity offering free accessible vet care to pets belonging to those experiencing homelessness.



## Vet Direct

Veterinary Equipment

[www.vet-direct.com](http://www.vet-direct.com)

Vet Direct have been supporting veterinary practices for over 25 years & offer over 14,000 products all stocked within our modern distribution centre ready for delivery. We have a full compliment of nationwide Account Managers to help and assist you with product selection, demonstrations and technical questions.



## VetCT

Veterinary Equipment

[www.vet-ct.com/gb](http://www.vet-ct.com/gb)

At VetCT, our mission is simple; to help all vets feel their best and be their best every day. Our innovative teleconsulting, teleradiology and educational support and services help make it happen.



## Vetlife

Association/Charity

[www.vetlife.org.uk](http://www.vetlife.org.uk)

Vetlife is an independent charity which provides confidential and free help for everyone in the veterinary community including veterinary nurses, students and non-clinical staff. We deliver support through three services, Vetlife Health Support, Vetlife Financial Support, and Vetlife Helpline.



## Veterinary Information Network

Professional Services

[www.vin.com/vin](http://www.vin.com/vin)

Connect with colleagues around the world. Get information you need, when you need it. The Veterinary Information Network (VIN) is the premier online community, continuing education, and information resource for veterinarians. Let us show you why VIN is the BEST online resource for veterinarians.



## Vets Abroad

Recruitment

[www.vetabroad.com](http://www.vetabroad.com)

The Vets Abroad Program was designed to assist us in building a gap year working holiday itinerary that suits you. We will work with you to develop a working holiday that suits your level of experience.



## Vets Now

Referral

[www.vets-now.com](http://www.vets-now.com)

With 24/7 pet emergency hospitals in Glasgow, Manchester and Swindon, and 58 out-of-hours clinics nationwide, Vets Now is committed to delivering a responsive emergency and critical care service for cats, dogs and other small animals.



## Vet Sustain

Association/Charity

[vetsustain.org](http://vetsustain.org)

Vet Sustain is a UK based social enterprise working to enable and inspire veterinary professionals to help secure the wellbeing of animals, people and the natural world.



## Veterinary Medicine Directorate

Association/Charity

[www.vmd.gov.uk](http://www.vmd.gov.uk)

The Veterinary Medicines Directorate authorises veterinary medicines directorate in the UK; protecting public and animal health, the environment and promoting animal welfare using veterinary medicines.



## VETbytes

Professional Services

[vetbytes.co.uk](http://vetbytes.co.uk)

VETbytes is a point-of-care clinical support tool that gives small animal veterinary professionals access to the latest evidence-based clinical research. The emergency and critical care app is the first module to launch from a substantially developing mobile and web-based resource for vets, nurses and practice teams.

## Veterinary Practice

### Veterinary Practice Magazine

Journals/Publications, Publisher

[www.veterinary-practice.com](http://www.veterinary-practice.com)

Veterinary Practice is an online knowledge and information hub for the veterinary profession by the veterinary profession.



Your Practice. Our Support.

## Vets4Pets

Recruitment

[www.vets4pets.com](http://www.vets4pets.com)

Vets4Pets are proud to be one of the largest veterinary groups in the UK with a national network of over 400 practices. Our practices are supported by dedicated business professionals based in our Support Office who have the expertise to help them thrive.

# WILEY

## Wiley

Publisher

[www.wiley.com/en-gb](http://www.wiley.com/en-gb)

Wiley has an internationally renowned program of books and journals in veterinary medicine, positioning us as one of the foremost publishers in animal biology and medicine.



## World of James Herriot

Association/Charity

[worldofjamesherriot.com](http://worldofjamesherriot.com)

Step inside... The World of James Herriot...

# zoetis

## Zoetis

Pharmaceuticals

[www2.zoetis.co.uk](http://www2.zoetis.co.uk)

Zoetis is the leading animal health company, dedicated to supporting its customers and their businesses in advancing care for animals. Building on more than 65 years of experience in animal health, Zoetis discovers, develops, manufactures and commercializes medicines, vaccines, diagnostics, technologies and services, including biodevices, genetic tests and precision livestock farming.



## Worldwide Veterinary Service/ Mission Rabies

Association/Charity

[www.wvs.org.uk](http://www.wvs.org.uk)

Right now, thousands of animals are suffering silently with no chance of ever receiving veterinary care. Like you, we don't think this is fair. Worldwide Veterinary Service provides free expert care to animals in need all over the world. Mission Rabies works in rabies hotspots to combat the disease directly at its source.



## WSAVA

Association/Charity

[www.wsava.org](http://www.wsava.org)

The WSAVA is a global community of more than 200,000 veterinarians worldwide drawn from our 114 member associations.

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# ACUTE ABDOMEN – PM

Saturday 27 March

Stream number: 4

## Help: acute abdomen – what do I do?

### Presentation and triage of acute abdomen

Alison Moores

An "acute abdomen" is defined as a condition of severe abdominal pain due to disease or injury of one or more abdominal organs, usually requiring surgery. The most common causes of acute abdomen in dog and cats are septic peritonitis and haemoabdomen. The purpose of this session is to consider different clinical presentations of acute abdomen, specifically the changes seen in different body systems, such as the cardiovascular system, and consider why this assessment is important.

### What is the immediate management, in terms of bloods, drugs and tests?

Jackie Demetriou

A patient with "acute abdomen" may have a condition, or conditions affecting different organs or groups of organs and many will require eventual surgery. The purpose of the pre-surgical evaluation is to stabilise the patient appropriately but also to help diagnose the pathology, so the surgeon is better prepared. This presentation will discuss the assessment of these patients in terms of appropriate pre-surgical evaluation including blood, drugs and imaging including point of care diagnostics that might influence further therapy or provide prognostic information. The aim of this session is to enable the surgeon to optimise surgical outcomes for their patients and improve their confidence in managing these difficult cases.

## Stabilising the acute abdomen

### Fluid therapy in acute abdomen

Jess Herley

During this lecture we discuss the why's, when's, what's and how's of fluid therapy administration for the acute abdomen patient. We will briefly discuss what an acute abdomen means and what the clinical signs are. We will discuss why patients with an acute abdomen often present with shock, what the clinical signs of shock are and the importance of treating shock. During this lecture we will discuss the use of crystalloid fluid therapy administration vs colloid administration and the advantages and disadvantages of both. After the lecture, myself and Ian will answer questions regarding fluid therapy and anaesthesia for the acute abdomen patient.

### Anaesthetic considerations for the acute abdomen

Ian Self

Unlike elective procedures, critically ill patients present a number of anaesthetic challenges such as an unstable cardiorespiratory system, altered circulating fluid volume and metabolic derangements. Despite these problems a thorough pre-operative clinical examination and subsequent anaesthetic plan is vital as the key to success lies in correct preparation and anticipation of problems and we will explore how preparation may maximise subsequent anaesthetic success.

Premedication may be unnecessary if the patient is obtunded and drugs such as the alpha-2 agonists which have major cardiovascular effects should generally be avoided. Induction of, and recovery from, anaesthesia are critical periods. This presentation will briefly describe a best practice approach to induction, maintenance and recovery of these patients. Finally, commonly encountered problems such as regurgitation, dysrhythmias and delayed recovery will be briefly discussed to aid correct planning.

Throughout the session the emphasis will be on practical first principles rather than offering an anaesthetic 'recipe' to allow adaption of the ideas into the participant's own practice situation

## Optimising surgical management of the acute abdomen

### Surgical management of the acute abdomen

Jackie Demetriou

When approaching the "acute abdomen" patient, the surgeon often does not have a clear understanding of the pathology prior to the celiotomy. It is therefore important that the approach to these patients should enable the surgeon to explore the entire abdominal cavity to determine the cause and extent of the condition and also, to obtain biopsies if definitive treatment is not possible. This presentation will review a thorough abdominal exploration of a patient via video and discuss practical ways (including instrumentation, approaches and biopsy techniques) that will allow the surgeon to optimise their approach to these tricky patients.

### Otomies and ectomies in the acute abdomen: how to improve outcomes

Rob White

When managing cases with an acute abdomen that require surgical intervention, there is often the need for the surgeon to either enter a hollow viscus (for example, gastroscopy, jejunotomy, etc.), or, to remove a portion of the organ (for example, partial gastrectomy, enterectomy, etc.). This presentation will review the basic principles of such gastrointestinal surgeries using clinical examples and live video feed to emphasise key points, errors in technique and controversies. The talk will aim to provide clear and practical advice that the attendee will be able to use in their day-to-day surgical practice – hopefully, improving both their confidence and surgical outcomes.

## How to deal with abdominal surgical complications

### Post-surgical complications: overview

Jackie Demetriou

An "acute abdomen" patient that is recovering from surgery may often have multiple and serious post-surgical complications. These complications are often due to a combination of surgery and the underlying disease process so management of these can be very

challenging. The surgeon has to be well equipped to detect early deleterious changes in patient progress, whether this is bleeding, infection, leakage of bile or urine. This presentation therefore provides an overview of the most common post-surgical complications of these patients, how they can be diagnosed and practical ways to best treat them.

## Dealing with Post-Operative Peritonitis

Jane Ladlow

Unfortunately, post-operative peritonitis is not unusual, intestinal surgery has about a 7% dehiscence rate and peritonitis may also be seen after other common abdominal procedures, including pyometra, prostatic surgery and cystotomy.

Clinical signs of post-operative peritonitis can be difficult to differentiate from post-surgical ileus, pain and medication-related nausea or anorexia. About 50% of peritonitis cases may have concurrent pancreatitis. Imaging can be confusing as it is normal to have free fluid and gas in the abdomen after an open surgical approach (although the gas with peritonitis tends to be more diffuse).

If free fluid is present on ultrasound, then sampling and performing cytology and peritoneal glucose and lactate concentration comparisons with serum levels can be most helpful.

Other indications of peritonitis can include hypovolaemia, hypoproteinaemia (particularly a drop in albumin), development of respiratory acidosis and metabolic acidosis.

Treatment involves intravenous antibiotics, haemodynamic support and repeat surgery to resolve the source of infection. Mortality rates are in the range of 20-50% depending on the study.

Post-operative peritonitis does occur, and early detection may improve outcome. Careful monitoring after surgery and the use of a closed active suction drain in any cases that may be at higher risk may aid early detection. This presentation will discuss risk factors in animals and prognostic indicators to guide decision making.

## On demand

### Use of nursing care plans for acute abdomen

Sophie Venables

I aim to discuss the reduction of human errors via the establishment of continuity of care for our veterinary patients. Using the acute abdomen as a patient example, I will explore the role care plans and structured handover tools that play in preventing patient errors. Communication is key to success in veterinary practice, this involves structured communication throughout all levels of the veterinary team. The acute abdomen requires knowledge and recognition of a significant number of clinical nursing and veterinary considerations that without thorough care planning and handover may go unrecognised during or after a shift change. I will draw on evidence from both human and veterinary literature on the importance of these multidisciplinary communication tools and discuss how the veterinary team can adapt these for use in their own clinical environments.

### How to be sure of GI Foreign bodies (or as sure as possible)

Jane Ladlow

There are a number of conditions that can cause acute or intermittent vomiting, including gastrointestinal foreign bodies, pancreatitis and gastroenteritis. With foreign bodies, palpation may be diagnostic though in most cases, imaging confirmation of gastrointestinal foreign bodies is paramount, using radiographs, ultrasound or CT. On radiographs, signs consistent with obstruction include masses (soft tissue or radio-opaque, distended loops of small intestine (diameter > twice the height of L5) and plication.

Ultrasound can be very useful in the hands of a skilled operator, often giving location of obstruction and any evidence of peritoneal effusion with high sensitivity and specificity. Surgical considerations include enterotomy versus enterectomy, suture techniques, needle type, stapling versus sutures and use of drains to aid post-operative surveillance. Post-operative management is crucial, with early enteral feeding important and careful monitoring and management of pain and ileus. Post-operative analgesia will be examined, including the evidence base for the use (or with-holding) of non-steroidal anti-inflammatories. Known risk factors for increased complications will be covered and methods of decreasing complications such as the surgical check list discussed.

### Laparoscopy and the acute abdomen

Phil Lhermette

Laparoscopy is most commonly used in small animal general practice for routine ovariectomy/ovariohysterectomy in bitches. However, it is far from a one trick pony and the potential to utilise laparoscopic techniques for a wide variety of abdominal procedures has been largely overlooked. The excellent visualisation afforded through a small 5mm incision, coupled with the ability to perform biopsies or operative surgery provides the clinician with the tools to diagnose and treat many cases of acute abdominal disease with greatly reduced morbidity and minimal tissue trauma in both dogs and cats. Many clients are reluctant to allow their pet to undergo exploratory laparotomy or invasive surgery "just to get a biopsy". However, they are much more open to a keyhole approach which enables collection of excellent, diagnostic biopsies from multiple tissues with excellent haemostasis. Many, if not most procedures currently carried out by open laparotomy can be performed laparoscopically or lap assisted with lower morbidity and quicker recovery. Even seemingly unlikely candidates for laparoscopy, such as splenectomy, can be carried out lap assisted with some advantages for the patient.

This webinar will discuss the use of laparoscopic techniques for diagnosis and treatment of acute and chronic abdominal conditions in the dog and cat.

### Making the most of your exploratory laparotomy: how to avoid the peak & shriek

Vicky Lipscomb

This lecture will provide practical tips and advice on when and how to perform a thorough exploratory laparotomy. It will include a detailed "visual tour" of the clinically relevant anatomy, tips for biopsying abdominal organs and recommendations for how to open and close a large coeliotomy incision. At the end of the lecture the delegate should:

- Know when an exlap is indicated and what the essential considerations are before embarking on surgery
- Be able to describe the clinically relevant anatomy when performing an thorough exlap
- Have learnt surgical tips for performing biopsies of abdominal organs
- Know the current recommendations for opening and closing a large coeliotomy incision

## Nerve Blocks Made Easy

### Caudal epidurals for blocked cats

Andrew Bell

Management of cats with urethral blockage can be challenging. Affected animals may have significant acid-base and electrolyte abnormalities and are invariably painful. Caudal epidural administration of local anaesthetics is an underused yet simple and highly effective procedure which not only provides excellent analgesia to these cases, but also facilitates sedation/anaesthesia and urethral catheterisation. This session will describe the practical technique and indications for caudal epidural anaesthesia alongside discussing current evidence supporting its use.

### Dental nerve blocks

Daniel Pang

Dental nerve blocks are a relatively simple means to provide good analgesia and a stable anaesthetic. As many patients anaesthetised for dental procedures may be geriatric, with co-existing disease and reduced organ function, use of dental nerve blocks can promote a smooth peri-operative period. This session will describe the more commonly performed dental nerve blocks, with a review of drug pharmacology and reasons for block failure.

## Identifying anaesthetic problems

### How capnography can help you identify problems with your patient

Andrew Bell

Capnography is arguably the most reliable and least error prone anaesthetic monitoring modality available, and it can contribute significantly to patient safety. Capnography relies on the measurement of inspired and expired carbon dioxide and primarily gives information about respiratory adequacy. Distinctive capnograph trace patterns can also alert the user to breathing system faults, endotracheal tube problems and acute lung pathology. Additionally, capnography is recommended to prognosticate and judge the effectiveness of chest compressions during CPR. In this session, we will discuss an approach to using and interpreting the capnograph to diagnose problems under anaesthesia.

### What options you have in managing hypotension under anaesthesia if fluids don't work

Daniel Pang

This session will present an update on recent advances and controversies in managing hypotension during general anaesthesia. Hypotension is one of the most common adverse effects of general anaesthesia. Options for managing anaesthetic-induced hypotension include: 1. reducing the inhaled anaesthetic requirement: this can be achieved directly or indirectly (e.g. by providing analgesia). 2. fluid administration: the efficacy and duration

of crystalloid fluid boluses are limited but a number of tools are available to identify patients that will benefit from a fluid bolus (e.g. pulse pressure variation) 3. vasoactive agents (e.g. dexmedetomidine, dopamine, ephedrine): there are pros and cons to the different agents available. These options and practical approaches will be discussed.

## Common anaesthetic complications

### Is it cold in here? Hypothermia under anaesthesia.

Michelle Moran

Hypothermia is one of the most common complications that occur during anaesthesia. During the session we will explore:

- Why hypothermia occurs
- Why do we need to worry about hypothermia – what are the negative effects?
- Prevention is better than cure! Heat loss is more likely to occur during certain periods during the patients anaesthetic journey. When are these and what are the most suitable strategies to combat this heat loss during these different periods?
- The evidence behind some patient warming modalities.
- The importance of safety and the prevention of patient harm from warming devices. What strategies can be used to prevent these events?
- What techniques are available to monitor temperature?

The aim of this session will be to provide practical hints and tips that can be translated into day to day clinical practise.

### Get the suction! Regurgitation under anaesthesia

Carl Bradbrook

Why do patients regurgitate during anaesthesia? How do we recognise that a patient has regurgitated? And what should we do when it happens? In this session we will review reflux and regurgitation during anaesthesia in dogs and cats, exploring the literature to enable us to best focus our management of this situation.

Reflux and regurgitation are common anaesthetic complications, requiring recognition and treatment to reduce the risk of unwanted sequelae. The number of cases of sequelae reported is low, but the development of an oesophageal or nasopharyngeal stricture, or oesophagitis can prolong hospitalisation and increase patient morbidity. What is the best approach to managing this complication- is suctioning the oesophagus alone enough, or should we be flushing with water/saline and administering any medications? What signs can we look out for to warn us that a patient has regurgitated, when is it most likely to happen and are there any risk factors we should be aware of? Finally, we will explore whether any preventative or prophylactic measures can be helpful, and what, if any treatments to consider for at risk patients or for a particular procedure with an increased risk.

# Sedation wars!

## Safe sedation and sedation vs anaesthesia. When it's not ok to not intubate?

Carl Bradbrook

When is it ok to use sedation safely and not induce anaesthesia? Are there any circumstances where anaesthesia should be chosen? In this session we will review options for sedation, and explore factors, both with regard to the patient and the procedure that will enable best practice.

Most diagnostic and minor procedures require our patients to be sufficiently immobilised to allow for good patient safety and a successful procedure. In the healthy patient the use of sedation for most procedures will have little, if any impact on the animal. What about those more challenging cases- the aggressive or fearful cat, the geriatric patient with multiple comorbidities, or the cardiac case requiring a prolonged procedure. A question useful to ask is; can we safely give sufficient sedation to allow the procedure to be completed successfully and for the patient and veterinary team to be stress free? If the answer to this is yes, then sedation is most likely to be sufficient. What if it's not? Finally, we will explore options for providing good sedation in a number of case examples, along with a few scenarios where anaesthesia

## Monitoring for sedation

Vicky Ford-Fennah

The importance of monitoring of patients during sedation is often underestimated. During the session we will explore:

- Why is close monitoring of these patients is so important?
- The importance of an understanding of the agents used to sedate the patient and how these effect the monitoring picture.
- What should be monitored during sedation?
- How can we maximise patient safety?
- Tailoring your monitoring techniques for different patients – practical hints, tricks and tips!
- Techniques to maximise the effectiveness of monitoring devices. How to check they are accurate?
- When sedation goes wrong – the early warning signs that the patient may not be coping and what to do.
- The recovery period – the forgotten period!

# On demand

## Neutering: provide the best anaesthesia every time – how to provide the best care to patients

Ian Self

Although regarded as a routine operation, neutering is probably the most invasive procedure undertaken in the majority of pets in the UK. Anaesthesia should be tailored to each patient to ensure not only anaesthesia adequate depth for the operation, but also to ensure preservation of normal physiology as well as excellent analgesia. This session will explore the possible approaches which could be applied in practice.

We will examine the importance of a thorough clinical examination, benefits of tailored premedication, and outline best practice in anaesthetic induction, maintenance and recovery. Finally, we will briefly give examples of how the approach could be modified when dealing with commonly encountered breed specific and clinical problems.

## Local techniques for celiotomy: new local anaesthetic techniques for celiotomy

Jaime Viscasillas

In the first half of this lecture we will discuss the basic anatomy we need to know to choose the right loco-regional technique and show easy techniques which can provide good analgesia for celiotomy. The second half of the lecture we will explain the advanced loco-regional techniques developed over the last years and its main advantages and disadvantages.

## Best practice for CPR techniques for patients under anaesthesia

Paul Macfarlane

This presentation considers CPR during anaesthesia in the context of the RECOVER guidelines.

## Cats hurt too: feline analgesia – peri-operative analgesic techniques for cats

Claire Woolford

Cats are masters at hiding their pain, but the clues are there if you look closely. Cats are often given less analgesia than their canine friends, sometimes this is because we don't think they are painful and sometimes it's because we are unsure what we can do for them. There are many analgesia techniques out there that can be used for cats as well as dogs, using multi-modal and preventive analgesia ensures that your patient has a good experience throughout their stay with you. This webinar will cover preventative analgesia, easy local anaesthetic blocks and how to put together an analgesic constant rate infusion for your feline patients so you can ensure they do not suffer in silence.

# BRACHYCEPHALICS – PM

Friday 26 March  
Stream number: 3

## Gasping for air: how badly is my patient affected?

### Assessment of a BOAS patient in the consultation room: what do these noises mean?

Julia Riggs

Julia and Chris will each provide a short presentation demonstrating practical tips on how best to assess these patients in order to decide how severely they are affected by Brachycephalic Obstructive Airway Syndrome (BOAS). Julia will use her wealth of experience to discuss the physical examination of these patients in the consultation room and Chris will then lead you through examination of the anatomy of the upper airway under anaesthesia. There will then be time to discuss the points raised and ask any questions that you have from your own clinic.

### Assessment of the airway under anaesthetic

Chris Shales

This webinar will consider these interesting patients from a slightly wider perspective including consideration of conditions that can accompany Brachycephalic Obstructive Airway Syndrome (BOAS). We will cover a variety of topics including ophthalmic, dermatological, neurological and orthopaedic conditions in addition to aspiration pneumonia, lung lobe torsion, hypoplastic trachea and nasopharyngeal mucocoeles.

## Take a deep breath: BOAS surgery doesn't have to be scary

### Nose and soft palate

Jane Ladlow

In various studies, about 60% of dogs with BOAS had stenotic nares and 90% had an elongated palate. Using advanced imaging, the palate is not only long but also thickened (hyperplastic) which may be a secondary change to other areas of airway obstruction.

The lesions sites are also breed specific, with nasal stenosis being more of an issue in French bulldogs and pugs than bulldogs where the hyperplastic palate is the most noticeable lesion. In an objective study of airway function the nostril status was the most significant conformational factor associated with BOAS (though we still see unaffected dogs with severely stenotic nostrils). As lesion sites vary between breeds and also between individuals of the same breed it is important to assess individuals carefully prior to surgery with a functional assessment (<https://www.thekennelclub.org.uk/health-and-dog-care/health/getting-started-with-health-testing-and-screening/respiratory-function-grading-scheme/>).

We use a nasal grading scheme which is breed specific to assess the nostrils. Open and mildly affected nostrils are desirable (<https://www.vet.cam.ac.uk/boas/about-boas/recognition-diagnosis#stenoticnares>).

There are a myriad of techniques described for soft palate resection and nasoplasty. This presentation will cover the current surgical options for nasoplasty and soft palate resection, including alar fold resection and folding flap staphylectomy techniques along with the evidence behind them. Potential complications and outcomes (where known) will be discussed.

### Laryngeal collapse and tracheostomy

Rob White

Laryngeal collapse is a form of upper-airway obstruction caused by loss of cartilage rigidity that allows medial deviation of the rostral laryngeal cartilages. Although laryngeal collapse has usually been considered to be associated with progression of the BOAS, when it comes to the more advanced stages of the condition, the breed of dog is often indicative of the severity in laryngeal changes seen. Conventionally, the condition is sub-divided into three stages in the dog: in stage I laryngeal collapse there is eversion of the laryngeal saccules, in stage II there is loss of rigidity and medial displacement of the cuneiform processes of the arytenoid cartilage, and in stage III there is collapse of the corniculate processes of the arytenoid cartilages with loss of the dorsal arch of the rima glottidis. In its advanced forms, the condition is life-threatening and often very difficult to treat effectively. This presentation will discuss the condition and its potential management options (e.g., husbandry changes, surgical correction of primary abnormalities, sacculectomy, arytenoidectomy, cricoarytenoid and thyroarytenoid caudo-lateralisation, and permanent tracheostomy), highlighting the controversies and difficulties its treatment.

## Anaesthesia in BOAS patients: protocols and pitfalls

### Vet perspective

Liz Leece (Sarah Gibson to cover)

Although the nursing care for the brachycephalic patient is the most vital part of hospitalisation and peri-anaesthetic care, there are recent clinical investigations that may help guide veterinary care for brachycephalics undergoing anaesthesia. The lecture will help to guide our anaesthetic care, provide brachycephalic checklists whilst incorporating the recent updates into our management to help minimise complications and provide effective treatment if they are encountered.

### Vet Nurse perspective

Jen Busby

Brachycephalic breeds are now all too common in our veterinary practices whether it be general practice or referral. At some point, regardless of the reason, they will require anaesthesia for a procedure. In this session, I aim to provide awareness of the common pitfalls we as nurses may encounter. The nursing responsibilities to these patients throughout all the stages of the anaesthetic are fundamental to ensuring these tricky patients survive and walk away! They can be some of the riskiest patients to monitor and manage during the anaesthetic period but with good preparation, a solid basic protocol and fantastic teamwork, there should be no reason why these patients need to be any more troublesome. I will aim to discuss some key preparations and protocols needed to ensure the safety of these patients, together

with increasing the awareness of common pitfalls that might occur and what to do during them.

## The team approach to the brachycephalic patient

Julia Riggs, Chris Shales & Lydia Smith

This live session will give delegates the opportunity to ask questions and discuss practical tips and techniques used by three experienced team members to manage their busy BOAS clinics. The session will complement the pre-recorded seminars and other live sessions that form part of this stream. This is your chance to get involved! We hope you will join us for what we are sure will prove to be a very useful exchange of ideas and experiences in this challenging but rewarding area.

## On demand

### Regurgitation and BOAS hiatal hernia: should this be treated surgically?

Rob White

Dysphagia, ptalism, vomiting and regurgitation are common clinical signs in brachycephalic breeds. Prevalence of gastrointestinal disease in brachycephalic dog populations, especially in the French bulldog, has been reported to be as high as 97%. The negative intrathoracic pressures generated by increased inspiratory effort is believed to be a major cause of the gastro-oesophageal reflux. Laxity of the phreno-oesophageal ligament and the presence of a sliding hiatal hernia are also recognised in the many brachycephalic breeds. The necessity of making a definitive diagnosis of a sliding hiatal hernia is controversial; in part, because the dynamic nature of the condition means that often it is not an easy diagnosis to make. Most commonly, regardless of the diagnosis of a sliding hiatal hernia,

the gastrointestinal signs are managed medically (for example, with the administration of a proton-pump inhibitor, a gastric protectant omeprazole and the use of an appropriate feeding regime) and, surgically, with the improvement of airway function. This presentation will explore the controversies, while providing a practical and rationale approach to a typical case. In addition, the surgical management options for non-responsive cases will be considered.

### Nursing the BOAS patient – primary considerations

Lydia Smith

This lecture aims to highlight the importance of thorough planning, implementation and evaluation of nursing care for the BOAS patient in primary practice. From kennel considerations, dietary requirements, emergency equipment to have on standby and more, some simple yet effective ways of optimising the nursing care of BOAS patients from admit to discharge will be outlined.

### Now then: this is no ordinary dog... what should I be looking for? (Things to watch out for with these patients – lung lobe torsions, hypoplastic trachea, lung lobe torsion, shunts, etc.)

Chris Shales

This webinar will consider these interesting patients from a slightly wider perspective including consideration of conditions that can accompany Brachycephalic Obstructive Airway Syndrome (BOAS). We will cover a variety of topics including ophthalmic, dermatological, neurological and orthopaedic conditions in addition to aspiration pneumonia, lung lobe torsion, hypoplastic trachea and nasopharyngeal mucocoeles.

## CAN THE PROFESSION GO GREEN? – AM

Friday 26 March  
Stream number: 1

## One health, one planet – why sustainability is a necessity

### Leadership perspective – what is needed right now and how to change minds

Libby Kemkaran-Thompson

This non-hysterical look at the big picture will provide both the information regarding the crisis we are facing, and detail the leadership skills for you to personally take it forward with you into practice and your lives to feel like you're making a difference. The time is past where we can all sit back hoping against hope that someone else will lead us out of this situation.

This will give you tangible data for when you begin to use our grass-roots power to effect behaviour change on the vet industry, however much of a small fish you may feel. There is a huge sense of urgency right now despite the world stage having so much else going on, we have very little time to make the difference we need to. So what can we do?

There are things that every individual can do, but more power to effect change comes with better strategy – these lectures focus on the practical delivery of change into existing structure (and even achieving delivery through our perhaps, less than enthusiastic colleagues). The further lectures in this stream will give you the tools and techniques to make these changes happen.

### What is happening in veterinary sector – high level perspective

Ellie West

Medical journal The Lancet has called climate change "*the biggest global health threat of the 21st century*", but also the greatest public health opportunity. The veterinary sector has a moral obligation to mitigate against and adapt for the triple threats of global heating, resource scarcity and biodiversity loss. The transformative change required for this endeavour has been forced by the global pandemic; the question is how we choose to emerge from one crisis, in order to deal with the next?

Small animal veterinary practice has a unique set of environmental impacts, not least the greenhouse gas effects caused by release of

volatile anaesthetic agents, but also single use plastic consumption, hazardous waste production, and resource use. Some opportunities are clear; others present a wicked problem with interdependent impacts, inadvertent consequences of changes, and embedded behaviours all contributing to the tangled puzzle.

We will need to show the best of what we can do; work collaboratively, think laterally, dissect the detail whilst seeing the bigger picture, and showing leadership in the workplace and in our communities. This lecture will highlight the excellent environmental sustainability work that is underway in the small animal sector, and the opportunities for growth and participation.

## What does environmentally friendly look like in practice?

### The business case for sustainability

Becky Sedman

Embarking on a sustainability journey presents many opportunities for veterinary practices; cost savings through reduced resource use, encouraging staff engagement as well as innovation, and marketing opportunities to name but a few. If you aspire to reduce the environmental impact of your workplace, and realise the urgency of positive action, then this session is for you! We will discuss how to get started on your sustainability journey, what the key considerations should be and what can be achieved on a range of budgets. We will also introduce the support material available from Vet Sustain and demonstrate how to put it to use in practice. We will delve into the business incentives of operating sustainably, how to communicate your green vision with the team and how to overcome any barriers you might face. Now is the time for the veterinary profession to take action, to preserve our magnificent planet for the future generations and to ensure that we can continue to provide outstanding veterinary care. As they say, 'be the change you want to see in the world'!

### Practice level practical perspective

Zoe Halfacree

In the second half of this session on "can the profession go green?" Zoe Halfacree, Chair of the Greener Veterinary Practice working group, provides an insight into the work that Vet Sustain is doing to support practices to make changes for environmental sustainability. Vet Sustain has produced a checklist, which is endorsed by BVA, BVNA and SPVS, as a guide for getting started in going green and this session outlines some of this advice. There are lots of great tips from becoming a little greener to embarking upon environmental management accreditation.

## 20x20 visions of a greener future now

### 5 Pecha kucha's – there and back again, a tale of travel footprints

Matthew Sawyer

Come and learn about:

- The distance travelled annually in the UK in our cars and vans
- Recognise the damage done by air pollution on human health in the short term
- Understand the carbon emissions contribute to the climate crisis, causing damage in the short, medium and longer term
- The amount of staff and client generated carbon emissions and air pollution during their commute or travel to the surgery
- The actions we can take today which provide a lot of positive benefits to individuals, the practice staff, and the

wider community

- How practices can facilitate behaviour change for staff and clients and the multiple co-benefits of doing so

## Primary care practice experience of iE scheme

Sarah Sheppard

As vets we represent a profession that is rightly trusted and admired by the public, we should be using this pedestal as a way of encouraging "greener" thinking and sustainable changes in order to preserve the planet for future generations. The only way we can encourage people to act more sustainably is to start doing it ourselves and prove how a few easy changes can make a massive difference. If a veterinary practice can go green surely most other businesses and homes will find the process extremely easy?

This talk looks at my Veterinary practices' experience of becoming more sustainable and gaining its bronze accreditation with the Investors in the Environment scheme. It explains what the scheme is, why it is important, and what is required of a practice to become more sustainable. It discusses the process we took and what we learned from the journey, as well as highlighting easy wins, challenges we faced, and the importance of getting it right. It also discusses the positive impact it has had on all staff, even those who didn't think it would affect them. The whole team ended up becoming hugely involved in the scheme.

## How nurses can drive one health

Claire Roberts

### How is the green initiative going at our practice?

Becky Sedman

A presentation demonstrating the sustainability journey of Minster Veterinary Practice so far. Since October 2020 we have been trying to reduce our environmental impact with the support from Investors in the Environment. See what we have achieved up to this point, what spurred the whole team to get on board, and what we envision for the future.

## Going green – NHS experience

Claire Topping

The NHS is responsible for 5% of UK carbon emissions, and 5% of travel in the UK. It is also the largest employer and owns a vast estate across the country. This gives great potential for improvements using both technology and employee engagement. This short presentation will feature examples from Northampton General Hospital, a medium sized acute hospital, as well some drawn from other parts of the NHS, demonstrating the breadth of projects used to reduce the environmental impact of the Health Service.

## On demand

### Shining a spotlight on waste – life through the COVID lens

Zoe Halfacree

This session will look at the issues related to global waste and healthcare waste disposal and will look at how optimising segregation and management can reduce the environmental impact of clinical practice.

## How exactly do you change minds?

Libby Kemkaran-Thompson

There's a big difference between 'can' and 'will'. Effective lasting behaviour change is about creating inspiration in individuals rather

than old fashioned motivation techniques like carrot and stick that wear off. To inspire means getting clever and using scientifically proven techniques and methods to up-level our own communications with others.

Human communication is a product of our personal filters, our beliefs, and our focus. We have huge power to change any of these, and in doing so alter the content we effectively deliver in each communication. Cognitive Dissonance cannot be overcome by merely reciting facts to others and hoping it will make them 'see sense'; it has entirely the opposite effect and merely forces them to entrench their position and behaviours in order for them to remain feeling neurologically 'safe'.

There are ways to speak and be heard, ways to delicately influence an existing leadership team (even if you're junior), and ways to use our 'Human Chimp' behaviour to get better outcomes in whatever level you currently work at. The 6 Human needs and Conversational Intelligence are detailed in this lecture to better understand how different profile types view communication – and how to influence all of the types you'll come across in daily life (nb–just please use your powers for good...)

This lecture begins to pull together how to develop influence in a seemingly hopeless situation, and how to utilize the technologies of behavioural communication to best effect.

## Hospital case study: how did we make our anaesthesia practices more environmentally friendly?

Will McFadzean

The environmental impact of anaesthesia has risen to the forefront over the last few years; both via the greenhouse effect of the inhaled anaesthetic agents and the environmental footprint of the consumables used. The anaesthetist has an important role in mitigating these impacts through appropriate monitoring and inclusion of steps to offset any increased requirements. Strategies to reduce the use of inhaled anaesthetic agents via the use of appropriate breathing systems, low flow anaesthesia, airway gas monitoring, and additional forms of analgesia will be discussed. Alongside this case examples will be used to show how nitrous oxide was removed from one referral hospital, and the impact this had on the practice of anaesthesia and the carbon footprint of the hospital, and how a training and implementation strategy was implemented to drastically reduce the volume of inhalational agents and anaesthetic gases used. Finally, some simple steps that can alter the working environment to promote increased recycling and reduction in waste, that have proven successful in our hospital, will be discussed. Although a full team approach is required the anaesthetist is often well placed to implement these changes and push for a reduction in your practices environmental footprint.

## CARDIOLOGY – PM

Thursday 25 March  
Stream number: 3

# Health technology: The role of Apps and Devices in the future of cardiology (a personal perspective)

Marc Kraus

Telecardiology -Telehealth or telemedicine are already showing considerable growth in the human medical fields.

Telehealth is associated with lower mortality and emergency admission rates on the human side, driven by the need to provide lower health care costs; but can also be important and integral in providing optimal care for patients. This technology can also be applied to our animal patients.

This lecture will focus on advanced technologies such as leadless pacemakers, micro-PDA occluders, smart phone ECGs, advanced mitral valve repair surgeries/devices and more.

## Asymptomatic patient

### I am hearing a heart murmur for the first time in an adult dog: what should I do?

Adrian Boswood

Incidentally discovered heart murmurs in adult dogs are common. Degenerative (myxomatous) mitral valve disease (DMVD) is by far the most common cause of acquired murmurs in dogs. Other possible causes would include dilated cardiomyopathy, bacterial endocarditis,

previously undiscovered congenital heart disease and non-cardiac causes such as haemic murmurs and flow murmurs.

In dogs with an appropriate signalment, a murmur with timing and location consistent with mitral regurgitation makes DMVD very likely. Factors that might make this less likely (or rule it out altogether) would include; the finding of a murmur that is audible continuously or in diastole, finding a murmur in a large breed dog or the presence of clinical signs indicative of significant systemic disease e.g. pallor or pyrexia.

The single best diagnostic test to determine whether or not a murmur is caused by cardiac disease and to characterise the specific cause of a murmur is echocardiography. In some circumstances, echocardiography may not be possible due to cost or lack of access to appropriate equipment or expertise.

In a patient suspected of having DMVD it is important to stage their disease as accurately as possible to ensure appropriate treatment can be instituted if appropriate.

### I am hearing a heart murmur for the first time in an adult cat: what should I do?

Jose Novo Matos

Cardiomyopathies are the most common heart diseases in cats with hypertrophic cardiomyopathy (HCM) being the most prevalent form. HCM affects 15% of apparently healthy cats. Cardiac auscultation in cats is challenging as it lacks both sensitivity and specificity. Cardiomyopathies may not cause a heart murmur, thus some cats with clinically significant heart disease have a normal cardiac auscultation. Conversely, a murmur may be present in some cats with structurally normal hearts. Thus, absence/presence of murmurs may not always help in determining which cats have heart disease.

However, the majority of cats with a murmur do have structural heart disease, especially older cats with loud ( $\geq 3/6$ ) murmurs. In HCM, murmurs are commonly caused by dynamic LV outflow tract obstruction. Normal cats can have murmurs due to dynamic RV outflow tract obstruction (clinically benign).

NT-proBNP is increased in cats with moderate-severe asymptomatic cardiomyopathy, thus it may be used as a first-line test to assess the likelihood of heart disease in a cat with a murmur. But echocardiography is required to confirm the presence of heart disease, and most importantly to assess for risk factors associated with increased risk of CHF and ATE (e.g. left atrial size). Systemic diseases that may cause a murmur should also be excluded, i.e. check blood pressure, haematocrit and T4 (cats  $>6$  years).

Normal and HCM cats may have heart murmurs, but a loud murmur in a cat  $>6$  years is more likely to be associated with HCM and further investigations are recommended.

Early interventions in cardiomyopathic cats may reduce the risk of serious complications, thus early detection of occult cardiomyopathies is paramount.

## Catheter intervention or surgery?

### Catheter intervention or surgery: cardiac interventions – when and how?

Tobi Wagner

This presentation will give an overview of cardiac conditions which can be treated or palliated via minimally invasive catheter techniques. The talk will give the audience insight and general understanding how minimally invasive treatment works. It will also demonstrate variations of common cardiac conditions to help with the understanding about limitations of catheter interventions.

### Cardiac surgery – when and how?

Poppy Bristow

Cardiac surgery in veterinary medicine has been slow to progress compared to other fields. It was previously thought that small dogs would not tolerate cardiopulmonary bypass (CPB) which severely limited potential case numbers, due to myxomatous mitral valve disease (MMVD) being the most common cardiac condition in dogs, and being primarily a disease of small breeds. Surgeries were therefore limited to congenital cardiac diseases as these are more commonly present in larger breeds e.g. pulmonic stenosis and double chambered right ventricle, and closure of patent ductus arteriosus. With the advent of interventional cardiology these surgeries are performed with decreasing frequency, and we will discuss when surgery may be considered preferable to an intervention for certain types of cases suffering with these conditions.

In the past few years, mitral valve repair (MVR) surgery has been shown to be a highly successful management option for MMVD. For those centres performing cardiac surgery, MVR's now comprise the vast majority of cases and there are currently no interventional options available for this condition in dogs. We will also touch on which cases make good candidates for this condition, success rates and the future for this disease management.

## The ethics of managing heart disease in pets

James Yeates, Tobi Wagner & Poppy Bristow

There are always going to be ethical questions and concerns when introducing new treatment modalities, and rightly so. As veterinarians we must always have animal welfare at the forefront of our decision

making. Heart disease is a very common disease in dogs and can have a huge impact on quality of life, a subject that until recent years has been largely un-researched in veterinary patients. When considering any treatment option we must always consider its likely effect on quality of life; expected detrimental effects weighed up against potential improvements, in addition to quantity of life expected to be gained. This is particularly challenging in veterinary patients when assessment of quality of life and decision making has to be made by proxy. Maintaining a good health related quality of life (HrQOL) is just as important as survival to most humans in chronic heart failure (Lewis et al. 2001) and is also more important than quantity of life in owners of cats and dogs with cardiac disease (Oyama et al 2008, Reynolds et al. 2010). It is imperative that with any intervention, be they medical or surgical that owners are fully informed of potential risks and consequences, and presented with the most up to date and accurate information candidly.

## On demand

### Nursing the cardiac patient

H. Edward Durham Jr

Nursing of cardiac patients generally falls into two categories, chronic and acute. Chronic nursing may be pre-congestive heart failure (CHF) and post CHF. This means patients may have heart disease without having presented with CHF. Patients also require chronic nursing after an acute onset of CHF. Acute nursing includes presentation, typically to an emergency center, for rapid control of CHF. This session will review the American College of Veterinary Internal Medicine consensus statement regarding the stages of heart disease, then link nursing schema to each stage of heart disease. Many diagnostics and therapies overlap into different stages. For instance, echocardiography is indicated at all stages of heart disease to monitor progression of cardiac enlargement. Certain therapies have specific indications for their introductions. This overview will allow the participant to gain a 10,000 foot perspective cardiac nursing.

### For the whole team – we have an echo machine – what can we do with it? Echo cardiology for beginners

Jo Dukes McEwan

If you have an echo machine, it is important to use it! An echo machine, rather than a general purpose ultrasound machine, should have sector transducers. It will almost certainly have cardiac software on it as well – for 2D and M-mode measurements and calculations. You might even have colour flow and spectral Doppler software. So, the machine has all the capabilities you need – what about you? Even if you are not confident or trained, as a first step, just with transducer on chest, you can do the following to triage patients:

- Is there a pleural or pericardial effusion?
- Are there B-lines? These are radial, hyperechoic lines showing the lung parenchyma has a mixture of air and fluid – so pulmonary oedema (or other pulmonary infiltrate) is detected.
- Can you identify if the left atrium is dilated? (if not, respiratory signs are not likely to be associated with left sided congestive heart failure).

To increase confidence, do attend a practical echo course. It is always difficult using a different type of echo machine to the one we know – so consider working with someone (or attending a course) with a similar machine, to learn how to use it well.

### How do I take my basic heart scan further? (FS% to doppler)

Jo Dukes McEwan

You can reliably obtain the standard 2D echo views and identify common cardiac pathologies. But you feel as if you are on a plateau and want to progress?

If you are obtaining measurements from your echos, to compare with published reference ranges for species, breed or body weight of the animal, how repeatable are you with those measurements? A number of pitfalls are possible in measuring 2D and M-mode image and we will indicate how to avoid these. Obtaining reliable spectral Doppler is critical—you need to be able to optimise your 2D images to ensure your spectral Doppler cursor is parallel to blood flow.

A thorough understanding of the pathophysiology of cardiac diseases is needed to problem solve if you identify an abnormality. Can you identify and interpret evidence of a volume overload or a pressure overload?

You might have different levels of echo studies:

- i. Triage in a patient with clinical signs
- ii. Goal focused – e.g. staging a dog with myxomatous mitral valve disease
- iii. Systematic Doppler echocardiography such as in a patient with a murmur with suspected congenital heart disease.

This session will identify possible areas of echocardiography in which you can progress.

## Update on current ACVIM consensus statements MVD & HCM

Jose Novo Matos & Kieran Borgeat

Consensus guidelines for common heart diseases are paramount to standardise and facilitate clinical management. In this lecture we will introduce you to the most recent guidelines on mitral valve disease (MVD) in dogs and cardiomyopathies in cats.

Dogs with MVD represent the most common cardiac presentation in practice, with an estimated prevalence of around 3.5%—higher in older individuals and smaller breeds. Over the last decade, significant advances in the evidence behind treatment decision making have been made, so an updated consensus on diagnosis and management was published at the end of 2019.

Based on an A-B-C-D staging system (Figure 1), the recommended diagnostic tests and treatments have been clarified based on up-to-date evidence.

Key points for MVD include a recommendation that imaging to evaluate heart size is performed in asymptomatic dogs with a grade III or louder heart murmur, to identify if they are stage B1 (no cardiomegaly) or B2 (significant cardiomegaly). Those in B2 benefit from pre-clinical treatment with pimobendan (0.25–0.3mg/kg q12h). Additionally, once in stage C, the recommended treatment protocol is furosemide, pimobendan, spironolactone and an ACE-inhibitor.

The first ever consensus statement for the classification, diagnosis and management of cardiomyopathies in cats was published in 2020. These guidelines provide a framework on the diagnosis and treatment of cardiomyopathies in cats, outlining a classification system based on echocardiographic phenotype. Cardiomyopathy phenotypes (HCM, RCM, DCM, ARVC, and non-specific) are initially defined on echocardiography based on structural and functional criteria. Then, it is recommended that the underlying causes known to be associated with that phenotype are excluded; e.g. in a 10-year-old cat with an HCM phenotype, rule out systemic hypertension and hyperthyroidism. The A-B-C-D staging system to define cardiomyopathy severity, almost identical to that for MVD in dogs, is used to guide treatment strategies.

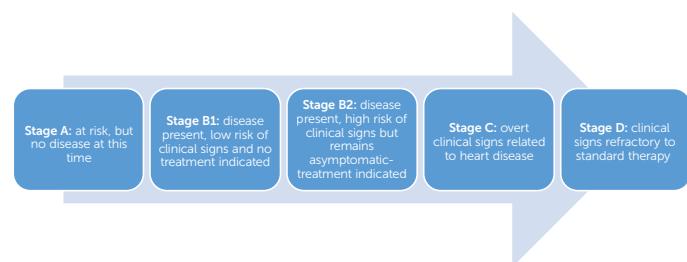


Figure 1: The stages of heart disease identified in both the ACVIM consensus statements on mitral valve disease in dogs and cardiomyopathy in cats.

## CHRONIC PAIN – PM

Saturday 27 March  
Stream number: 1

## What can be achieved in a 10 minute consult?

### Establishing pain through owner questioning

Matt Gurney

Where to start can depend on whether the consultation was booked to specifically discuss pain or whether pain was detected as part of a routine examination.

Validated pain scores are an essential resource to provide a structure to owner questioning. For the planned consultation these can be emailed to the owner prior to the consultation or where pain is noted in a routine consultation can be given to the owner for completion after the consultation. Pain scores are really useful not only for providing a baseline prior to initiating treatment, but as a basis for discussion and further history taking. I find they stimulate owners to mention additional information that can be useful. Options to consider are;

- Canine Brief Pain Inventory (CBPI)
- Liverpool Osteoarthritis in Dogs (LOAD)
- Helsinki Chronic Pain Index (HCPI)
- Feline Musculoskeletal Pain Index (FMPI)
- Vetmetrica Health Related Quality of Life System

During history taking I aim to establish 3-5 pain behaviours to use as a baseline. These may be new behaviours associated with pain or behaviours that the pet doesn't do anymore which could be attributed to pain.

During the introduction session we will cover the different attributes of these pain scoring systems and when you may choose one over another.

### What can be achieved in a 10 minute consult?

Sam Lindley

Chronic pain takes time to develop and will take time to resolve or manage, therefore the first thing to emphasise to the client is that this initial consultation (or from wherever the clinician is picking up

the case) is just that: initial, and that there will be a plan to progress the treatment.

The first consultation should identify the owner's concerns; try to establish the sources and classifications of pain present; identify some clear, initial outcome measures; and begin the process of reducing the patient's suffering.

Owner concerns include: their pet's suffering; inability to exercise; withdrawal and reduced interaction (especially cats); unwanted changes in behaviour (including toileting irregularities; restlessness at night; fearful behaviours); possible side effects of medication; absence of a firm diagnosis; and a potential misunderstanding of what can be achieved with chronic pain problems (i.e. management *versus* cure).

The clinician should observe movement, gait and postural abnormalities.

The examination should be performed on as relaxed a patient as possible; aim to establish the presence or absence of secondary sensitization; and minimize pain and fear. From the history and the examination, the sources and classification of pain *may* be established; the clinician should aim to identify at least one sign of suffering and/or physical outcome measure, start on appropriate analgesia and arrange a review.

## Owner engagement in chronic pain

### Managing expectations: client education

Sam Lindley

Owners often need help to understand the difference between acute and chronic pain; that often we cannot cure the problem; and that the main priority is to reduce the patient's suffering (which may include side effects and restricted access to resources).

Suffering is assessed by changes in individual behaviour and chronic pain is a chronic stressor. We cannot teach our patients not to feel stressed by the sensation of pain and owners must understand that the treatment of chronic pain necessarily involves more veterinary input because of this.

A dynamic approach will usually begin with pharmacological analgesia, but may be followed with more physical treatments to help reduce the amount of medicine required and to maintain the animal's strength and mobility. The clinician should stay open to discussing any approach and be prepared to explore other avenues if the owner requests them.

Medicines often carry a negative association for many clients and the clinician should be clear in explaining expected outcomes; possible side effects; monitoring; and frequency of review.

Getting the owners involved in weight control; physiotherapy exercises; comfort; improved core territory; and replacement of lost resources will help with compliance by giving them a sense of control over their pet's pain.

### Monitoring pain therapies

Matt Gurney

Chronic pain can seem like trial and error sometimes. Having a firm understanding of the pet's pain and a baseline pain score is essential for judging the efficacy of any future therapies. The identification of pain behaviours is recommended.

When asked what they want for their pet, most owners will reply that pain reduction and maintenance of quality of life is their goal. I do ask this directly to owners so we can establish common ground and start to manage expectations. However, when asked to rate quality of life as a direct question in the Canine Brief Pain Inventory owner response can vary according on the message they wish to convey to

you. We will discuss this point in the session. Questioning across health domains associated with quality of life can give us vital information and this is the basis of the Vetmetrica scoring system. I adapt the pain/HRQL scoring system I use according to the owner – which can help with the spectrum of pain presentations – another point for discussion.

Writing down treatment goals and pain behaviours helps owners recall the consultation and draws focus to each aspect of management. Highlighting the importance of each intervention is valuable to the owners understanding.

## Building a pain management plan: where to start

### Drug free management

Sam Lindley

Owners must understand that medical analgesia is often vital to reduce suffering, especially at the start of the treatment of chronic pain. We cannot, by explaining that chronic and acute pain are distinguishable by the threat they pose to survival, teach our animal patients to be to be unafraid of their pain. We therefore need to reduce both the sensation *and* the emotion of pain and this process sometimes needs medication. Where the pain field has become exaggerated and expanded, physical therapies may be contraindicated until that field has been reduced.

Rather than "drug free" (which tends to give "drug use" a negative sense), the physical therapies should be thought of as integrated; relatively safe; and relatively free of side effects.

Their use may reduce the use of medicines; may positively contribute to the animal's health and mobility; and, often, indirectly contribute to owner compliance because the therapist can continue to educate and to build on the plan.

Physical therapies include but are not limited to: acupuncture; physiotherapy and hydrotherapy; laser; manipulation; and myotherapies of various kinds. This lecture will briefly describe the most common therapies, their indications, advantages and possible drawbacks.

### Foundations of drug therapy: Into building the plan and an overview of NSAIDs

Stuart Carmichael

Medical treatments provide the cornerstone of most pain management plans, but how effective are they in addressing chronic pain? Osteoarthritis is a major cause of chronic pain and it is an excellent example of the need to properly understand how pain is being generated before attempting to resolve it. Management involves controlling the local disease, a source of nociceptive stimulation, while at the same time separately addressing non-nociceptive mechanisms, neuropathy and central processing.

NSAIDs have been used widely and successfully to address pain in OA. We almost know too much about these drugs and our knowledge restricts our use and client acceptance due to risk of toxicity. However, there are other limitations in managing chronic pain using NSAIDs.

The use of unlicensed medications to treat chronic pain about has increased greatly. But are they safe or effective? Properties do not easily translate between species as we found in the past with NSAIDs and more recently with Tramadol.

Medical agents are important tools in building a management plan but due consideration must be given to therapeutic targets, effectiveness, duration of use, practicality and common sense.

# Drug management in chronic pain: when basics are not enough

## Older drugs

Matt Gurney

This session will consider analgesic management for pain beyond the licensed options. Our current licensed options for pain management are NSAIDs, paracetamol (as Pardale V), tramadol and grapiplant in dogs and NSAIDs in cats. Starting with those options we will briefly address which one to choose as a first line for pain. We will cover how to work out when to add a second analgesic and what that analgesic should be. Consideration should be given to the type of pain we are treating and an assessment of the impact of the pain on the pet.

- Paracetamol – do we know which dose we should be using?
- Gabapentin – which pain types are best suited to gabapentin, what is the evidence and how do we avoid sedation?
- Pregabalin – when should we consider pregabalin? What does the evidence teach us?
- Amantadine – should this be our second line in addition to NSAIDs and why?
- Memantine – when should we consider memantine?

## New approaches

Ian Self

In this introductory session we will consider new and emerging approaches to the pharmacological management of chronic pain conditions. This is an exciting field with an expanding range of options including recently licenced novel classes of NSAIDs (grapiplant), cannabidiol (CBD) compounds, anti-nerve growth factor monoclonal antibody treatment, and even the use of more traditional agents such as ketamine to 'break the pain cycle' and effectively reset the pain baseline.

We will take an evidence-based approach, where it exists, and try to assist participants in making logical pain management plans where the more traditional agents and methods have proven insufficient to effectively treat a particular case. We will also emphasise that it is very unlikely that any of the novel therapies used as the sole analgesic will sufficiently control pain, and that a holistic approach is essential to ensure the best outcome for our patients.

## On demand

### Teaching owners to recognise pain – How can we help owners to recognise pain, both acute (post-surgical) and chronic pain development

Emma Love

In the session we'll consider how we can help owners to recognise acute and chronic pain. Both chronic and acute pain recognition are enormous topics in themselves so the session will focus on "how, what and how" and cover key points relating to each of these areas.

Assessing a subjective, multi-dimensional experience such as pain in non-verbal species is a challenge yet there's inextricable links

between pain – a negative affective state, welfare and quality of life. Recently, research has resulted in us having a range of pain scoring tools that can be applied to assess both acute and chronic pain in dogs and cats, as well as quality of life. Owners are uniquely placed to observe dogs and cats in their home environment where animal behaviour can be observed in wider contexts and over time, enabling the dynamic nature of pain to be tracked. A combination of Client Specific Outcome Measures and pain assessments can be used to evaluate the animal and assess response to interventions; these can be incredibly useful tools for working in partnership with owners, motivating and actively engaging them in the management of their animals pain.

### Basics of acupuncture – Basics of how acupuncture works and how veterinary staff can get training to start providing this service

Sam Lindley

Acupuncture is now established as a physical therapy which interacts with the patient's body and brain in ways that can be demonstrated experimentally and clinically.

Acupuncture has effects locally, segmentally, heterosegmentally and generally (humeral and brain effects).

The main *brain* effect of manual acupuncture (i.e. without electrical stimulation of the needles) is on the limbic system, which is the main system influencing emotion. This is one explanation of why owners of animals who have received acupuncture often describe them as "happier" and perhaps "picking up a toy for the first time in ages". Acupuncture makes the patient feel better about the problem from which it is suffering; they care less about the pain and, therefore, stress and suffering are reduced. This is not all acupuncture does, but it is an important effect and should be evaluated in clinical studies and in clinical practice.

Acupuncture is not a difficult technique to learn. The skill comes in examining the patient for the "targets" of acupuncture; deciding whether to use needles; where to put them; which needles to use; and what to do with them once inserted. The techniques learned enhance the chronic pain examination and are rewarding for patient, owner and clinician.

### What can we do about the pain of arthritis?

Stuart Carmichael

Why is the pain associated with osteoarthritis so difficult to manage?

When we understand the answer to this question, addressing it becomes easier although still challenging. OA is characterised by a mix of acute and chronic pain. It is the complexity, the multi-mechanistic nature and the duration of the pain that tests us. Pain is poorly related to the extent of local pathology suggesting we regard it as a separate disease requiring separate treatment, although the disease in the joint both initiates and sustains the pain. So, we need to treat both the joint pathology and the pathology of pain together to better manage pain.

We have a wide range of treatments at our disposal for this. But do we use them correctly? Several questions need to be addressed

1. Are we introducing treatment too late?
2. Are we failing to treat for long enough periods?
3. How can we tell if our efforts are effective?

I will consider how management could change to take advantage of advances in understanding of pain, new treatments and assessment methods to create a more pragmatic, complete and effective strategy for managing OA.

# CURRENT TOPICS – AM

Saturday 27 March  
Stream number: 3

## Mastering uncertainty: communicating to inspire confidence

### Overview of psychology of uncertainty

Carolyne Crowe

So much change in 2020 and it hasn't stopped yet in 2021! The "ifs" the "buts", the "possibilities" or lack of them... Uncertainty is challenging, draining and can be very unsettling for many and yet nothing is ever certain! How do you manage yourself through periods of change and uncertainty?

Do you:

- Spend countless hours and amounts of energy trying to control the uncontrollables?
- Feel anxious and unsure of what you could, should and will do?
- Feel drained by the situation and unsure of where to turn?

If so you aren't alone, at the end of the day regardless of your role, you are a human with emotions not a robot....so what can you do?

This is an interactive session where we will discuss the impact of uncertainty on how we work, live and feel. We will share practical tools to use and take back to your team to help you feel more settled, less drained and more in control of what you are focusing on during these ever changing and uncertain times. We will discuss the role of the leader and how your role is not to know all the answers but to understand and manage expectations of your team, your clients and yourself to help you lead effectively through change and challenge.

### Mastering uncertainty: how to train your brain to be tolerant during COVID19

Alan Robinson

What is your tolerance to uncertainty? Some people are ok with not knowing how what the future holds. Other people can't cope with even the smallest degree of doubt.

Uncertainty goes hand and hand with anxiety and fear of the unknown. Low tolerance to uncertainty people are much more likely to experience emotional distress and low tolerance is also seen in people who struggle with mental health issues such as panic disorder, depression or social anxiety.

People with high tolerance to uncertainty often have good cognitive and emotional control, easily compartmentalise their thoughts and choose what to pay attention to and what to ignore. Usually skilled at emotional regulation and keeping their responses 'in check' but may sometimes appear aloof, distanced and unconcerned.

*The good news is tolerance to uncertainty is like a muscle and can be strengthened.*

Welcome to the global 'Tolerance to Uncertainty' Boot Camp! Here are seven suggestions to help you and your team improve your tolerance to uncertainty.

1. Control what you can.
2. Set a daily schedule
3. Fall back on systems and processes
4. Move the goalposts closer
5. Reward yourself regularly
6. Move your body
7. Make Connections

## Lessons from lockdown: telemedicine is here to stay

### Insights into maintaining relationships and changing dynamics with remote consults, communication challenges and opportunities

Brian Faulkner

Consultations are the successful bricking bricks of all veterinary clinical organisations since they are the hub from which clinical-client-financial-colleague outcomes emanate. Adapting during the COVID pandemic provided an unexpected opportunity to experience the challenges and opportunities of Audio-Visual (AV) Consulting on our ability to manage the clinical, client, financial and logistical aspects of veterinary case management. Many of the challenges were as anticipated; most notably the widening of the 'information-gap' that all clinicians experience when they begin the clinical resolution process by acquiring information using only their physical senses – sight, sound, touch, smell...and taste. (The information-gap is the difference between what we *actually* know about a patient's physical-physiological status and what we would *like* to know about a patient's physical-physiological status.) Not only is a lack of information relevant to the process of resolving physical symptoms, it is relevant to the entire emotional experience of any consultation – but AV consultations in particular. The less information people have, the more uncertainty they feel. This increase in uncertainty is relevant to clinicians, clients and colleagues since uncertainty is a key ingredient of anxiety ('stress'), especially when coupled with time-pressure (as per my 'Stress' equation; "Stress = Uncertainty x Urgency"). That said, AV consulting has its benefits and opportunities. Since a significant feature of case-management is simply knowing if our we are 'on-track' (i.e. as expected), AV consulting is a useful screening tool to touch-base and set, confirm or adjust expectations in many (but not all) clinical cases. In essence AV consulting highlights, is what we already know; an ability to manage expectations about the clinical, client, financial and logistical aspects of a veterinary case – within the limitations of the information we have available – is the foundation upon which successful clinical, client, financial and team morale outcomes are built.

### Practice perspective – how have we used it, what have we learned?

Matt Flann

Video consultation was on the cards pre-COVID. Many practices have used one system another to help continue to work more safely since the first lockdown in March 2020. Telemedicine apps are now part of the fabric of the practice and are here to stay.

In this talk we will be covering the lessons we have learned using telemedicine since we first started in Jan 2020 from practice

perspective. This will be broken down into what we have learned within the veterinary team and from the client's point of view. A case will also be presented for keeping telemedicine in the long-term as one of the communication options of the practice.

## Today's VUCA world: opportunity or threat?

### Overview of VUCA

Richard Casey

Today's 21st century veterinary world is volatile, uncertain, complex and ambiguous (VUCA). In the past, new technologies and industry trends would take years to develop but, today, they arrive almost overnight. Practicing today involves managing a diverse team and client base, coping with every rising consumer expectations and treatment costs against the backdrop of a global sustainability emergency. This new world is putting extreme pressure on veterinary leaders to lead in ways not before seen. If we want to navigate our patients, teams, clients and, not forgetting ourselves, through this new 'normal,' we need a different approach. Success for our practices, and everyone involved, requires 21st century leadership and, guess what, it may not be as scary as you think. This session explores the opportunities and threats in today's VUCA world, and how they may impact veterinary practice. We'll also explore simple tools and techniques for analysing your own VUCA practice, and your personal role in navigating it.

### Key themes of change

Liz Somerville

Even before COVID 19 hit us in 2020, veterinary practices were having to cope with a huge volume of wide-ranging changes across the whole profession. Corporatisation, the development of technology and data management, rising client expectations, a gender shift and retention crisis were all providing a challenging environment for veterinary business leaders. Add in a global pandemic and clients who continue to demand high quality care at competitive prices, that focuses on them as much as their pets, it is no surprise that our leaders and practice teams are under huge pressure. This session will explore how the change management process has had to evolve within veterinary practices to keep up with the fast and rapid changes practice teams have experienced. These changes are happening across every practice and involve managers and leaders, team members and clients. As humans we all react and respond to change differently, some of us thrive on it and others struggle with it, so knowing your people and understanding how to navigate the challenges they are facing will be vital as we move forwards.

## On demand

### BREXIT – how has it changed the recruitment landscape?

Andreia Dias

Brexit brings opportunities and challenges for those looking for veterinary professionals to be part of their team. While every non-UK professional is equal, this presents unique challenges, as in reality not every non-UK professional is equal. Non-UK qualified vets have accounted for more than half of the new RCVS registrations, but these numbers are likely to drop post-Brexit, reducing the pool of available vets to fill UK-based vacancies. It's possible that we may see an increase in non-EU professional registrations and a drop in EU

registrations. On the other hand, working with non-UK residents now poses a bigger challenge for many practices, as this means any overseas vet will require a visa sponsorship. While this can be beneficial in terms of retention, it can be costly for the practice, both financially and in terms of overall staff retention, especially if the new professional is not a good fit for the practice. Working with overseas vets also poses more than just a professional adaptation challenge. Culture shock works on both parties, the newcomer and the practice, and none are usually prepared for this, leading to miscommunication, internal conflict and expectation mismatches.

### Conflict resolution strategies for reception: top tips and tactics for the conflict front line

Brian Faulkner

Veterinary receptionists are exposed to more 'raw emotions' than any other role in veterinary practice by virtue of the fact that they are usually the first point of contact clients have with the practice. This exposure is coupled with the fact that many clients interact with 'unqualified' frontline personnel differently to the veterinary surgeons. Whilst attitudes and interactions vary between practices and clients, feedback from BVRA members in their 2020 membership survey, ([www.bvra.co.uk](http://www.bvra.co.uk)) revealed how veterinary receptionists are exposed to disruptive behaviour as well as irate, and even abusive comments, and that these became more common with the social distancing measures instigated during the COVID pandemic.

This webinar will look at what we can do to resolve and prevent the five most common client complaints made to veterinary receptionists:

1. Complaints about the bill. Note this is different from the price of services. Clients complain far more about the balance on their account than the cost of each item.
2. Complaints about not being kept informed about what is going on – including updates on the health status of their pet, receiving lab/test results as well as being kept waiting.
3. Complaints when project "fix-pet" isn't going to plan which exposes clients to prolonged angst, effort and expense.
4. Complaints that something wasn't done or ready when we said it would be. Common examples include completing insurance forms, writing prescriptions or preparing medications.
5. Complaints about a receptionist's attitudes or that they 'were rude', when they resisted a client's requests or demands.

### The true value of a high performing team

Carolyne Crowe

What do you mean by the word "team"? It's a word we use every day, but what does it mean to you and to your team? What are the words and phrases that come to mind? Particularly a team that is high performing?

What do teams do? How do they think? How do they act under pressure? What is the difference between a team and just a group of people?

High performance is a culture and permeates through everything you do at work—are you aware of what high performance looks like and how you are monitoring progress, the areas that need tweaking and those that need amplifying?

During this session we will discuss the above questions, I will share models and tools to help you identify the building blocks of creating a high performance team that works for you and your practice.

# CYTOLGY FOR VETS AND NURSES – AM

Saturday 27 March  
Stream number: 2

## Improving your practice's skills in cytology

### Common mistakes in sampling

Paola Monti

Optimal cytology smears, correct sample handling and contextualisation of the findings with the clinical history are all essential steps for achieving an accurate cytological diagnosis.

Good quality cytology smears provide excellent morphologic details of cells and infectious agents, often allowing to differentiate between inflammatory and neoplastic processes, identify the tumour type and its behaviour (benign or malignant).

When performing a fine-needle aspirate (FNA), the aim is to produce a monolayer of cells with minimal cell rupture. An incorrect technique can produce unsuitable samples precluding adequate evaluation and identification of the cells.

Another common pre-analytical mistake in cytology is to collect a single aspirate, especially from larger masses. A single mass may contain areas of necrosis, inflammation, neoplasia or normal tissue cells and a single slide is unlikely to be representative of the entire lesion. If a mass is fluid-filled, collection of fluid and adjacent solid areas would be recommended, as fluid cytology alone rarely reveals the nature of the surrounding mass.

Labelling of the slides with patient name and origin of the FNAs is another crucial step.

The importance of sample handling before processing and staining should not be underestimated. Fluid samples should be collected in the correct tubes and adequately stored; unstained cytology slides should not be exposed to formalin fumes.

Finally, adequate staining procedures are essential to guarantee and highlight the cellular details that are required for the diagnosis.

Taking care of all these simple steps will prevent the most common sampling mistakes, increasing the diagnostic power of cytology.

### Common mistakes in interpreting

Butty Villiers

When interpreting cytology, it is vital to consider the clinical history and appearance of the lesion as well as the cytological appearance and to have likely differential diagnoses in mind.

Organisms may not be visible in infected lesions if antibiotics are given before sampling. Bacteria are rarely seen in septic arthritis. Fungi and mycobacteria can be difficult to see with routine stains.

The lesion may have mixed pathology such as focal areas of necrosis or inflammation within a tumour and sometimes the fine needle aspirate may harvest only some of these components and not be wholly representative. Hence if neoplasia is suspected but only inflammation is seen, resampling different areas would be recommended.

We are familiar with looking for criteria of malignancy to make a diagnosis of neoplasia. However, hyperplastic or dysplastic cells can sometimes be impossible to distinguish from neoplastic cells, since all three can show criteria of malignancy. This is a particular problem

of mesenchymal cells because the fibroblasts in granulation tissue or in inflammatory lesions can resemble the neoplastic cells seen in soft tissue sarcomas. The history and appearance may help distinguish these although biopsy will often be required.

Just as non-neoplastic cells can look malignant, the converse is also true. Some malignant tumours consist of cells which do not display marked criteria of malignancy. Examples include haemophagocytic histiocytic sarcoma, some malignant melanomas and thyroid carcinoma.

Knowledge of the clinical presentation and expected pathology will help minimise errors in interpretation. Cytology should never be performed in isolation.

## Is it cancer?

### How does the cytologist do it?

Butty Villiers

Although there are some exceptions, benign tumours consist of a uniform population of cells that resemble their normal non-neoplastic counterpart whilst malignant tumours generally show variability.

In benign tumours cells are small and uniform, with small nuclei and a low nuclear:cytoplasmic (N:C) ratio. Nucleoli may be absent or nuclei may contain 1-2 small nucleoli. When in aggregates the cell arrangement is orderly and neat.

Malignant tumours are recognised by identifying cellular, nuclear and cytoplasmic criteria of malignancy:

- Abnormal location for that cell type. E.g. metastatic carcinoma cells should not be present in a lymph node.
- Macrocytosis and karyomegaly with anisocytosis and anisokaryosis
- Cell clusters may be chaotic and disordered with cell or nuclear moulding
- Increased N:C ratio; large nucleus and sparse cytoplasm.
- Bi- and multinucleation; anisokaryosis within one cell is especially significant.
- Multiple nucleoli or a single large nucleolus
- Coarsely stippled to clumped nuclear chromatin
- Frequent/ abnormal mitoses
- Increased cytoplasmic basophilia and / or abnormal cytoplasmic vacuolation or granulation, or excessive secretory product.

The shape and arrangement of cells will help identify the 'family' of cells: Epithelial cells are columnar, cuboidal, roundish or polygonal and in cohesive clusters. Mesenchymal cells are oval to spindle shaped and seen individually or in loose aggregates, sometimes with a swirling pattern, with poorly defined cell borders. Round cells are discrete. The quantity and appearance of the cytoplasm distinguishes lymphoid cells, plasma cells, histiocytic cells and mast cells.

### What else does the oncologist need to know (TNM)?

Laura Blackwood

Staging determines the extent of disease in cancer patients, to inform treatment decisions. Recommended staging is strongly influenced by the diagnosis and likely behaviour of the tumour: a

diagnosis is essential. Full staging is most appropriate for high grade tumours, and in older patients (identifying comorbidities) or before invasive/expensive treatments.

Cytology is particularly useful for superficial masses and those accessible by ultrasound guidance. Carcinomas and round cell tumours tend to exfoliate well, sarcomas not. Primary tumour extent is assessed clinically and by imaging.

Carcinomas, mast cell tumours, and malignant melanomas tend to metastasise by the lymphatic route, requiring assessment of locoregional lymph nodes. The closest node (moving from peripheral to central) is often likely to be the draining node, but lymphangiography can identify unexpected draining nodes in high grade tumours. Identifying and sampling these nodes leads to better staging. Imaging of retropharyngeal, axillary, medial iliac and inguinal nodes by ultrasound or CT is useful: CT allows imaging of sacral nodes e.g. in anal sac adenocarcinoma patients. FNA has a variable rate of false negatives in different tumours: in particular, FNA may be insensitive to oral melanoma metastases. For distant metastases, cytology is especially useful for assessing splenic and hepatic nodules.

## Interactive cytology

Paola Monti & Butty Villiers

In this case-based live session we will explore and discuss common but still challenging cytology cases using live cytology slide examination. You will be able to see the step by step process of how we examine a slide and how the findings lead us to a diagnosis or differential diagnoses. You will be able to participate in the discussion on each case through the live chat.

## On demand

### Cytology 1.01 – the first steps (getting good samples and basic interpretation of diagnostic quality)

Elizabeth Villiers

Aspirates may be obtained with a needle alone without suction, or with an attached syringe with intermittent or continuous suction. To prepare the smear, the contents of the needle are expressed onto a slide and smeared by placing a second slide flat onto the first slide at right angles to it. The sample spreads between the slides, and gentle pressure may be applied to encourage the cells to spread out, although excessive pressure will result in cell rupture. Depending on the cellularity, fluid samples may need to be centrifuged and a blood smear or squash smear prepared from the sediment. After staining a coverslip can be applied with immersion oil or a slide mountant.

Cytology usually enables us to differentiate inflammation from neoplasia and to classify neoplasms as either round cell, epithelial or mesenchymal in origin. When inflammation is seen it is often possible to identify the cause e.g. bacterial or fungal infection. The cytological findings should always be interpreted along with the clinical findings.

### Approach to examining a smear

Examine all the cellular area on low power, then move up to high power. Adopt an ordered approach to smear examination:

1. What is does the background consist of:  
e.g. blood, protein precipitate, mucus?
2. If there is blood present:
  - Is this fresh haemorrhage (see platelets and no erythrophagia) or old bleeding?
  - Is the number of leucocytes consistent with blood contamination or is there also inflammation?

3. Are there inflammatory cells, what type, any organisms?
4. Are there tissue cells?  
Are these round cell, mesenchymal or epithelial?  
Do they exhibit criteria of malignancy?
5. If both tissue cells and inflammatory cells are present, is there enough inflammation to cause the tissue cells to become dysplastic (ddx neoplastic)

It may be possible to make a definitive diagnosis or the cytology may help guide further investigations or therapy.

## Cytology 1.02 – inflammatory lesions

Elizabeth Villiers

**Suppurative / purulent inflammation** is defined as > 85% neutrophils. The most common cause is bacterial infection. Other causes include a foreign body, immune-mediated disease (e.g. immune-mediated polyarthritis), neoplasia especially where there is tumour necrosis and trauma. If neoplasia is suspected but only inflammatory cells are seen, the sample may have aspirated an inflamed area within a tumour.

### Detecting bacterial infection

Bacteria are non-refractile and are uniform in size, shape and staining characteristics. It is important to distinguish infection from contamination. With infection there is an associated neutrophilic inflammatory response with degenerate neutrophils and intracellular bacteria. With contamination there may be a mixed population of bacteria and there is no inflammatory response.

**Eosinophilic inflammation** is seen with eosinophilic granuloma, eosinophilic bronchopneumopathy, parasitism and may be paraneoplastic with underlying mast cell tumours and lymphoma.

### Mixed / chronic inflammation

This may be caused by fungal or mycobacteria infection or with Nocardia and Actinomyces, or may be due to a foreign body reaction, injection reactions and with sterile lymphadenitis. In pyogranulomatous inflammation there is a mix of neutrophils and mononuclear cells (macrophages, lymphocytes and plasma cells) as well as inflammatory giant cells. In granulomatous inflammation there is a predominance of mononuclear cells with fewer neutrophils. The macrophages may form clusters.

## Cytology 1.03 – common cutaneous and subcutaneous tumours in dogs and cats

Paola Monti

Skin tumours develop as a result of an abnormal proliferation of a single or multiple components of the skin. They range from benign neoplasms to aggressive tumours.

Cytology is usually rewarding for the initial diagnosis of the majority of skin tumours with the exception of some poorly differentiated neoplasms and some sarcomas that share cytological features with reactive processes and exuberant fibroplasia.

In this presentation, the basic skin anatomy will be quickly revised in order to help in better understanding which tumours can be found in this location and from which structures they originate. This will be followed by a detailed cytological description of the most common tumours that can arise in the skin and subcutis.

## Dental management in practice

### Ergonomics in the dental station for the veterinary surgeon

Jens Ruhnau

Ergonomically good positions are very important when doing dentistry, since procedures are often long and numerous in awkward back and head positions. This lecture gives the basic guidelines to sit and work with ergonomically good manners to prevent headache, neck, shoulder and back pain to develop.

We will discuss hand instruments grip, light, units, magnifiers, table and chairs, and give a number of solutions to go home and use immediately or to consider when buying new equipment.

### Ergonomics in the dental station for the veterinary nurse

Claire Bloor

Ergonomics is extremely important in the dental station as the veterinary surgeon may frequently spend significant periods of time operating on individual patients, as well as undertaking multiple procedures per day. This can take its toll on the veterinary surgeon's health and wellbeing due to the potentially awkward head and neck positions they often adopt throughout these procedures.

This lecture aims to provide the veterinary nurse with knowledge pertaining to ergonomics in the dental station to take back and apply in practice immediately, to minimise or eliminate the aforementioned negative impacts on their surgeons. We will discuss optimal set up of the dental station considering access to the dental unit, x-ray generator, anaesthetic machine and surgical instrumentation, including the positioning of the table and operating light, and explore the concept of four-handed dentistry.

## Better dental imaging: techniques and practice

### Cone-beam CT in veterinary dental practice

Milinda Lommer

Cone-beam CT offers three significant advantages over conventional intraoral radiography. The first relates to the speed with which images are captured: the patient's entire head is imaged in a 30-second time frame. With conventional intraoral radiography, a full-mouth series can be acquired in 6-10 minutes in the most experienced hands, and as long as 30 minutes for less experienced staff members. The second, most important advantage of CBCT is the ability to visualize structures that are difficult to evaluate on conventional radiographs. These include the maxillary molar teeth, the palatal root of the maxillary 4<sup>th</sup> premolar tooth, and rotated maxillary and mandibular premolar teeth in brachycephalic dogs and cats. In addition, CBCT allows evaluation of the nasal cavity, maxillary recess, frontal sinuses, TM joints, and tympanic bullae. Finally, use of specialized software to create 3D reconstructive images of the patient's skull allows clinicians to better visualize the patient's overall maxillofacial and dental

structures and aids client education efforts. While CBCT is commonly employed to evaluate cases with maxillofacial trauma or neoplasia, we have found it extremely useful for every day periodontal and endodontic cases as well.

### Dental radiology projections for three rooted maxillary teeth

Jens Ruhnau

For two-rooted teeth we can often get good conclusive radiographs using parallel technique or bisecting angle technique when obtaining pictures, but for the three rooted maxillary teeth (especially fourth premolar and first molar), getting a conclusive diagnosis from dental radiographs can prove to be more challenging.

This lecture presents the projections needed to obtain good pictures of both teeth, introducing a totally new projection that is very helpful to evaluate attachment loss and periapical pathology.

## Dental surgery: difficult extractions – tips and tricks

### Difficult dog extractions—tips and tricks

Jens Ruhnau

Canines and carnassials most often cause problems when extracted. Root fractures, flap dehiscence and jaw fractures are among the most frustrating complications in the field of veterinary dentistry.

This lectures gives input – tips and tricks – to avoid these complications. Some of them you might know – some of them might be new?

### Dental surgery – Part II: Difficult cat extractions—tips and tricks

Milinda Lommer

Extracting teeth from cats poses many unique challenges, including a small space within which to work, fragile gingival tissues, a thin plate of bone separating the oral and nasal cavities, proximity of the maxillary teeth to the orbit, and tooth resorption. Preoperative imaging (radiographs and/or cone-beam CT) is imperative to assess the teeth and alveolar bone prior to extractions. Excellent lighting, magnification loupes, and specialized instrumentation will facilitate extractions. Specialized instrumentation includes fiber-optic or LED-lit high-speed handpieces with irrigation, small round and tapered diamond burs, small Molt or P24G periosteal elevators, cheek and lip retractors, 0.9-, 1.3- and 2-mm luxating elevators, root tip forceps (e.g. FX-49), 4.75" needle-holders, and 5-0 or 6-0 monofilament suture material on a reverse cutting needle. An open technique with removal of alveolar bone will prevent many root fractures, as will knowing when to perform surgical subgingival crown amputation (aka coronectomy) vs. extraction *in toto* for teeth with resorption. When root fracture does occur, enlarging the flap, removing more alveolar bone and using a tiny 1/4 carbide bur to create a trough around the root will enable positioning of a luxator into the periodontal ligament space that may have previously been inaccessible.

# Feline chronic gingivitis and stomatitis: an update

## Feline chronic gingivitis stomatitis – Part I: FCGS – what it is and managing expectations

Boaz Arzi

Feline chronic gingivostomatitis (FCGS) is a painful oral mucosal inflammatory disease presented in cats. The observable characteristics of FCGS is ulcerative and/or proliferative mucosal inflammation in the area lateral to the palatoglossal folds with or without gingival inflammation. The cause of feline gingivostomatitis is currently elusive, but it can be inferred that a chronic antigenic stimulation, such as a viral infection, results in an inappropriate immune response. Full-mouth tooth extraction is the current standard of care to treat FCGS. About 70% of affected cats will have significant improvement with this dental procedure, but approximately 30% of cats will not respond and will have a poor quality of remaining life. Non-responding cats will need lifelong medical management and severely affected cats will often be euthanized. Therefore, managing client expectations is a very important aspect of managing the disease. This lecture will inform on current evidence-based knowledge on FCGS as well as therapeutic approaches

## Feline chronic gingivitis stomatitis – Part II: Stem cell therapy

Boaz Arzi

Feline Chronic Gingivostomatitis is an immune mediated oral mucosal disease. In that context, cats affected by FCGS demonstrate systemic elevation of cytotoxic T cells (CD8 cells) and other abnormalities indicating an aberrant immune system. Mesenchymal stem cells (MSC) are multipotent stem cells. MSC

reside in most organs and tissues such as bone marrow, adipose, and periodontal ligament. Furthermore, MSC has a profound regenerative ability attributed in part to their ability modulate both innate and adaptive immunity. Hence, a therapeutic approach was designed whereby mesenchymal stem cells (MSCs) capable of immunomodulation and significant regenerative capacity were administered systemically to cats that did not respond to extraction therapy. MSCs immune modulatory properties include decreased T-cell and B cell proliferation and function and altered lymphocytes phenotypes. The efficacy of MSCs for the treatment of non-responsive FCGS has been an on-going study, for the past 9 years, tested in several clinical trials. In these clinical trials, approximately 60-70% of cats had a positive response rate. This lecture will discuss the general concept of MSC immunomodulation therapy as well as the clinical outcome of MSC therapy for cats with FCGS and future directions.

## On demand

### Feline chronic gingivostomatitis: recent updates and future perspectives

Boaz Arzi

Feline chronic gingivostomatitis (FCGS), a severe inflammatory oral disease of cats is characterized by immune-mediated oral inflammation affecting the caudal oral mucosa as well as the gingival mucosa. In the past 10 years, several key studies paved the road towards better understanding of the etiopathogenesis of FCGS and improving treatment options. This lecture will focus on recent discoveries and current understandings in both etiopathogenesis and therapeutic options including stem cell therapy and immune modulation. Moreover, with the emerging field of regenerative medicine, this lecture will inform the practitioners on the practicability of stem cell therapy for FCGS. Finally, a path from current discoveries towards clinical applications will be discussed.

## DERMATOLOGY – AM

Thursday 25 March

Stream number: 2

# Treatment of canine atopic dermatitis in 2021 – what options, in what order?

## Options

Tim Nuttall

Atopic dermatitis is a very common condition that severely compromises quality of life for affected dogs and their owners. It is a lifelong disease that requires ongoing treatment to maintain remission and prevent flares. Atopic dermatitis is a complex disease that involves a poor skin barrier, abnormal skin inflammation, allergies (in most but not all dogs) to environmental and/or food allergens, and secondary skin and ear infections. It is important to identify the triggers for each dog and then use a multimodal treatment programme to address these. Treatment options include topical emollients, essential fatty acid (EFA) supplements or enriched diets, palmitoylethanolamide (PEA), allergen specific immunotherapy

(ASIT), antihistamines, and anti-inflammatory medication. Anti-inflammatory treatments with good evidence of high efficacy include systemic and topical steroids, cyclosporine, oclacitinib and lokivetmab. It is essential that these treatment options are understood so that they can be used effectively in the management of canine atopic dermatitis.

## Strategy

Ariane Neuber

Canine atopic dermatitis is a common skin disease in dogs. Affected patients and their owners can have severely reduced quality of life. Different treatment modalities need to be combined strategically for each patient to formulate a treatment plan that suits the given patient and carer. This may involve treatment of flare factors, symptomatic anti-pruritic therapy, immunotherapy and treatments to strengthen the skin barrier function. Optimal therapy depends on the patient, breed, temperament, body areas affected, severity of the skin disease, financial considerations and owner attitude and ability all come in the equation. Different scenarios are discussed in this presentation.

# Has Covid caused stress related alopecias?

## The dermatologists view

Ariane Neuber-Watts

Stress is a physical, mental, or emotional factor that causes bodily or mental tension and can be internal or external. It is more than fair to say that covid has caused a great deal of stress for all of us. Has it also contributed to alopecia in our patients? This presentation will explore the causes of alopecia from a dermatological angle. It will discuss the potential of stress caused by covid and other situations to contribute to the development of alopecia. Specific emphasis will be put on the work up of the patient presented for hair loss. Some conditions for which stress is presumed to be a major factor in the pathogenesis, will be highlighted.

## The behaviourist's view

Sarah Heath

The global pandemic has caused considerable disruption to the lives of most people, including pet caregivers. This presentation will consider whether this disruption has the potential to lead to emotional impact on the non-human animals in the household and whether any such impact could be relevant in relation to their dermatological health. The role of comprehensive history taking and clinical examination when considering the interplay between emotional, cognitive and physical health will be discussed. The presentation will consider clinical cases in which behavioural and dermatological factors are relevant and discuss the benefits of considering both of these when working up those challenging cases of alopecia. The behavioural medicine approach to that work up will be discussed.

## How should I deal with alopecia in small furries in practice?

## The dermatologist's view

Ariane Neuber-Watts

Small furries are less commonly seen in small animals practices than dogs and cat and individuals presented with alopecia may be slightly daunting to many small animal vets. Small furries are by no means small dogs, however, certain principles apply to all species. Alopecia is a common presentation in small furries and patients affected by it need to be worked up systematically – just like canine skin patients do. In house laboratory tests, such as cytology and skin scraping can be used in small furries, are quick ways to collect valuable diagnostic information and do not break the bank. Common alopecic conditions and the general approach to these cases are discussed.

## The exotics practice view

John Chitty

Alopecic small mammals are a regular presentation in practice.

As in dogs and cats they can be frustrating to investigate and this may be long, involved and expensive – in an older animal it may be difficult to resolve within the expected lifespan of that pet.

Special difficulties are:

- Range of prognoses- in many cases, the likely treatments may be worse than the disease. In others, alopecia may reflect a major systemic disease (e.g. demodicosis

secondary to internal neoplasia) or skin tumours, e.g. mycosis fungoides.

- Possible welfare issues- especially if pruritic.
- Possible zoonoses- especially dermatophytosis. This is important that many are in the care of immunosuppressed children.
- Lack of managed expectations- a survival time of 1-2 months in a mouse (usual lifespan approx. 18-24 months) for a managed mycosis fungoides case may be a clinical success, but will not be viewed as such unless the client is properly informed.
- Possible budgetary restrictions

The latter factor does not always apply- in which case a thorough systemic and dermal investigation may be carried out. However, where it is a factor a more practical approach based on likely diagnoses should be undertaken, which will be the approach discussed in this talk.

## On demand

### Approach to feline inflammatory skin disease

Deborah Gow

Inflammatory skin disease in cats can pose many difficulties due to varied presentations. In particular, the hypersensitivity type skin disease (feline atopic skin syndrome; FASS) will be the focus which, compared to dogs, cats present with different clinical signs, respond differently to treatment, and they may not tolerate many of our therapies aimed at improving skin barrier. The most common clinical presentations of FASS will be reviewed (miliary dermatitis, eosinophilic dermatoses, self-induced alopecia and head and neck pruritus), and how to form a logical approach to these challenging cases. These reaction patterns provide information of a likely inflammatory/hypersensitivity condition, they do not help guide in terms of the underlying reason for the inflammation. For this reason, other causes of inflammation and/or pruritus such as parasites (fleas/demodex), infectious organisms (dermatophytosis, bacterial, yeast or more rarely viral infections), behavioural or drug reactions should be investigated and excluded. In rare cases, other causes of inflammation such as neoplasia or a paraneoplastic condition may also be considered however, these unusual cases will have distinct features or characteristics. Other causes of a potential hypersensitivity such as flea bite, cutaneous adverse food reaction and mosquito-bite must also be excluded before a diagnosis of FASS can be made.

This webinar will provide a clear and logical workflow to investigate feline inflammatory skin disease focusing on history, clinical exam and diagnostic investigations.

### Alopecia what to do when the endocrine skin tests are normal?

Tim Nuttall

Alopecia is a common presenting problem in dogs. It is often assumed that there is an endocrine cause. However, while hypothyroidism, hyperadrenocorticism and hyperoestrogenism are frequently found there are many other conditions that result in alopecia. It is therefore important to recognise and understand the different patterns of canine alopecia. This helps clinicians formulate an appropriate differential diagnosis list, which can then be used to determine the most appropriate tests. For example, multifocal alopecias are only rarely associated with endocrinopathies and endocrine tests are not normally indicated. Symmetrical and diffuse hair loss is typical of an endocrinopathy, but other causes include follicular dysplasias, pattern baldness, telogen effluvium and anagen defluxion. Understanding the clinical signs in detail can help the investigation by prioritising tests and avoiding unnecessary testing. Finally, there are some rare causes of endocrine alopecia that are difficult to diagnose using basic endocrine tests.

## Alopecia in rabbits

Ariane Neuber

Alopecia is a common presenting sign in pet rabbits. Due to cost restraints and rabbits being less commonly seen by many small animal vets, the approach to the alopecic pet rabbit can be slightly daunting to many small animal practitioners. However, although

rabbits are not small dogs, a logical approach similar to that of other species needs to be adopted. Certain in-house tests are easily adapted to this species without breaking the bank. As more and more rabbits benefit from health insurance, more advanced diagnostic and treatment options may also be available to these individuals. The approach to these cases and common conditions are discussed in this webinar.

## DIAGNOSTIC IMAGING – AM

Thursday 25 March  
Stream number: 3

### Interactive lower respiratory radiography

Gawain Hammond

Radiology is the most widely-available imaging modality used to assess the lower respiratory tract in veterinary practice (although CT (if available) will generally give the optimal visualisation of the pulmonary structures). Interpretation of pulmonary disease on radiographs can be challenging, and obtaining images of good diagnostic quality is critical (some apparent pulmonary pathology can easily be mimicked by underexposed radiographs) – a complete radiographic examination is also important as unilateral lesions can be missed if only one radiograph is obtained. When assessing pulmonary pathology, important factors to consider are the lung pattern(s) present and their distribution – these will significantly affect the priority given to the potential differential diagnoses. The most common lung changes seen are bronchial, alveolar and nodular patterns – genuine unstructured interstitial and abnormal vascular patterns are less frequently identified. For a bronchial pattern, the most common causes are incidental age-related mineralisation and chronic bronchitis. Alveolar change (classically seen as air bronchograms) can be due to pulmonary collapse or consolidation – when consolidation is distributed ventrally (and often asymmetrically), this is more suggestive of aspiration pneumonia or haemorrhage, while bilaterally symmetric peri-hilar and caudodorsal change would be more typical of pulmonary oedema. In the UK, nodular lesions are most commonly seen with neoplastic disease.

### Interactive cardiac radiography

Kieran Borgeat

Do you worry that echocardiography has become the only method of imaging to evaluate cardiac patients? Unless you have managed to develop your echo skills, it would be easy to feel left behind. Even for vets with a particular imaging interest, echocardiography can be difficult to learn, even after undertaking practical CPD. Even the best echocardiographers cannot get as much information about the lungs and pulmonary vasculature as we can gain from reviewing a good chest radiograph. In this session, we will review how to get the most information about the heart that we can from thoracic radiographs in dogs and cats, and feature some top tips on how to differentiate cardiac from respiratory disease.

### Interactive abdominal imaging

Bob O'Brien & Kenny Simpson

This session will be a fun, informative and interactive discussion of the clinical and imaging aspects of feline and canine pancreatic and hepatobiliary diseases.

### On demand

#### Thoracic radiology: it's not all about the lungs

Gawain Hammond

Although investigation of lower respiratory disease is one of the major indicators for thoracic radiology in practice, radiographs can provide information on the other thoracic structures. The heart can be assessed for changes in size and/or shape – an enlarged cardiac silhouette can be seen with myocardial or pericardial disease, while reduced cardiac size can be an indicator of hypovolaemia, while the lungs can be assessed for evidence of congestive failure. Changes to the shape of the heart can indicate enlargement of a specific chamber or vessel. Although many mediastinal structures cannot usually be identified when normal, abnormalities may be readily detected on radiographs. Thoracic lymph node enlargement can be seen as areas of increased opacity in specific locations (e.g. dorsal to the 2<sup>nd</sup> sternebra for the presternal lymph node), while oesophageal dilation may create the appearance of a tracheal stripe sign and potentially (if severe enough) cause ventral deviation of the trachea. Oesophageal foreign bodies are most commonly located at the thoracic inlet, over the base of the heart or immediately cranial to the diaphragm, and if perforation of the oesophagus has occurred there may be evidence of pneumomediastinum (increased definition of the mediastinal vessels). Pleural effusion and pneumothorax generate typical radiographic changes, and lesions of the thoracic wall (e.g. ribs) can also be identified.

#### Imaging of the canine and feline adrenals

Robert O'Brien

Confidently finding the adrenal glands in most patients is a common ultrasonographic goal. Whilst adrenal gland disease is relatively uncommon and limited to a small number of lesions, having adrenal gland disease on our list of differentials diagnoses is very common. During this session we will review the normal anatomy of the adrenal glands and anatomical landmarks that help us identify the adrenal glands in cats and dogs. The association of normal adrenal gland size with patient weight will be reviewed. The CT and ultrasonographic manifestations of disease will be discussed in a case-based series.

## Imaging of the canine and feline pancreas

Robert O'Brien

Confidently finding the left and right limbs of the in most patients is a common ultrasonographic goal. Pancreatic disease is quite common and diseases thereof can mimic the clinical signs of emergency surgical cases. The accurate identification of the

pancreas is very dependent on properly identifying the duodenum in cats and dogs. There is considerable difference in the relative size (length) and location of the left pancreatic limb between cats and dogs. The normal ultrasonographic and CT characteristics of the pancreas will be discussed. Diseases of the pancreas will be discussed in a case-based format.

## FELINE MEDICINE AND NURSING – AM

Thursday 25 March  
Stream number: 4

## How can we make our practices more cat friendly?

### The behaviourist's viewpoint

Sarah Heath

The cat friendly practice initiative has highlighted the importance of considering species specific factors when caring for veterinary patients. This presentation will consider the need to understand the emotional and cognitive health of patients during their veterinary practice experience as well as their physical health. The veterinary visit will be considered from a feline perspective and the concept of stress audits within veterinary practice will be discussed. The benefits of protective emotions such as pain, fear-anxiety and frustration will be considered as well as their potential detrimental impact and the importance of recognising these emotional states and their behavioural consequences will be discussed within the context of optimising patient welfare.

### The clinician's viewpoint

Nicki Reed

For many years there was little regard paid to the specific needs of cats in small animal practice. However there have been huge advances in this area over the last 10 years or so, with many practices now starting to recognise the benefits of addressing feline needs separately from their canine counterparts.

The behavioural needs of cats, which are fundamental to good feline practice, are covered in a separate talk. This talk aims to highlight some of the differences in medical management that may be required for cats, such as physical examination, drug administration and hospitalisation.

Sometimes minor adjustments to working patterns can result in a much better experience for patients and clinicians alike, however this requires everyone in the practice to be working towards the same goals.

## How should we deal with anaemic cats in our practice?

### General approach: which tests to do and in what order?

Nicki Reed

The presence of anaemia may be harder to detect in cats compared to dogs, as their mucous membranes are typically slightly paler than

those of dogs, and clinical signs such as exercise intolerance and weakness, may manifest as sleeping more in cats, and therefore may go unnoticed by the owner. As a result, cats may be more severely affected by the time investigations are undertaken. Clinical assessment of cardio-vascular stability is therefore important before proceeding to performing diagnostic testing.

The minimum volume of blood should be obtained, but it is also important to think in advance what tests might be required to reduce the number of blood draws that have to be performed. For cats that are cardio-vascularly compromised, stabilisation may be required before full diagnostic investigations can be undertaken, whereas for mild to moderate anaemia the aim should be to identify the cause.

The use of in-house automated haematology analysers has facilitated rapid diagnosis of the presence of anaemia, but the limitations of these machines must be borne in mind. Further in-house tests can increase the information given from the automated analyser, namely assessing PCV and total solids, blood smear evaluation and auto-agglutination, before submitting samples to external labs for further testing.

### Blood transfusions

Elle Haskey

Currently there is no UK feline blood bank, so in-house feline blood donations are sometimes required as a life-saving therapy. This session will look at the requirements of a feline blood donor and how to make this a safe and stress-free procedure. The post-donation care of feline donors differs to canine donors, and this session will review the current recommendations of feline donor care. There are also a number of nursing considerations which RVNs should be able to add to the care plan of the recipient cat including pre, during and post transfusion.

## How should we deal with cats with chronic diarrhoea in our practice?

### How should we deal with cats with chronic diarrhoea in our practice?

Fergus Allerton

Chronic diarrhoea in cats can be a thoroughly frustrating affliction for patients, owners and vets alike. What are the common underlying aetiologies? Do these change according to the age of the cat? Or the breed? Which extra-digestive causes should be considered? Can faecal analysis ever be useful? How can you get the most out of such samples? Does abdominal imaging provide any helpful clues? If

you're going to collect gastrointestinal biopsies, does it matter which parts of the gastrointestinal tract you sample? Is endoscopy as good as surgical biopsy? Do therapeutic trials have a role to play in the diagnostic algorithm?

This on-demand lecture will delve into some of the common (and not so common) causes of chronic diarrhoea in cats and try to answer at least a few of the questions listed above.

## The value of diets in the management of feline IBD

Nicki Reed

Inflammatory bowel disease (IBD) has a complex aetiology in which dietary antigens play a role but are not the sole cause. Dietary management alone can be effective in resolving around 50% of cases of feline IBD, but in order to optimise response to this line of treatment, it is essential to have obtained a good dietary history.

Three types of diets are available for dietary trials:

1. Highly digestible
2. Restricted ingredient
3. Hydrolysed

The dietary history should enable the clinician to identify a novel protein source to which the patient has not previously been exposed, as well as food preferences of the patient (e.g. wet v dry; fish v meat flavours).

There are a huge number of commercial diets to choose from and many diets advertised as hypoallergenic contain multiple ingredients. Highly digestible diets are not the same as restricted ingredient diets, hence some diet trials can fail due to selection of an inappropriate diet. It is therefore important to understand the rationale behind performing a diet trial for IBD and be able to advise clients on what are appropriate diets to use.

## On demand

### Feline IMHA

Nicki Reed

Immune-mediated haemolytic anaemia occurs less commonly in cats than dogs. Young to middle-aged cats appear most commonly affected. In addition, it may be more difficult to diagnose for several reasons:

- Jaundice is less commonly seen on clinical examination
- Spherocytosis is not reliable in cats, as their normal red blood cells are smaller and lack central pallor.
- Cats are more prone to haemolysis from oxidative damage due to e.g. drugs or toxins (methimazole, paracetamol,

garlic, onions), Heinz Body anaemia (diabetes mellitus) enzymopathies (pyruvate kinase deficiency)

- Cat erythrocytes commonly form rouleaux, which can be misinterpreted as agglutination
- IMHA may be non-regenerative, decreasing the index of suspicion of IMHA as the cause of anaemia

As with canine disease, primary IMHA must be differentiated from secondary IMHA. Recognised causes of secondary IMHA include infections (e.g. *M. haemofelis*, Feline Coronavirus, retrovirus infection, Babesia), inflammatory disease processes (e.g. pancreatitis, cholangiohepatitis) and drugs (e.g. propylthiouracil). There is no evidence that vaccination can act as a trigger for IMHA in cats, and the evidence for neoplasia acting as a trigger appears weak.

Prednisolone forms the mainstay of therapy, with additional immunosuppressive drugs such as ciclosporin, chlorambucil and mycophenolate mofetil also having been used in conjunction with prednisolone.

## Causes of chronic diarrhoea in cats and their investigation

Fergus Allerton

Chronic diarrhoea in cats can be a thoroughly frustrating affliction for patients, owners and vets alike. What are the common underlying aetiologies? Do these change according to the age of the cat? Or the breed? Which extra-digestive causes should be considered? Can faecal analysis ever be useful? How can you get the most out of such samples? Does abdominal imaging provide any helpful clues? If you're going to collect gastrointestinal biopsies, does it matter which parts of the gastrointestinal tract you sample? Is endoscopy as good as surgical biopsy? Do therapeutic trials have a role to play in the diagnostic algorithm?

This on-demand lecture will delve into some of the common (and not so common) causes of chronic diarrhoea in cats and try to answer at least a few of the questions listed above.

## Investigation and management of behavioural factors in recurrent feline cystitis

Sarah Heath

Feline interstitial cystitis is commonly encountered in general practice. The recurrent nature of its presentation can make it frustrating to treat. This presentation will consider the importance of investigating the emotional component of this disease and discuss how to gather information about the cat's social and physical environment in order to assess their impact on the physical health of the patient. Once that information has been gathered the presentation will consider practical ways in which the environmental needs of the cat can be provided in order to optimise emotional health and contribute to the successful long term management of their physical health condition.

# KIDNEY MEDICINE AND NURSING – AM

Friday 26 March  
Stream number: 4

## Getting the basics right

### Blood tests in kidney disease: looking beyond urea and creatinine

Rebecca Geddes

One of our biggest tools in evaluating the unwell patient is to run blood tests. Traditionally we look at urea and creatinine on our biochemistry panel to tell us if the patient has kidney disease. These parameters can tell us if a dog or cat is azotaemic or not, but how do we then decide if the azotaemia is pre-renal, renal or post renal? And which parameters can we use to help decide if the patient has acute kidney injury or CKD? Does a really high serum creatinine concentration always equal a poor prognosis? This lecture will provide a quick, easy to follow overview of how to make the most of your blood tests when evaluating kidney function. We will discuss how to make the most of your routine biochemistry panel, touch on how haematology findings can help and talk about how to interpret SDMA concentrations.

### Urine tests in kidney disease: beyond dipstick and USG

Sophie McMurrough

Renal disease is something we tackle every day in practice but how much do we know about the tests we have available? Urinalysis can tell us a lot about a patient's renal function and it goes far beyond specific gravity and dipstick! Learn about the different tests we can utilise, how useful they are and what they can tell us about our patient. Urinalysis is a useful tool which complements bloodwork and together they can provide a well-rounded diagnosis.

## Acute kidney injury

### Making the diagnosis

Alix McBrearty

Acute kidney injury (AKI) is a sudden fall in renal function and results in retention of uremic toxins and fluid, electrolyte, and acid-base imbalances. Classically AKI has been defined as a sudden (usually less than 1 week) increase in creatinine above the reference range, but because of the importance of obtaining an early diagnosis and the lack of sensitivity of creatinine in detecting a decline in GFR, more stringent criteria have been defined. AKI should be suspected in patients presenting with acute onset lethargy, anorexia, vomiting and diarrhoea regardless of their urine output. Critically ill and post-operative patients are at high risk and should be monitored for AKI development. Physical exam findings often include dehydration and renal pain. Uremic halitosis, oral ulceration, hypothermia and bruising may also be present. The diagnosis is made based on an acute increase in creatinine and/or abrupt decline in urine output. Glucosuria (without hyperglycaemia), proteinuria, pyuria, microscopic haematuria and granular casts may be detected in urinalysis. Further investigations should include a complete blood count, full biochemistry profile, urine culture, abdominal imaging and acid-base measurement (if possible). Other tests for underlying causes such as Leptospirosis, ethylene glycol toxicity and Lyme disease may be indicated.

## Managing the patient

Caroline Boothroyd

Acute kidney injury (AKI) is the rapid loss of kidney function leading to the accumulation of nitrogenous waste. AKI is potentially reversible either by resolution of the injury or by adaptation of the kidney or by both mechanisms. Management of the patient includes: correcting hypoperfusion to the kidney, closely monitoring fluids ins and outs and adjusting intravenous fluid therapy as required, treating infections, such as pyelonephritis, leptospirosis and Lyme disease and alleviating blockages or repairing ruptures to the urinary tract. The holistic needs of the patient should be met:, padded bedding in a warm, clean stress-free environment, time to rest and sleep, recumbency changed every four hours., water should be freely available, fresh and easily accessible., clinical examination at least twice a day., pain scores every four hours or as required, intravenous catheter care., consider a jugular catheter to facilitate fluid therapy and blood sampling., frequent toileting opportunity as likely high rates of fluid therapy. A urinary catheter would allow monitoring of urine output, oral hygiene, patients may develop painful ulcers on their tongue and oral mucosa. Suitable nutrition to meet the patients RER, a feeding tube should be considered.

## Nephroliths – when are they a problem and what should I do next?

### Identifying kidney stones – incidental finding or the key to the patient's problem

Isuru Gajanayake

Nephrolithiasis can be an incidental finding or one that requires urgent action. In this combined session, the problem of kidney stones in dogs and cats will be discussed. This will include an overview of the types of kidney stones that occur in dogs and cats, and the underlying medical conditions that can cause these. There will also be a discussion about the imaging modalities used to confirm nephrolithiasis, as well as other diagnostics (e.g. laboratory testing) that help identify their composition.

### Approach to calcium oxalate nephroliths – surgery, medicine or wait and see?

Tim Charlesworth

Nephrolithiasis is becoming more frequently diagnosed but remains an uncommon condition. Historically, nephroliths have not been associated with increased rates of progression of chronic kidney disease (CKD) but newer evidence has suggested a relationship between the presence of nephrolithiasis and a more rapid progression of CKD. Although the nature of this relationship remains unclear, it has prompted reassessment of how we treat nephrolithiasis.

Many cases of nephrolithiasis are discovered incidentally and it is clear that they do not all require treatment. It is now accepted, however, that intervention should be sought for "complicated" nephroliths such as: stones associated with partial or complete obstruction of the

uretopelvic junction and progressive hydronephrosis; stones associated with renal parenchymal loss, and stones associated with persistent pyelonephritis despite appropriate medical management.

All surgical interventions are associated with renal damage and subsequent loss of function. This has led to recent recommendations to be as minimally-invasive and minimally-destructive as possible. The risks and subsequent potential loss of GFR caused by any intervention need to be justified by the anticipated clinical benefit to the patient. Techniques employed to remove complicated nephroliths range from nephrotomy, pyelotomy to endoscopic nephrolithotomy and these will be discussed during the lecture.

## On demand

### Nutrition: stretching your knowledge. The evidence base for dietary intervention in renal disease

Isuru Gajanayake

Nutritional therapy, like medical and surgical treatments, is recommended to manage many diseases. It is vital that these recommendations are based on a solid evidence base. In this session, the evidence behind nutritional recommendations to manage kidney disease, including protein restriction, phosphorus restriction and fish oil supplementation, will be discussed. This will include ways to assess the evidence behind the recommendations and how to use these nutritional recommendations to improve patient outcome.

## LIVER DISEASE – PM

Thursday 25 March  
Stream number: 2

### Why and how should we do more liver biopsies in practice?

#### Why should we do more?

Mike Willard

Many clinicians view the liver as a "black box" that is difficult to understand and which has diseases that are only treated with basic supportive therapy. Hence, they see no reason to do something invasive like a biopsy. Or, perhaps they have been "burned" in the past by doing a biopsy incorrectly or at the wrong time, resulting in therapeutic failure and an upset client (outcomes that they want to avoid ever experiencing again). In fact, a lot of chronic hepatic diseases can be cured or controlled if diagnosed in a timely fashion. However, the only way to definitively diagnose most chronic hepatic diseases is by histopathology. Furthermore, it is extremely rare that a properly performed hepatic biopsy results in morbidity or mortality.

#### How should we do more?

Penny Watson

Taking a liver biopsy is central to diagnosis and effective treatment in most canine and feline liver diseases. I explain to the owner that the results of the biopsy will help treat their animal more effectively and that treatments such as copper chelators or immunosuppressives cannot be used without histology. Owners usually want the least invasive option, but a poor, unrepresentative sample is worse than useless. It is important to explain to them the strengths and limitations of different techniques and the value of taking larger, representative wedge biopsies. Fine needle aspirates are only indicated for bile culture and cytology and to help diagnose lymphoma or hepatic lipidosis, but even then have to be viewed with caution. Ultrasound-guided trucut biopsies are often poorly representative of the disease as a whole and carry an increased risk of bleeding. I discuss the benefits of wedge biopsies in making a more reliable diagnosis, allowing more effective treatment. I am lucky to have access to laparoscopic biopsies which we made cost effective by matching the price of ultrasound-guided biopsies so that owners do not make a decision based on finances. Wedge biopsy at laparotomy is a good alternative but owners can be harder to persuade because it is more invasive.

### What should we advise owners about mucocoeles – surgery, medicine or ignore?

#### What are the medical options for mucocoeles?

Mike Willard

First, one must identify those animals whose gall bladder mucocoeles are suitable for medical management because medical therapy of mature "kiwi fruit" mucocoeles may result in substantial morbidity and even mortality. After selecting the appropriate cases, one should next look for co-morbidities (especially endocrine) that are believed to increase the risk of mucocoele, and if found need to be treated. Finally, cholericetics (especially high doses of ursodeoxycholic acid) are used to help liquify the gall bladder contents, much like a diet designed to dissolve uroliths.

#### When and how should we intervene surgically with mucocoeles?

Chris Shales

This talk complements the medical perspective regarding treatment of this disease and tries to explore some of the challenges in decision making that surgeons can face when managing this interesting condition.

### Interactive cases with increased liver enzymes – interactive

Mike Willard

This will be a case-analysis of several cases ranging from mild disease to severe disease to things that look like liver disease but aren't and things that look like other disease but are liver disease.

# What is the current thinking on feline triaditis: does it even exist?

Penny Watson

The term 'triaditis' is used to refer to concurrent pancreatitis, cholangiohepatitis and inflammatory bowel disease (IBD) in cats. It was first reported in a case series in 1996 in which an association with nephritis was also found. The disease associations were controversial for many years, but more recent clinical, post mortem and imaging studies provide strong evidence for concurrent disease in two or three of the gut, pancreas and liver in a significant number of cats. The reason for these associations remain speculative. It is very likely that cats suffer from not one but several different biliary tract diseases, some of which may be associated with pancreatitis and/or IBD and some of which might not. The relative involvement of bacteria, immune-mediated disease or sphincter of Oddi dysfunction remain unclear, the optimal treatment is unknown and even studies on the long term follow up of cases are lacking. Many questions still remain and future studies hope to characterise the disease better including advanced imaging of the biliary tract and the role of feline autoantibodies. Ultimately, we need better understanding to allow more effective diagnosis and treatment of cats in the future.

## On demand

### The value of a good hepatic biopsy

Penny Watson

The results of blood and imaging tests are non-specific in liver disease, so a liver biopsy is usually indicated to give a diagnosis and allow most effective treatment. Certainly, steroids or copper chelators should never be used without justification from a liver biopsy. The clinician must decide the best way to perform this biopsy considering how stable the patient is, the financial resources of the owner and the relative reliability of the results obtained with different methods. There is also little point in taking a biopsy which is not representative of the underlying disease – if the sample is too small, or from the wrong place, or only from one of a number of organs affected with disease, it may lead to the wrong conclusions being drawn and the wrong, or incomplete, treatment protocols. Fine needle aspiration (FNA) cytology is not strictly a biopsy but a potential alternative to more invasive biopsies but beware becoming 'liver FNA happy' for fear of false diagnoses and wasting the client's money. FNAs are only helpful in a small number of cases, predominantly for bile aspirates and to rule out feline hepatic lipidosis or lymphoma. Wedge biopsies taken at laparotomy or laparoscopy are the most reliable diagnostically.

### Diagnosis of congenital portosystemic shunts: the textbooks are misleading

Mike Willard

Congenital portosystemic shunts are typically described as a disease usually found in relatively young animals that demonstrate abnormal mentation that have microhepatia and increased concentrations of serum bile acids. However, there are some animals that do not follow these "rules". In fact, a surprising number of dogs with PSS are "atypical" and will not be diagnosed unless you are willing to take a closer second look.

### Medical and Surgical options for portosystemic shunts (joint webinar – 25 minutes each)

Gerard McLauchlan & Chris Shales

The lecture will focus on the medical management of portosystemic shunts both in the immediate emergency setting and also longer term. Attention will be paid to the evidence for surgery vs medical management. There will also be a brief introduction into the minimally invasive options available for managing an intrahepatic shunt.

### A practical approach to jaundice in cats

Penny Watson

The cat presenting with jaundice is rewarding to investigate because it already gives us a strong clue as to where its disease may be and there are a limited number of differentials for jaundice. Obviously, the cat is yellow because of increased circulating bilirubin. Considering the normal metabolism and pathway of bilirubin production and breakdown reminds us of pre-hepatic, hepatic and post-hepatic causes which need to be differentiated. **Prehepatic** jaundice is caused by increased production of bilirubin exceeding the capacity for hepatic excretion due to red blood cell destruction. It is distinguished from the others by a low haematocrit but icterus is very unlikely to occur unless anaemia is severe. **Hepatic** jaundice is associated with impaired hepatic uptake, conjugation or excretion into bile and occurs with hepatic disorders in which severe intrahepatic cholestasis develops, e.g. inflammatory liver diseases and feline hepatic lipidosis. **Post-hepatic** jaundice is associated with interruptions in flow in the extrahepatic bile ducts such as with choleliths; pancreatitis and biliary tract infection. Careful investigation with a combination of blood samples, ultrasonography, bile aspirates and (when indicated) liver biopsies should allow effective diagnosis and treatment.

## NEUROLOGY ON A SHOESTRING – PM

Friday 26 March  
Stream number: 2

# Where do I start? Keys to cost-effective neuro diagnosis

### An introduction to the neurological examination

Tom Cardy

Neurology cases are a common presentation for veterinarians in general practice but can frequently seem overwhelming. In

many patients it can be challenging to establish a neuroanatomical localization making attempts to generate a list of focused differential diagnoses and determine a management plan feel like a lost cause. The aim of this lecture is to provide a simple and logical approach to the neurological exam that works within general practice. Participants will learn the skills to determine if a neurological abnormality exists and develop the knowledge and confidence to interpret their findings in order to localise the lesion to a specific anatomic region of the nervous system. We will also examine how the 'Five-Finger Rule' considers elements from the patient signalment, onset, progression, lateralization and pain of the presenting condition

to improve clinical reasoning in neurology cases to generate a list of prioritized differential diagnoses

## Key diagnostic test

Holger Volk

In the last decade there has been an exponential increase in diagnostic tools in veterinary medicine fueled by an even faster developing toolkit in human medicine. The developments of diagnostics, especially in advanced imaging and genetics, have not only improved our clinical diagnostic abilities, but also enhanced our understanding of their pathophysiology and treatment. The rapid development of the new diagnostics paralleled with an increase in costs. The development of diagnostics for veterinary medicine, especially in the field of imaging, will be slowed by the increase in costs, if we are not careful. Taking this into account and the current financial climate, inappropriate use of diagnostics leads to unnecessary cost to the owner and frustrations (which might end up in complaints) and potentially morbidity to the patient. Many of the advanced techniques used in veterinary neurology are invasive, require an anaesthetised or sedated patient, therefore a logical clinical reasoning approach is essential to ensure the correct body part is looked at, the lesion is accurately and correctly identified and one is not hijacked by an incidental finding. Using the five-finger rule (Onset and course of the disease, symmetrical or asymmetrical, painful or non-painful, neuroin conjunction with the signalment will determine a handful of differentials which can then be verified by using your diagnostic toolkit. We will discuss in this lecture when, why and how you should use the various diagnostic tests can be grouped into 1. Clinical pathology, 2. Assessment of structure using diagnostic imaging techniques and 3. Functional assessment (mainly electrodiagnostics).

## How to approach neuro trauma in practice

### How to approach neurotrauma: a vets perspective – diagnosis and management

Tom Cardy

Neurotrauma, including traumatic brain injury (TBI) and acute spinal cord injury (SCI), is a relatively common emergency in small animal veterinary medicine that requires thorough patient assessment and a systematic approach to case management. Damage to the neuroparenchyma can be divided into primary injury directly associated with the trauma (e.g. contusion, compression, laceration and distraction) and secondary injury that occurs subsequently due to deficiencies in homeostasis and normal metabolic processes. Interventions are directed at addressing primary injury more so in SCI as well as minimizing the effects of secondary injury in both TBI and SCI.

Initial investigations should be the same as any acute neurological case with a through history, physical examination and neurological examination. All patients should ideally have a minimum database performed with particular attention to electrolytes and glucose levels. Care must be taken to ensure the patient is systemically supported with a focus on airways, breathing and circulation. The level of intervention is patient dependent but can often be intense and hands-on. Prognosis for neurotrauma patients depends on the severity of injury, the site of the lesion, and the timing and efficacy of treatment, but with an appropriate response to initial management and stabilisation the outcomes of neurotrauma patients can be good.

### How to approach neurotrauma: a vet nurses perspective – diagnosis and management

Holly Smith

What you might expect, what to prepare for and complications in neurotrauma.

## Diagnosing seizures and other paroxysmal events

### Odd episodes: when is a seizure not a seizure?

Tom Cardy

Dogs and cats presenting with abnormal episodes provide some of the most challenging and frustrating cases for veterinarians of all abilities. In veterinary neurology these episodes can be defined as 'paroxysmal episodes' with a defined start, defined end and relatively short duration. There are relatively few causes of paroxysmal episodes in dogs and cats including: seizures, syncope, vestibular syndrome, paroxysmal dyskinesia (movements disorders), narcolepsy/cataplexy, neuromuscular disease and idiopathic head tremors. Accurately classifying the paroxysmal episode is dependent on taking a thorough and systematic history that includes: a description of the event, the clinical status between episodes, asking if there is impairment or loss of consciousness, presence or absence of autonomic signs, description of muscle tone a lateralisation of presenting clinical signs. Where possible videos of the events should be reviewed with the owner. In this lecture we will use case examples and videos to review common paroxysmal episode presentations. Particular attention will be given to seizures, syncope, vestibular syndrome and paroxysmal dyskinesia. We will investigate the diagnostic approach to these conditions including genetic testing for certain breed associated conditions. Cases will review the appropriate use of pharmacological or dietary treatments and highlight how the provision of accurate information to owners is critical in ensuring the optimal management of these varied conditions.

### Other causes

Holger Volk

Patients presenting with a history of paroxysmal episodes or "fits" can be a challenge for even the most experienced clinician. First, the patient presents usually in your practice when it is normal. Second, the identification of the nature of episode is heavily dependent on a good description from the person who witnessed the episode or a home-style video. Third, most of these paroxysms appear unpredictable and uncontrollable for the owner so their view of what has happened might be clouded. A meticulous history is essential before embarking on a diagnostic investigation. Syncope, narcolepsy/cataplexy, pain, compulsive behaviour disorders, vestibular attacks, certain movement disorders, neuromuscular weakness and seizures are paroxysmal events, which share commonalities in their clinical presentation. The inter-paroxysmal (inter-episodic) clinical examination can be completely unremarkable. If the animals present with inter-episodic deficits then this will guide your clinical reasoning and help you determine the body system involved. If you are 'lucky' then the patient will present during a 'strange' episode at your clinic, e.g. prolonged seizure activity (status epilepticus [ $>10$ min], cluster seizures [ $>2$  seizure/day]) or vestibular attack. We will discuss in the lecture the ins and outs of how best to differentiate the wonderful bouquet of paroxysmal neurological episodes.

## Approaches to weakness and collapse: a case based discussion

Adrian Boswood, Holger Volk & Gerard McLauchlan

Episodic weakness and collapse are common but frustrating clinical problems to investigate. They are frustrating because of the multitude of diseases that can manifest in this way and therefore the multitude of different organ systems that can be responsible for their development.

Another challenging aspect of their investigation is that they are often intermittent, frequently occur in specific situations and are rarely observed by the clinician to whom the patient presents. If episodes are reasonably frequent asking the owner to video an episode and observe for specific changes in the patient can be very helpful. In a multidisciplinary hospital these patients can present to one of a number of different services and the initial challenge is often trying to decide which is the most appropriate service for which patient.

Important clues can be obtained from the history and physical examination including the following:

- When do episodes occur? Is it at rest or on exertion?
- Does the patient seem to anticipate episodes, or do they occur out of the blue?
- Is the situation in which episodes occur always similar e.g. sprinting, barking at the postman or defecating?
- Does the patient lose consciousness?
- How long do episodes last and what is the patient doing during the episode?
- How rapid is recovery and how long does it take until the patient is back to normal?
- Is the patient completely normal between episodes?
- Do the signs seem to lateralise?
- Are any other clinical signs apparent?

Careful physical examination may help to differentiate a patient with a neurological origin of their signs from one with cardiovascular or metabolic origins. Determining the system more likely to be responsible for the signs can allow more targeted diagnostic tests to be performed and prevent unnecessary expenditure on tests that are unlikely to be helpful.

These points will be illustrated during discussion of different case presentations.

## On demand

### A guide to the fundamentals of traumatic brain injury and spinal trauma

Tom Cardy

Following the live session this webinar goes into more detail on the fundamentals of traumatic brain injury and spinal trauma

### Nursing the neurological patient

Holly Smith

Following a patient from triage to discharge, incorporating what you might expect on the way!

### Epilepsy management: beyond conventional drugs

Holger Volk

Whenever a neurologist gives a talk to breeders or owners of dogs with epilepsy the topic of diet and cannabis comes up. Just as in real life! Can diet or cannabidiol influence antiepileptic drug response or even have antiepileptic properties? Medium chain triglyceride enriched diets have been shown to improve seizure control, cognition and fear response in dogs with idiopathic epilepsy. Furthermore, there is some evidence for a positive effect of cannabidiol, lifestyle changes and avoiding seizure triggers. "Every little helps" to get back control in canine epilepsy. We will discuss in this lecture how to manage epilepsy more effectively and in synergy with conventional drug therapy.

## NURSING: THE CORNERSTONE OF CARE – PM

Friday 26 March  
Stream number: 4

### Tame that vein

#### Bad veins: How to get IV access when all the veins have gone

Amy Newfield

Attendees will be taught a variety of different techniques of IV catheter placement on "naughty" veins. Catheter selection and vein selection will be discussed. A variety of trouble shooting methods will be reviewed of how to get catheters in difficult veins. Videos and step-by-step pictures will be shown to help participants conquer "naughty" veins.

#### Intravenous catheter care and maintenance

Sophie McMurrough

As nurses we place intravenous (IV) cannulas on a daily basis. Once placed, it is important to stay up to date on how to successfully maintain and care for cannulas to prevent complications and nosocomial infections. Catheter care should form part of our patient's daily checklist to guarantee patency and check for signs of complications. From aseptic technique and preparation to handling and personal protective equipment (PPE), these are all factors to consider.

### Team urology

#### Don't hate urinate! Urethral catheterisation

Sophie McMurrough

Urinary catheters can be placed for a variety of reasons from stranguria to spinal surgery. It is a useful skill for a nurse to master and utilise in practice. There are multiple different techniques to follow depending on the sex and species of the patient. Learn about the different types of catheters, how to successfully place, measure and monitor in practice.

#### Urine for a treat! Nursing the blocked bladder

Kathryn Latimer

Urinary tract obstruction is a common, potentially life threatening emergency which requires immediate attention. Over-filling of the bladder causes an increase in pressure within the bladder, ureters and kidneys resulting in decreased glomerular filtration rate (GFR). The reduced GFR leads to reduction of urine production and excretion of potassium and acids. Without prompt recognition of the condition and immediate treatment, this can give rise to azotaemia, hyperkalaemia, metabolic acidosis and hypovolaemia.

Many of these patients present cardiovascularly unstable secondary to these fluid deficits and metabolic derangements. After confirmation of obstruction, the patient is likely to need a period of stabilisation prior to sedation or general anaesthesia to allow for the obstruction to be relieved. Intravenous fluid therapy (IVFT) plays a vital role in the stabilisation of these patients.

Bolus therapy with a balanced electrolyte solution should not be withheld in order to correct hypovolaemia, hyperkalaemia and metabolic acidosis. Severe hyperkalaemia can be life-threatening and the cardiotoxic effects of hyperkalaemia can greatly increase anaesthetic risks. IVFT will not only help improve tissue perfusion but will also dilute the potassium lowering its serum concentration. Other stabilisation methods in severely hyperkalaemic patients may include the use of calcium gluconate, and insulin and dextrose.

## Does all bleeding eventually stop.....?

### Common coagulopathies

Laura Rosewell

Coagulopathies are commonly encountered in practice, and the veterinary nurse plays a key role in the triage, diagnostics, treatment and nursing care of the bleeding patient. In order to provide the best possible care for these patients, it is important to understand the types of coagulopathies seen in practice, the patients they commonly affect, the clinical signs we see, and how these conditions are diagnosed.

This session will discuss how coagulation occurs in the body, the pathways involved, and what happens when these go wrong. We'll examine the common congenital and acquired coagulopathies nurses encounter in practice, and discuss the common diagnostic tests performed.

### Nursing the bleeding patient

Holly Witchell

We will discuss how to care for these patients in regards to patient handling, blood sampling and how to preserve these delicate vessels. We will also talk about monitoring for further deterioration and how to administer blood component therapy safely and what type of blood products to use and when.

## Curb the queasiness

### What can you do for the nauseated patient?

Laura Rosewell

Many inpatients present with anorexia, vomiting and/or diarrhoea, but nausea, in comparison, is a more subtle clinical sign. It is also something that veterinary nurses can play a large role in to maximise patient wellbeing, encourage voluntary food intake, and expedite a patient's recovery and discharge from the hospital. This session will examine what nausea is, the signs we commonly see in our nauseated patients and how we can improve these as nurses, both pharmaceutically and through non-pharmaceutical interventions.

### Caring for the pancreatitis patient

Holly Witchell

Pancreatitis can lead to many other co-morbidities in our patients, in which they can become very critical patients that need intensive nursing care. We will discuss what signs of deterioration to look for, analgesia, sepsis, fluid therapy and nutrition.

## On demand

### Tubes, tubes and more tubes; nursing the high dependence patient

Elle Haskey

This session will discuss the nursing care of commonly managed devices in the critical patient including vascular catheters, urinary catheters, chest drains, tracheostomy tubes and nasal oxygen catheters. Many nurses will be placing some of these indwelling devices and so it is important that the RVN understands the indications and contraindications to placement in addition to the placement technique. Most importantly nurses need to be familiar with how to manage the tube/drain once in situ, how to troubleshoot problems and prevent complications arising.

### Addisons disease: the great imitator

Sophie McMurrough

Primary hypoadrenocorticism (Addisons disease) is known as the great imitator for many reasons. Learn about the anatomy and physiology to gain an understanding of how the adrenal glands function and what happens when things start to go wrong. Awareness of the pathophysiology and typical signalment can increase the likelihood of diagnosis. Hallmark signs and electrolyte imbalances are all part of the Addisonian crisis. This talk will help you understand the emergency patient and talk about what to do in a crisis.

### Hello haematology

Laura Rosewell

Veterinary nurses are commonly involved in haematology—from preparing and examining samples in the laboratory, to caring for patients with anaemia, white blood cell, platelet or coagulation disorders. This session will discuss the fundamentals of haematology, including the function and production of the various blood cell types, the pathophysiology of common haematological disorders and their clinical signs, and the veterinary nurse's role in haematological testing.

# ONCOLOGY MYTHS AND LEGENDS – PM

Saturday 27 March  
Stream number: 2

## Chemotherapy: common myths debunked

### Giving chemotherapy is too dangerous to the cat

Owen Davies

Many clients are very unnerved when the prospect of chemotherapy for their cat is discussed, fearing that their pet will endure the level of adverse effects (AEs) that many human chemotherapy patients do. While this preconception is perfectly understandable, it is a highly inaccurate!

The majority of cats receiving chemotherapy either experience no AEs, or mild, self-limiting AEs. This difference arises from compassionate dosing of our feline friends. Since most of the AEs of chemotherapy are dose-dependent, rather than idiosyncratic, it is perfectly possible to control the risk by altering the doses of chemotherapy the cat receives. Although this approach also compromises cancer control, it still produces an acceptable outcome since cats have a much shorter life-expectancy than people; a remission of 2-3 years is often very acceptable for a cat whereas a cancer-free interval of decades (at least) would be the goal for people.

This lecture discusses avoiding and managing some of the common chemotherapy-associated AEs in cats, giving tips on how best to educate cat owners that chemotherapy is a safe and ethical treatment for their feline companion.

### Giving chemotherapy is too dangerous to the dog

Sarah Mason

Chemotherapy is becoming more widely available and advocated as a treatment for many neoplastic conditions and is a generally well tolerated treatment which affords excellent quality of life in most patients. Some clients however are reluctant to pursue chemotherapy treatment for their dog due to concerns related to possible toxicity, often extrapolated from human medicine.

This presentation will outline the risks, possible side effects and approximate frequency with which these are reported with the cytotoxic chemotherapy drugs commonly used in canine patients. The session will discuss toxicities associated to vinka alkaloids, anthracyclines and alkylating agents commonly used in the treatment of canine neoplasia, and give practical tips on how to avoid these, and to manage them should they occur.

The aim is to demonstrate that quality of life in veterinary oncology patients is paramount and to give practitioners the tools to recommend chemotherapy with confidence and to discuss the risk of chemotherapy toxicities in canine patients with clients.

## How to deal with the incidental mass

### Can we ever assume a mass is a lipoma?

Michael Macfarlane

In this lecture, I will cover the approach to the incidentally found cutaneous and subcutaneous mass. This can be a very broad

spectrum from a pinpoint mass to a football-sized tumour which wasn't there yesterday!

The lecture will cover:

- Is it OK to remove a tumour without knowing what it is?
- Which masses are deserving of some additional testing or staging before surgery?
- A brief discussion on surgical margins.
- That I do sometimes assume a mass is a lipoma!

### Incidental abdominal masses in dogs

Sarah Mason

As more animals undergo imaging evaluations in veterinary practice, and as these assessments increase in sensitivity, the possibility of finding an "incidentaloma" (incidentally found mass) increases. These are occasionally found in canine patients, often when staging is performed for more obvious external conditions.

In the limited veterinary literature on abdominal incidentalomas, four percent of dogs undergoing abdominal ultrasonography in one study were found to have adrenal masses, and nine percent in another study on CT. Splenic masses are a relatively common incidental finding and one report documented that 30% of incidentally found splenic nodules were malignant. These findings are challenging for vets and clients in attributing relevance, especially in patients with other neoplastic diseases.

This presentation will focus on common presentations of abdominal incidentalomas and will use case studies to demonstrate decision making for these patients. The aim is to develop awareness of the significance of incidentalomas and skills in how to manage them.

## The miracle cures – how to deal with Dr Google

### Will changing my pet's diet help to cure the cancer?

Owen Davies

It is common for pet owners to seek advice on nutrition, herbs and dietary supplements when their best friends are diagnosed with cancer. A growing industry has developed to serve this need, and there are many, sometimes very compelling, sources of advice to be found online. Evidence to support such nutritional interventions in veterinary patients is sparse however.

Many "cancer" diets stem from the alteration of cellular energetics seen in some cancers (the "Warburg" effect), however the importance of this effect, and clinical benefit of diets with different carbohydrate levels, has not been demonstrated in veterinary cancer patients. Currently the recommendation is to feed a balanced, cooked diet which is palatable to the animal, seeking to maintain a stable bodyweight. If cachexia develops, dietary alteration to support lean body mass and supplementation to minimise the associated inflammatory state (e.g. with omega 3 fatty acids) may be appropriate. A number of nutraceutical compounds are also widely touted as beneficial to veterinary cancer patients; since there is often no evidence, or weak evidence to support use of these compounds, it may be more pragmatic to consider their risk of adverse effects or interactions with other drugs before supporting or opposing their use.

## I have read on the internet about... Using EBM to combat miracle cures

Sarah Mason

Evidence based medicine (EBM) is the conscientious, explicit, judicious and reasonable use of modern best evidence in making decisions about the care of individual patients. EBM integrates clinical experience and patient values with the best available research information.

This presentation and discussion will include a summary of evidence-based medicine, the quality and relevance of this in veterinary Oncology decision making and how to use this to assist in empowering and including owners in the treatment decisions for their pet. The concept of goal driven care will also be discussed.

The common situations in which owners present questions around their own research, motivations and questions about their pet's care will be outlined. We will discuss how to navigate this and how to guide clients to useful and appropriate sources of information.

The session will offer practical tips on how to answer queries from owners regarding 'miracle cures' using real life experiences to illustrate this. The aim is to develop tools to assist in supporting clients need to be involved in their pets care and treatment decisions.

## Client communication – it's a 2 way street!

### Top tips for getting the message across without losing the patient

Linda Ryan

The diagnosis of a pet's cancer can be an emotional one for caregivers. Additionally, along with shock and grief, it can be the start of a long journey of decision-making, large financial and time commitments, home nursing, and more. Caregivers' wishes for their pet may vary, from wanting to do everything possible, to not proceeding. Client's concerns may be diverse—from whether they can cope with caring for a pet with cancer, to whether their pet can cope with cancer treatment. No matter what decisions are made, or a treatment paths are followed, the veterinary oncology team must work with caregivers to build a strong & trusting working relationship. In this way, we can guide them through the reality of cancer treatment, prognoses & realistic expectations, ethical & welfare-centred outcome objectives, & treatment options.

This session will focus on some of the potential barriers perceived by clients, and how the oncology team working collaboratively, & in a multi-disciplinary way, can support the caregiver empathetically, considering theirs and the pet's perspective, to facilitate optimal and ongoing patient care. Getting this right from the start is crucial, and can make all the difference to successful interventions, & to how the pet & client proceed through are plans.

### Top tips for getting the message across without losing the patient

Michael Macfarlane

We are all very different!

- Some owners want to know every detail of their pet's condition
- Some want to put the care completely into our hands.
- Some owners will know that their dog drinks an average of 714mls of water a day
- Some will not have any idea their dog is drinking more than normal.

Neither is right or wrong or even good or bad but both owners want their pet to feel well and stay well for as long as possible.

For these different owners, the way to reach the best treatment decision for their pet may be very different.

This lecture will use my experience of working in a multi-disciplinary team and with nurses who have been a big part of owner communication. I will let you know what I feel has worked well and what hasn't and my top tips for stress-free communication.

## On demand

### Mast cell tumours – what to do when

Michael MacFarlane

Mast cell tumours are the subject of many research articles and CPD talks. That is partly because they are common, but also because they do not have a set of clear diagnostic and treatment paths like other tumours do. They present in so many different ways and there are an overwhelming number of treatment and diagnostic options which can also be used in any number of combinations.

Whilst making a treatment algorithm which applies to every mast cell tumour is impossible (after many failed attempts!), I hope to present clear information on what the options are and when to use them. We will cover:

- Do I need to stage?
- Do I need to follow my surgery with chemotherapy or tyrosine kinase inhibitors?
- Multiple mast cell tumours
- A focus on new and less common therapies—radiotherapy, Stelfonta®, electrochemotherapy and more.

### Are all feline abdominal masses are lymphoma? (Presentation discussing the possible differentials for old cats that present with abdominal masses and how to investigate)

Sarah Mason

Abdominal masses are a common presentation in feline patients, and clinical signs commonly include weight loss, inappetence, vomiting and diarrhoea. The first step in investigation is to consider the likely differential diagnoses and obtain base line haematology and biochemistry to assess for red or white blood cell changes. Investigation of the mass should include abdominal ultrasound to confirm organ of origin, and needle aspirates or trucut biopsy. Ultrasound may give a good indication of the likelihood of successful resection and guide the decision to proceed with additional staging or surgery. The most common abdominal mass in cats is intestinal lymphoma, staging should include testing for FIV/FeLV, and thoracic radiographs if the budget permits. As lymphoma is a systemic disease, chemotherapy is indicated, regardless of staging and surgical intervention. In some patients however it is of benefit to excise the mass prior to chemotherapy, in the case of obstruction for example. Other intestinal tumours in felines include carcinoma, mast cell tumour and sarcoma. Abdominal masses may also arise from mesenteric lymph nodes and other organs such as liver, spleen, pancreas, bladder or adrenal gland. This webinar will use a case-based approach to discuss differentials for and investigation of feline abdominal masses.

### Giving chemotherapy in practice is not too difficult! (Lecture to focus on practical aspects of giving chemotherapy in practice. To include chemo systems, health and safety.)

Sarah Mason

As more people pursue cancer treatment for their pets there is growing demand for chemotherapy treatment which many clients

would like to pursue within their local practice. Chemotherapy can be safely delivered in general practice and can result in a satisfying relationship for the veterinarian, client and pet.

The main risks associated with chemotherapy are exposure of personnel and risk of side effects to patients. The practice should ensure appropriate protective equipment, cytotoxic delivery systems and disposal systems are in place. Many practices will have their own guidelines and standard operating practices, and

resources are available such as the ACVIM guidelines on chemotherapy administration.

The risk to patients is managed by the veterinarian developing a robust knowledge of potential side effects and ensuring that clients are provided with information on actions to take in the event of suspected chemotherapy toxicity. This webinar will provide a practical guide to giving chemotherapy in practice.

## OPHTHALMOLOGY – AM

Friday 26 March  
Stream number: 3

### Ocular opacities – what, when, where, why?

#### Corneal opacities

Lorraine Fleming

In order to function properly the cornea should be transparent, any opacity will impair function. If you can correctly identify the different types of corneal opacities and their cause, then you will know whether or not appropriate treatment (medical and/or surgical) will improve or restore corneal clarity. Do a thorough examination of the cornea, look from different angles, use a bright light and magnification. Think about the colour of the opacity, is it blue/grey, red, white or black/brown? There may be more than one colour present in an affected cornea, as there are only a limited number of ways that it can respond to insult. Blue/grey opacity is due to oedema, which may be the result of epithelial or endothelial cell loss. Red can be due to vascularisation, which may be superficial or deep, or more rarely due to intrastromal haemorrhage. White opacites are the most frequently seen and may be due to fibrosis, cellular infiltrate, lipid or calcium deposition. Black deposits are most likely to be pigmentation, usually superficial and sub-epithelial, but also occasionally endothelial. In cats, brown pigmentation associated with a sequestrum is also a possibility. There is one more opacity that doesn't follow the above rules and that is a corneal foreign body, which can come in all shapes, sizes and colours!

#### Anterior chamber, lens and vitreous

Richard Everson

A number of different lesions, resulting from different disease processes, can cause an opacity of the ocular media, affecting the visual axis. In this short presentation we will discuss opacities affecting the anterior chamber, lens and vitreous. We will focus on recognising and identifying the opacity by looking at numerous examples. Lesions discussed will include uveal cysts, hypopyon, hyphaema, cataract and asteroid hyalosis.

### These are the pits – non-healing corneal ulcers and how to deal with them

#### SCCEDs, endothelial degeneration

Richard Everson

Superficial corneal ulcers that fail to heal in the expected time are a common problem. Identifying the cause, however, can be a challenge. In this presentation, we will look at examples of two

conditions: spontaneous chronic corneal epithelial defects (SCCEDs) and corneal endothelial failure.

#### Feline indolent ulcers

Lorraine Fleming

Superficial non-healing ulcers are not as common a problem in the cat as they are in the dog. However, when they do occur, can be a real challenge to treat. Getting these ulcers to heal is difficult and the key is to understand the cause and treat that too. Interventions such as keratotomies (grid, punctate, diamond burr and phenol) cannot be used in the cat, as they predispose to the development of corneal sequestra. Brachycephalic cats are at particular risk due to corneal exposure, this combined with poor corneal sensitivity and evaporative tear film loss, is the perfect recipe for poor healing. The other main consideration is the role of Feline Herpes Virus (FHV) in these cases. Once the diagnosis of 'indolent ulcer' is established then debridement of the loose epithelial edges is recommended, this can be combined with the use of a contact lens. Topical prophylactic antibiotics and tear replacement should be given and in cases where FHV is involved, topical or systemic antivirals should also be used. The debridement can be repeated several times but if the ulcer still fails to heal then a superficial keratectomy is recommended. These cases are at risk of developing a corneal sequestrum in the ulcer bed, and if this does occur will definitely need a keratectomy to bring about healing.

### Ocular emergencies: what the heck am I dealing with?

#### What the heck am I dealing with?

Richard Everson

Emergencies can be pretty daunting! Most patients with an ocular emergency present with an uncomfortable (closed) eye, often red and cloudy, and the first challenge is working out what you're dealing with. In this short presentation, we will consider some common ocular emergencies, including deep stromal ulcers, lens luxation and proptosis. A live discussion will follow.

#### Further examples

Lorraine Fleming

Emergencies can be pretty daunting! Most patients with an ocular emergency present with an uncomfortable (closed) eye, often red and cloudy, and the first challenge is working out what you're dealing with. In this short presentation, we will consider some common ocular emergencies, including deep stromal ulcers, lens luxation, proptosis, glaucoma, corneal foreign bodies and sudden blindness. A live discussion will follow.

## On demand

### Brachycephalic dogs: key ocular issues

Richard Everson

Brachycephalic dogs remain incredibly popular, despite increased media attention regarding the numerous health problems affecting these breeds. Ocular disease is common, and each breed has its own tendency to develop particular conditions. In this webinar we will consider some of the common breeds and the diseases that affect them, including:

- English bulldogs – prolapsed nictitans glands, keratoconjunctivitis sicca and entropion
- Pugs – pigmentary keratitis and medial canthal entropion
- Boston Terriers – inherited cataracts
- Boxers – spontaneous chronic corneal epithelial defects (indolent ulcers)
- French bulldogs – dermoids.

### Corneal sequestrums in cats – diagnosis and treatment options

Richard Everson

Corneal sequestrum is a common condition in cats, rarely reported in other species. Brachycephalic breeds including the Persian, Himalayan and Burmese appear to be predisposed. It is characterised by an area of brown to black discolouration of the corneal stroma, with or without overlying corneal ulceration. Light and transmission electron microscopy studies have revealed necrotic keratocytes and disarranged collagen. The cause of the brown discolouration remains unclear, and the pathogenesis is not fully understood. Feline corneal sequestrum is known to occur after chronic corneal ulcers or keratitis caused by FHV-1 and following

keratitis caused by entropion. The treatment of choice for corneal sequestrum is surgical excision (keratectomy) +/- repair of the cornea using techniques such as corneoconjunctival transposition or conjunctival grafts.

In this webinar we will discuss how to recognise corneal sequestrum, we will consider underlying causes, and we will discuss the treatment options.

### Canine and feline cataracts – diagnosis, treatment and prognosis

Lorraine Fleming

Any opacity of the lens or its capsule is known as a cataract, and they have many different causes. Cataracts are much more common in dogs than cats, it is important to recognise them in order to understand what to do next. A good ophthalmic examination will help you differentiate cataracts from nuclear sclerosis. It will also allow you to assess for any other pathology in the eye and decide if it is related to the cataract. Cataracts can be removed surgically, by phacoemulsification, but not all cataracts or indeed eyes are suitable for this to be performed. Many cases will require medical treatment to control the uveitis associated with cataract development, but it is important to note that there is no medical treatment that removes the cataracts themselves. Careful and thorough patient assessment is required, with tonometry, gonioscopy, ultrasound and electroretinography all essential in the work-up prior to considering surgery. Many cataracts are small and non-progressive, never requiring medical or surgical intervention. Others may progress and lead to vision loss, with some maturing very quickly, resulting in uveitis (Phacolytic) or even lens rupture due to intumescence (Phacoclastic). Knowing how to distinguish between these types of opacities is key to being able to give a prognosis for the affected eyes and patients.

## ORTHOPAEDICS – AM

Saturday 27 March

Stream number: 1

### Getting the most from your orthopaedic exam in the lame dog

#### Orthopaedic exam review

Ben Walton

In this highly practical and clinically-applicable presentation, I will demonstrate how to approach the orthopaedic examination in order to maximise the amount of diagnostic information that can be gathered in a short time. It will be based mainly on video footage demonstrating various aspects of the examination, including practice tips on patient restraint and performing important manoeuvres.

After this presentation and Miranda Aiken's on subjective gait evaluation, myself and Miranda will participate in a live discussion regarding various aspects of the orthopaedic evaluation of dogs and cats.

This session will be heavily orientated towards the first-opinion clinical setting, and aims to provide delegates with useful tips and

tools that can be applied to help improve the efficiency and usefulness of the orthopaedic consultation.

#### Visual gait analysis and how to be objective

Miranda Aiken

In the second part of this session on orthopaedic examination, we will discuss visual gait analysis. This is an extremely important part of an orthopaedic examination, being necessary to determine which limb is affected as well as the severity of the problem. The session will discuss how best to perform gait analysis, as well as what to look for and how to gain the most information from this part of an examination. The aim of the session will be to increase confidence in performing visual gait analysis so as to aid in ability to correctly diagnose orthopaedic disease.

### Is this lameness orthopaedic or neurological?

Bianca Hettlich

For most of us who see orthopedic and neurologic gait abnormalities in cats or dogs, differentiating the two is not difficult.

We look for obvious deficits such as ataxia or paresis to confidently walk down the neuro route, or evaluate with a few practiced maneuvers joint effusion, instability or pain, taking us readily down the ortho path. Of course, there is more to this, but we are often quite lucky that most of our patients present with relatively obvious signs of 'neuro or ortho'. But what of the sneaky ones—the ones that have such an obvious lameness but despite our looking and walking and testing and probing do not give up the cause for it easily? In this session, we dive deeper into the subtle nuances between orthopedic and neurologic lameness and how to hopefully determine, which direction to pursue with further diagnostics and treatments.

#### Ben Walton

It can sometimes feel challenging to decide whether a gait abnormality is related to musculoskeletal or neurological abnormalities, but the differentiation is important to plan further diagnostics, or even refer appropriately! This determination is rarely ever done on the basis of further investigations, no matter how advanced. It is almost always achieved on the basis of clinical history, gait evaluation and clinical examination.

This session will draw on the experience of two clinicians who are well-used to investigating and managing both musculoskeletal and neurological gait abnormalities. Aimed at providing easy-to-remember, practical tips, the speakers will guide the delegates through useful aspects of the clinical history (what to ask), gait evaluation (what to look for) and clinical examination (what to test), that will give them the best possible chance of correctly identifying the cause of lameness in future patients.

## My favourite orthopaedic myths

### My favourite myths around FHO

Bianca Hettlich

Femoral head and neck ostectomy is a salvage procedure for various conditions affecting the coxofemoral joint of cats and dogs. Considering that it is a relatively common procedure done by general practitioners and specialists alike, it is fraught with wide-ranging options, some labeling it as a perfectly innocuous solution to many hip problems and others as a sure method to cripple the animal. Never in large breeds, perfectly fine in cats, never bilaterally, simple salvage after total hip prosthesis gone bad – not much to be found in the veterinary literature on these opinions. The goal of this talk is not to argue for or against FHO as a surgical option. It is aimed at evaluating different clinical situations and possible treatment options, and other considerations to help improve function after FHO if this was the chosen treatment.

### Cat fractures will heal as long as the two bone ends are in the same room.

Miranda Aiken

In this session, I will discuss one of my favourite orthopaedic myths: *cat fractures will heal as long as the two bone ends are in the same room*. I remember first hearing this as a veterinary student, believing for many years that cat fractures were pretty much bound to heal however they were treated and very unlikely to suffer complications.

There is very little in the literature regarding these common injuries, giving a limited evidence base for our decision-making. There is, however, some recent evidence showing that feline fractures suffer from exactly the same complications as canine fractures. We will discuss this evidence, aiding us in making the best choices for our feline patients and ensuring they have the best outcomes possible.

## On demand

### Does my patient need a hip replacement?

Ben Walton

Over the last four decades, total hip replacement (THR) has become a well-established and largely successful procedure in dogs. More recently, the available inventory has opened up THR as an option in small breed dogs and cats.

The most common indication is osteoarthritis (OA) secondary to hip dysplasia, and other candidate conditions include avascular necrosis of the femoral head, fractures of the femoral head and neck, and recurrent hip luxation.

In order to answer the question in the talk title, this lecture will explore the indications for THR, alternative treatment options, and the advantages and disadvantages of each of these. A big part of this will be how to identify the "non-responder": the OA patient that does not improve satisfactorily in response to medical management.

After this lecture, delegates should have a greater depth of understanding of the factors used to determine whether a patient is a good candidate for THR.

### My pragmatic approach to elbow dysplasia

Bianca Hettlich

Clinical lameness and osteoarthritis secondary to elbow dysplasia are among the most common reasons for orthopedic evaluation of dogs. While some components or stages of ED, such as the ununited anconeal process or joints with advanced degenerative changes, are relatively straight forward to diagnose, it is the rather normal appearing joint in the face of a significant lameness that can pose a diagnostic challenge. How to determine the cause of elbow lameness in such dogs and how to treat dogs with subtle changes as well as end-stage osteoarthritis? During this talk, we will explore the many useful findings of a detailed orthopedic exam and discuss the benefits and limitations of diagnostic imaging with focus on radiographs and computed tomography. We will review options for conservative treatment and surgical interventions and critically evaluate our own and clients' expectations in regard to recovery of function.

### Why is my dog still lame after cruciate repair?

Miranda Aiken

Cruciate disease is the commonest orthopaedic problem in dogs and several different surgical techniques exist to address it. Owners understandably expect a good result after surgery and can become dissatisfied if their dog does not have the outcome that they had hoped. This lecture will look at various reasons for lameness to return or remain following surgery for cranial cruciate ligament disease. Using cases to illustrate different complications, we will look at why a suboptimal result may occur after surgery, how to avoid this whenever possible and discuss ways in which this can be addressed if it occurs.

# PATIENT SAFETY IS NOT OPTIONAL – AM

Thursday 25 March  
Stream number: 1

## Clinical audit: an important part of patient safety?

### Patient safety: where do we start? What areas can we start auditing and why?

Catherine Oxtoby

'Do no harm' is a fundamental principle for any caregiver – in both human and animal worlds. Human healthcare has long acknowledged and quantified the iatrogenic harm inflicted on patients through the errors and mistakes of caregivers. In the complex world of healthcare, 1 in 10 visits to hospital involve an error in the chain of care, and an estimated 400,000 people a year die as a result of doctors' or nurses' mistakes (De Vries et al. 2008) but a general overview of the data is lacking. We performed a systematic review of the literature on in-hospital adverse events.

**METHODS:** A formal search of Embase, Cochrane and Medline was performed. Studies were reviewed independently for methodology, inclusion and exclusion criteria and endpoints. Primary endpoints were incidence of in-hospital adverse events and percentage of preventability. Secondary endpoints were adverse event outcome and subdivision by provider of care, location and type of event.

**RESULTS:** Eight studies including a total of 74 485 patient records were selected. The median overall incidence of in-hospital adverse events was 9.2%, with a median percentage of preventability of 43.5%. More than half (56.3%). In contrast, there are no published studies of incident rates in the veterinary literature. We acknowledge that they happen, yet we have no measure of them – how often, how severe, the most common, the most expensive, the most preventable. If we are looking to start somewhere with ensuring and improving patient safety, knowing the current situation would be the most logical place to start.

### Clinical audit: where can we start and why?

Pam Mosedale

Patient safety is the priority for everyone in veterinary practice, but what has Clinical audit got to do with this? Well quite a lot actually. Clinical Audit provides the tools to look at results of procedures and put preventative methods in place, making veterinary procedures safer.

Do you know the rate of post-operative complications in your practice for routine neutering and how they compare with national benchmarks? What about anaesthetic monitoring, do you audit the process of filling in anaesthetic monitoring sheets as well as the outcomes & complications of anaesthesia ?

If you use surgical safety checklists do you audit their use and look at what the barriers are to them being used more widely?

Collecting the data is only a small part of audit. Discussing the results with the team who are involved in the work on the ground, what could be changed, what prevents current systems working as they should be, is a very important part of the audit process.

Once the team is on board and changes have been made re-audit is vital to see if the changes have had any impact. Implementing

small changes that do make a difference can have a big impact on patient safety.

This session will introduce delegates to Clinical Audit and the free learning materials, case examples, and the tools that have been created specifically for veterinary teams to put into practice straight away.

## What are SEA's and M&M's?

### SEA's: introduction and overview

Pam Mosedale

Accidents happen. Things do go wrong sometimes. Lab samples go astray. Animals escape during car park consults. These types of events can have a lasting effect both for the patients, their owners and for the team too. Sometimes the cause of these events might seem obvious at first, but when you study the event using a formal approach known as significant event auditing, you can find the root causes. This is used in human primary care and goes beyond the clinical, looking at anything that is significant to caring for patients or running the practice.

Looking at these events is a great way to involve the whole practice team to learn from strengths and weaknesses in patient safety, animal and client care, then to make changes if required.

The most important part of an Significant Event Audit (SEA) is that team members understand that SEAs are about addressing systems, not about blaming individuals. They can help ensure negative outcomes do not recur & positive outcomes do!

This session will introduce delegates to significant event auditing, including top tips, do's and don'ts and free resources.

### M&M's: introduction and overview

Helen Silver

It is a fact of life that we all make mistakes, but it is how we learn from our mistakes that truly matters. By talking about adverse events, we can prevent others making the same error again and therefore improve patient care.

Morbidity and Mortality rounds (M&M's), (also known as MMC's- Morbidity and Mortality conferences or reviews) have been taking place in human healthcare for over a century. Their use is mandated by the Accreditation Council of Graduate Medical Education and in veterinary medicine they now form part of the Royal College of Veterinary Surgeons Practice Standards Scheme.

M&M's provide an open, non-judgemental, confidential, and collaborative setting for the review of adverse events. Through identification and presentation of a case where an adverse event has occurred, multidisciplinary reflective discussion, analysis, and identification of contributory factors provide a powerful tool to educate staff and improve patient safety and care.

By implementing an organised and structured approach based on a recognised M&M model with clear guidelines for staff, M&M's can be scheduled regularly, enabling cases to be discussed soon after presentation, to ensure similar adverse events are avoided in the future.

# Are safety checklists your new best friend?

## How checklists have improved safety in the veterinary industry: the practice and vet perspective

Angela Rayner

There is increasing evidence within the veterinary profession that the use of a surgical safety checklist reduces post-operative complications. In this presentation, we will present the science behind why checklists work and how they can help improve our performance by promoting teamwork and communication and increasing situational awareness. We will also give tips on implementing checklists in your practice.

## How checklists have improved safety in the veterinary industry: the vet nurse perspective

Helen Silver

Everyone knows that horrible sinking feeling when they realise that they have made a mistake but to err is human, so how can we prevent error and keep our patients safe?

In 1999, Atul Gawande suggested that at least 50% of surgical complications in people could be avoided by improving perioperative routines. The launch of the World Health Organisation (WHO) Safe Surgery Saves Lives campaign and the publication of the WHO Surgical Safety Checklist (SSC) in 2008, inspired veterinary hospitals to modify the WHO SSC for use with their surgical patients.

Studies on the success of the World Health Organisation Surgical Safety Checklist reported:

- 47% reduction in deaths
- 36% reduction in post-operative complications
- 48% reduction in infections

Checklists have also been found to improve communication and teamwork in the operating theatre. Checklists are quick to perform, cheap, easily modified to suit the intended clinical environment and straightforward to implement.

The checklist is completed in three stages; sign in (before induction), time out (before skin incision) and sign out (before recovery). By performing each of these stages at the correct time errors which may occur due to slips, lapses, cognitive overload, and distraction can be avoided.

## On demand

### VetSafe – what is it and how do I use it?

Catherine Oxtoby

Even highly trained and motivated professionals sometimes make mistakes and veterinary practice doesn't always go to plan. VetSafe is the Veterinary Defence Society's web based confidential significant event reporting and risk management system—a members-only veterinary patient safety resource. It has been designed to help protect patients, clients and clinicians from professional errors. The

VetSafe system can help clinicians learn from their mistakes, it is not a tool for blame, judgement or discipline.

The system has three aims:

- To gather data on mistakes in practice that cause patient harm and near misses
- To help clinicians understand why errors occur
- To help clinicians learn from errors and prevent their recurrence

Making a report is quick and easy—there are no paper forms to fill in, you can report on the website or the VetSafe App. Practices have access to their reports, to help them assess and improve their systems and compare their results to the larger data set. These reports can also be used to enable significant event reviews and discussion at mortality and morbidity meetings to inform local risk management and enable organisational reflective learning.

## Best practice for infection control – COVID-19 and beyond

Tim Nuttall

The Covid-19 pandemic has brought infection control into sharp focus. Many of the measures taken to halt the spread of Covid-19 (particularly hand hygiene and personal protective equipment/PPE) will have also been effective against hospital acquired pathogens. However, the risk from hospital acquired infections (HAIs) will still be with us once the pandemic recedes. Practices should therefore take the time to establish effective infection control measures that will protect their patients, owners and staff. It's important to understand the most likely organisms in each practice and how these can spread in the environmental and be transmitted between animals and humans. Essential tasks include establishing an infection control team, using effective hand hygiene, cleaning and disinfection, have high quality facilities and equipment, optimising procedures and care, using clinical audit, and practicing antimicrobial stewardship.

## Tackling post-op complications, including checklists and auditing

Helen Silver

Post-operative complications commonly seen in veterinary practice range from wound healing difficulties to multiple organ failure and death. Regardless of their severity, whenever post-operative complications arise, they are never welcome; Let's face it the last thing you want to hear when reaching for your coat, after mopping the floor, hungry and tired after a long day is that the bitch spay from this morning is not doing well and needs to return to theatre as a bleed is suspected.

To reduce the rate of post-op complications clinical audits are used to support quality improvement in clinical settings. Clinical audits enable patient care to be improved by assessing and evaluating current processes in a systematic way. By selecting the correct type of audit, getting the whole practice team on board, and ensuring a blame free culture is embraced improvement strategies can be identified and implemented. The surgical safety checklist (SSC) is an example of a tool that has been proven to reduce the rates of post-operative complications.

By involving the whole practice team in tackling post-operative complications through adoption of audits and checklists the benefits quickly become obvious and real improvements in patient care can be seen.

# THE EXOTIC HIDEAWAY – AM

Friday 26 March  
Stream number: 2

## ENT infections in rabbits and small furries – what's up, Doc?

### How to approach ENT cases in-practice

Thomas Donnelly

ENT infections in dogs, cats and rabbits have some similarities but more often differences. In dogs and cats, bacterial rhinitis is generally secondary to a primary nasal disease. In rabbits, the primary nasal disease is bacterial. It is a polybacterial infection, and the most frequent combination is *Pasteurella multocida* and *Bordetella bronchiseptica*. Other bacteria often isolated are *Pseudomonas* spp. and *Staphylococcus* spp. While plain radiographs and oral/dental examination are common diagnostic steps in all 3 species, bacterial culture and sensitivity are critical in rabbits. In chronic and advanced cases, a CT scan of the rabbit skull is recommended to evaluate the nasal turbinates and middle ears. Destruction and remodeling of nasal passages and *P. multocida* spread from the upper respiratory tract to the middle ear frequently occurs in rabbits. Although chronic antibiotic treatment is often used to treat affected rabbits, surgery of the nasal passages and middle ear is required for resolution, as antibiotic treatment failure often occurs. This presentation covers the differences between dogs, cats and rabbits, and what evidence-based medicine has shown to be critical for the diagnosis and treatment of ENT infections in rabbits.

### Sinusitis and rhinitis in rabbits: non-antibiotic therapies

John Chitty

Sinusitis/rhinitis syndromes are common in rabbits as a part of the condition usually referred to as "snuffles".

Misleadingly this is often referred to as Pasteurellosis. Misleading as:

1. The implication of a primary bacterial cause would infer that a course of antibiotics will treat and cure- this is rarely the case in the pet situation.
2. *Pasteurella* is not always isolated and may not even be the most common isolate from diseased rabbits.

Sinusitis and rhinitis are often linked though may also occur separately with sinusitis usually being associated with dental disease and the filling of sinuses with pus. These cases generally require a surgical approach with dental therapy and flushing/ curettage of the sinuses.

Rhinitis has a wider range of causes which may include airborne irritants and foreign bodies. In most cases, removal of potential irritants forms a major part of investigation and therapy. Other therapies may include anti-inflammatories, nasal flushes, and nebulization.

In both cases a holistic investigation should be performed that will include a thorough husbandry review as well as imaging (CT or radiography) and nasal endoscopy/ biopsy.

The talk will cover the investigation and the role of non-antibiotic therapies including sinus surgery.

## Common cases in exotic skin disease

### How to diagnose in-practice. Which diagnostic tests to do?

Tom Dutton

Investigating feather plucking in companion parrots can be both challenging and complex. A good understanding of the medical, psychological and environmental causes of this syndrome is required to give the best patient outcomes. Alongside a short review of common causes, this short presentation will cover the most useful diagnostic tests that can be performed in a primary care setting.

### Factors involved in skin disease in reptiles: detecting infectious causes

John Chitty

Infectious skin disease is common in reptiles, especially in young animals that have been captive bred and mixed in shops or with dealers.

Underlying husbandry deficiencies will affect immunity and aid establishment of pathogens and even result in skin pathogens causing systemic infections. Social factors and stressors (eg mixing different species/ age groups/ sizes) will also increase the likelihood of seeing infectious dermatopathies.

Once established, these infections can be extremely hard to treat and may require months of therapy. In some cases the infected reptile will be a source of infection for others in a collection. Early recognition of disease or likelihood of these diseases is essential so the correct diagnostics can be performed and therapy started as early as possible.

This talk will look at the most common infections, their diagnosis and treatment.

## Help, it's an exotic emergency: what do I do?

### Principles of triage and immediate assessment of exotics

John Chitty

While it is impossible to cover all triage and emergency assessment of all exotics in one talk (exotics can encompass several hundred species even in general non-zoo practice), there are important first principles that apply to emergency care of any animal.

Unsurprisingly these are much the same as for dogs and cats.

This talk will cover a basic A,B,C ...approach for emergency care of exotics showing examples of how dog/ cat emergency care can be applied to exotics (birds, reptiles, and small mammals) allowing any practitioner to fulfil their RCVS requirements and stabilize a patient before progressing to further diagnostics and treatment or referral to a more specialized center.

## Help, it's an exotic emergency, what do I do: reptiles

Tom Dutton

An accurate triage assessment of a sick or injured reptile is vital to enable a clinician to instigate correct first aid and emergency care. This short presentation will give the primary care veterinarian with the knowledge to perform a brief but thorough assessment of a reptile presented urgently, and provide correct stabilisation and first aid.

## On demand

### Analgesic and anaesthetic drugs in small mammals

Ian Self

Despite a marked increase in the number of pet rabbits and other small mammals kept in the UK, there are still significant challenges when anaesthetising this group of patients. They often present with advanced disease and veterinary personnel are generally less familiar with their normal behaviour and physiology. In addition, their small size and relative lack of licenced drugs further limits our ability to provide the care we strive to deliver. This session will examine best practice when anaesthetising a range of small mammals based on first principles, rather than trying to offer a 'recipe book' approach.

In addition to illness, signs of pain are also hidden until disease is advanced. Careful and prolonged observation of patients will be required to detect pain, as even subtle changes in behaviour may be significant and analgesics should be used for any potentially painful

procedure or disease condition, even if no obvious signs of pain are apparent. There is an increasing evidence base regarding the benefits of analgesia and pain scoring systems. These aspects will be covered together with pharmacological treatment of pain and the holistic management of patients who may be experiencing pain.

### Understanding blood results in small mammals and reptiles

John Chitty

Blood tests are frequently recommended and performed in investigating disease in exotics.

However, there is little understood about the numbers we get back from the lab – often normal are improperly derived or based on low numbers in studies. The tests carried out are those available and may not be applicable in the species being tested.

As such there are considerable areas of doubt in many interpretations. This can be especially frustrating in complex cases where bloods may be taken to establish diagnosis when clinical signs are nebulous and generalized.

Blood testing should always be regarded as a piece of the investigation and not a fall back to short cut or replace other investigations – we should always treat the patient and not the results!

This talk will concentrate on tortoises and rabbits and will discuss individual organ assessments and the role of haematology in these species. It will highlight areas of doubt where clinicians should be wary of over-interpretation. It will also discuss clinician/handling artefacts and how these may also mislead as well as the advantages and disadvantages of external vs in-house laboratories.

## THE PROFESSION TODAY: RECRUITMENT & RETENTION – PM

Saturday 27 March  
Stream number: 3

## Build it and they will come: creating a vet and nurse friendly practice

### Team perspective

Alan Robinson

Ernie Ward and Alan Robinson discuss the owner and the team perspective, what does it look and feel like—it's not just about perks.

I'll bet no-one had 'Global Pandemic' on your 3-year plan at the beginning of the year... So far over this Covid lockdown we have had major disruption to all the critical business areas—profitability and financial strategies, team harmony and resilience, clinical care and vet performance and client experience and resilience—managed through the leadership lens of your unique COVID experience. Some of the consequences have been surprising and some down-right paradoxical. There are a lot of lessons to be learned from our experience so far... and I suspect, a lot more to come. That still leaves us, and our teams, in the liminal space of uncertainty and ambiguity. Time for planning, priority and perspective.

For some of them it is just a job. But it is their safety and security and most of them (and you maybe) are on the edge of meltdown.

From a team perspective we are going to talk about the three fundamental Flow and Trust pillars that you can provide at work:

- Safety – physiological and psychological – and how they are linked. How does our veterinary neuroticism and need for meaning affect our sense of safety?
- Connection and belonging – how does our innate Social Protection System deal with our particularly strong vet need to belong, to be liked, to be accepted as well as the need for intimacy, mutuality, and relatedness.
- Self Esteem – how we balance Confidence (self-worth) with Competence (mastery). Are we just trying to be useful... or do we actually feel valued?

### Owner perspective – productivity is more than a number: rewarding and recognizing team excellence

Ernie Ward

To recruit and retain the best staff, you must reward them well. You must also measure their contributions in order to determine if they're

positively contributing to your practice. For most practice owners and managers, this means tracking revenue and financial productivity. For Dr. Ernie Ward, revenue is important, but not the only metric he relies on to recognize and reward excellence. Dr. Ward shares several other key performance indicators you should be tracking for your team.

## Desperately seeking vets and nurses: how do I make my practice stand out?

### The unfair advantage – a digital strategy to fill your vacancies

Dr Dave Nicol

Hiring clinical team members is harder today than ever before. A shortage of qualified and applicants has left many practices scratching their heads wondering where all the vets and nurses have gone. The old model of posting an advert on a job board and expecting the applications to roll in doesn't work like it used to.

Nowadays, successful recruiters must also be masters of digital marketing. To fill a vacancy, you are going to have to get a message that stands out, in front of as many vets and nurses as possible. You are going to need a campaign plan that ensures you deliver your message to the relevant places in a way that gets views, lots of views.

Your advert is going to start life as a long-form written document that is the foundational piece of content. This one piece of content is then cut up into as many as 15 smaller derivative media types including video, Instagram, Facebook and LinkedIn posts. Story arcs for Facebook and Instagram. Cross-posting/sharing onto influencer networks... And paid traffic advert campaigns.

In this session, I'll show you how to take a basic advert and turn it into a veritable feast of derivative content offerings that will help you reach your desired candidates.

Practices may find this slightly overwhelming, but it is worth the investment because being able to reach the employment market in this way allows you a very big competitive advantage when it comes to fill your vacancies.

### Writing a compelling advert

Brian Faulkner

A job advert is also an opportunity to market the practice and impress applicants and other interested parties. An advert will need to be designed that will attract candidates that meet the job description and should include:

- The job title, practice name, logo and website address
- An eye-catching headline
- Brief description of the practice and what it does
- Summary of the job such as, responsibilities, duties and hours;
- The skills and abilities required to make an application considered;
- The benefits that go with the post and employment;
- Ways to apply such as, either an application form, application letter or cv;
- Contact details for further information if appropriate or required;
- The closing date for applications.
- You may wish to include any additional relevant accreditations or awards that the practice may have

## Good team players are found not made: how to choose wisely

### Review of different tools and criteria for selection

Carolyne Crowe

I'm a strong believer that very few people intend to be the bad team player, but too often we find ourselves working with others who seem to be pulling in a totally different direction or are just out for themselves. What can you do during the recruitment process to help reduce the chance of selecting the wrong person for the role or for your team?

Are you 100% clear with who and what you are looking for in the first place-just a vet, a nurse, someone to fill the gap? Which behaviours are you looking for in your new employee? What values match the values and culture of the team and the practice? Are you even sure of the values and culture in your team? If not, how can you be sure to recruit the right person that will fit and be a "good team member" that you are looking for?

These are some fundamental questions to be asked prior to recruiting anyone, skills can be learnt (as long as the relevant qualifications are present), forget the letters after the name and look at the person, the values and think about the match you are making.

During this session we will discuss how you can attract and retain the right people for your team.

### How I hire: essential attributes of excellent employees

Ernie Ward

Dr. Ward offers the top attributes his management teams evaluate when hiring team members.

## I've got 'em, now how do I keep 'em? The keys to retention

### Why culture matters

Ernie Ward

Culture: a beguiling term used so casually that its actual impact is often overlooked. Culture isn't something that happens; it is created. Culture is the foundation upon which patient care, client service, financial success, and job satisfaction is built upon. Culture requires considerable thought to construct and constant effort to maintain. In this session, Dr. Ernie Ward explains why veterinary practice culture matters to him and why it should matter to all of us.

### Intrinsic vs extrinsic motivation

Alan Robinson

Why culture matters, creating a culture and framework that really works and intrinsic vs extrinsic motivation. The carrot-and-stick approach to motivation worked well for typical tasks of the early 20th century – routine, unchallenging and highly controlled. For these tasks, where the process is straightforward and lateral thinking is not required, rewards can provide a small motivational boost without any harmful side effects.

But jobs in the 21st century have changed dramatically. They have become more complex, more interesting and more self-directed, and this is where the carrot-and-stick approach has become unstuck.

This traditional approach can result in:

- Diminished intrinsic motivation (the third drive);
- Lower performance;
- Less creativity;
- "Crowding out" of good behaviour;
- Unethical behaviour;
- Addictions; and
- Short-term thinking.

This led to the discovery of a possible *third drive* for human behaviour that argues for intrinsic motivation – the joy of the task itself—that human beings have an “inherent tendency to seek out novelty and challenges, to extend and exercise their capabilities, to explore, and to learn.” This new theory of motivation proposes that human beings have an innate drive to be autonomous, self-determined and connected to one another, and that when that drive is liberated, people achieve more and live richer lives.

Practices should focus on these drives when managing their teams by creating settings which focus on our innate need to direct our own lives (autonomy), to learn and create new things (mastery), and to do better by ourselves and our world (purpose).

## On demand

### The recruitment conundrum: we need you – do you need us?

Dave Nichol

RCVS and BVA data suggest career satisfaction for vets ‘ain’t what it used to be’. The most obvious symptom of this is seen in the difficulty practices face in hiring and retaining clinical team members.

But underlying the recruitment issue is a deeper fundamental failing. We are simply not meeting the needs of the next generation of clinical staff who are voting with their feet and leaving not just our practice, but also the general practice arm of the profession.

Wage stagnation, poor support and chronic mental health issues were all problems before COVID-19 showed up and raised the stakes and pushed demand for vet services higher than ever before.

If you are a leader in practice, then you should be paying attention because this is an existential threat to practice as we know it. Join me for a session where we shine the spotlight on the causes of the issue and options available to leaders to make the changes needed so everyone has the chance to thrive in their clinical career.

### On fire or burning out? Why self-care really matters

Ernie Ward

Perhaps more than ever, the veterinary profession is challenged with burnout, fatigue, and loss of passion. Dr. Ernie Ward shares his top tips for “real-world self-care” that have helped sustain his energy and enthusiasm over 30 years in the veterinary profession. From healthy dietary advice, to exercise and sleep, to mediation and infrared sauna, Dr. Ward draws on his experiences as multiple business and practice owner, impact entrepreneur, endurance athlete, and author along with training as certified personal trainer and triathlon coach to provide you with daily habits that get results. Dr. Ward reviews the technologies and gadgets he relies on for biofeedback along with his 30-second daily gratitude practice that will help “tilt you toward optimism.” If you’re seeking a healthier lifestyle, eager to reclaim your enthusiasm for veterinary practice, struggle with adhering to wholesome habits, or simply want to shed a few pounds, this presentation has something for you.

### Beware the toxic achiever: successful teams are about we not me

Carolyne Crowe

Very do we work alone in the veterinary profession and outcomes aren’t purely down to one person or one approach—but how do you manage the individuals within the team and keep them working together and towards the same goals? How to do encourage confidence, self-leadership but without egos, siloed working and poor behaviours?

During this webinar we will discuss the importance of trust, psychological safety and the power of constructive challenge within a team. I will share tools to help you consider the level of mutual respect, to consider how conflict and challenge is handled and how you ensure your team are pulling together rather than pulling apart.

## THE SURGICAL TEAM: PRACTICE AND PRINCIPLES – PM

Thursday 25 March  
Stream number: 4

## Getting the best out of the surgical team

### How can Halsted's Principles help me improve my surgical skills?

Dick White

Conceived in the late 19th century, Halsted’s Principles are as relevant for us in our surgeries today as they were then.

Their central axiom is all about promoting wound healing; this seminar outlines some simple guidelines for incorporating the kind of tissue sympathy in our surgical technique that favours optimal wound healing.

### Maximising the use of a scrubbed assistant in surgery

Alison Young

A scrubbed assistant benefits everyone involved in a surgical procedure, including the patient. As nurses we have a key role and need to understand how to support the surgical team. Developing our skills under schedule 3 of the Veterinary Surgeons Act 1966, also helps with our career progression and job satisfaction. It must be remembered though that all surgical procedures, however minor, have associated risk to the patient. This means it is important that nurses are fully trained and competent at performing surgical skills and understand the legality and limitations within their professional remit.

# Improving outcomes from lumpectomies

## Lumpectomies made interesting

Jolle Kirpensteijn

Veterinary surgeons love lumpectomies but each extent of oncologic surgery depends on the type and stage of the tumour. A pre-resection biopsy is often necessary to anticipate sufficient margins of resection and behaviour of the primary tumour. Staging the tumour will prevent treatment failures caused by early metastasis and will help in deciding the type of resection and use of adjuvant treatment modalities. Diagnosis of intercurrent diseases often will alter surgical treatment options and should be evaluated beforehand to assess the risk versus benefit of surgical intervention. The surgical field should be prepared carefully to allow changes in the extent of resection based on new information obtained during the operation.

The necessary surgical margins depend on the tumour type, grade, and the anatomical location of the tumour. The most rational approach is to think of biologic rather than geometric margins and to combine this information with the expected growth behaviour of the given tumour type. Tumours with a high probability of local recurrence (e.g. mast cell tumours, feline mammary tumours) should have 2 to 3 cm margins removed three-dimensionally. Collagen/matrix-rich and poorly vascularised tissues are least vulnerable to tumour invasion and may be used for margin determination. All previously performed biopsy tracts should be removed in continuity with the primary tumour to prevent tumour seeding. With a proper resection the tumour is never visualized.

## Skin reconstruction techniques

Jonathan Bray

The reconstruction of wounds – either traumatic or those created following resection of tumours – provides an opportunity to bring skin edges into approximation. Dogs and cats have very adaptable skin, and a range of reconstructive procedures are described allowing sections of skin to be rotated, advanced and transposed to cover an adjacent defect.

However, skin can be very unforgiving of inappropriate technique. As the complexity of a reconstructive surgery increases, the potential for disastrous outcome increases with either partial or complete failure of the skin flap. A successful outcome requires an understanding of blood supply, effective management of tension and a sound operative technique.

Ideally, a wound should be closed without tension. Excessive tension may lead to vascular compromise and delayed healing. At worst, this may result in catastrophic dehiscence of the wound. Less serious complications include increased post-operative discomfort (which may lead to self-aggravation of the wound by the patient) and more unsightly scar formation. If excessive effort is required to achieve wound closure (e.g. brute strength, excessive use of stents, heavy gauge suture), it would be preferable to consider an alternative approach to wound reconstruction that recruits additional skin into the defect.

A successful wound reconstruction will take account of skin tension. The surgeon should have an understanding of the methods used to ameliorate the effects of skin tension on wound healing. Many of these methods are straightforward, whilst others require some innovation and ingenuity. In this lecture, we will explore some of the many local flap and reconstructive options available in the dog and cat. Case examples will be used to illustrate issues of importance and how to manage any complications should they develop.

# Lactrogenic wound infections

## Surgical preps and autoclaves

Georgie Hollis

This lecture will focus on surgical preparation of patients.

## Asepsis has failed. Where do we start tracking down the culprit?

Alison Young

As nurses patient care is our number one priority and this comes in many forms. Cleanliness of the environment and patient preparation all have a huge part to play as well as ensuring good aseptic technique is followed.

Aseptic technique means using practices and procedures to prevent contamination from pathogens. We all work hard to apply the strictest of rules to minimise this risk, but what happens when things are out of our control? How do we work out where the break in the chain was? Why this is important to know and what implication does it have on our patients?

# Joint surgery and arthroscopy – the basics

## Preparing equipment and team for joint surgery

Alison Young

Setting up for a surgical procedure and having all of the correct instruments and equipment available is a major part of the patient's care. Without these items the likelihood of a successful surgery is limited, and may put a successful outcome at risk. There are some basic guidelines that can be used when setting up an operating theatre, others will very much depend on the options available to you. This lecture intends to discuss some of the procedures we can control as well as looking at ways to overcome some of the challenges we all experience in veterinary practice.

## How to begin in arthroscopy and common pitfalls?

Andrew Phillips

Tips, tricks and considerations when starting arthroscopy, based predominantly from my own learning experiences so you can learn from my mistakes. We will discuss topics including technical skill acquisition and simulators. As well as important clinical factors such as case selection, positioning, patient and surgical team preparation.

# On demand

## How to improve tissue handling skills

Mickey Tivers

Appropriate tissue handling is an essential part of good surgical technique. Indeed, 'gentle tissue handling' is one of Halstead's principles of surgery. Tissue handling involves respecting the tissues during surgery to ensure that they are not damaged. This can be achieved by the prevention of crushing, drying out, haemorrhage and damage to the vascular supply. An understanding and appropriate use of instruments and other techniques to aid tissue handling is essential. Good tissue handling is important as it will reduce or prevent complications such as surgical site infection (SSI), wound dehiscence, haemorrhage and seroma formation. The first step of improving tissue handling is to understand the basic principles. This can then be refined through practise and experience.

It is vital that the surgeon reflects on their performance and strives for ongoing improvement. This can be enhanced by observation of peers, advice from an appropriate mentor and good planning prior to surgery. Refinement of tissue handling should improve surgical outcomes. Good surgical technique is characterised by accuracy and security rather than speed and apparent ease of performance.

## Getting confident with Schedule 3

Liz Mullineaux

Ask many veterinary professionals, especially vets, what they understand by Schedule 3 of the Veterinary Surgeons' Act (1966) and they will probably mumble something about it relates to 'surgery not entering body cavities'. Schedule 3 is however the legislation that underpins the ability of Registered Veterinary Nurses (RVNs) to work to their full potential as part of a vet-led team. Many veterinary practices fail to fully value and utilise their RVN staff by not training, encouraging and supporting them to undertake Schedule 3 tasks. This results in a lack of job satisfaction and career progression. Appropriate post-graduate training, both in-house and more formally, builds RVN competence and confidence. There is no doubt that veterinary surgeons need to acknowledge the skills of RVNs and communicate these more effectively to clients. RVNs working to their strengths and abilities, especially via protocol-driven systems within practices, can bring benefits to the whole team, patients and clients. As the RCVS Legislation Working Party considers enhancing the RVN role, there has never been a better time for the whole practice team to become more confident with Schedule 3.

## Axial pedicle flaps

Jonathan Bray

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## UROGENITAL TRACT SURGERY – AM

Saturday 27 March  
Stream number: 4

## The broken tap: when do we need a plumber?

### Critical history, blood tests and urinalysis

Alix McBrearty

Urinary incontinence is a common reason for presentation, particularly in neutered bitches. It is however, important to distinguish incontinence from pollakiuria, polyuria and behavioural problems. This necessitates asking the client the right questions, performing a thorough physical examination, and sometimes checking urine specific gravity. It is useful to establish the timing of the episodes, volume of urine passed and events surrounding the leakage of urine. Animals with incontinence usually present with intermittent or continuous dribbling of urine but can void normally.

Potential causes of urinary incontinence include urethral sphincter mechanism incompetence (USMI), ectopic ureters, neurological abnormalities, detrusor instability and genitourinary tract neoplasia. When incontinence is confirmed, a thorough history, physical examination, neurological examination, urinalysis and aerobic urine culture should be performed. Due to the high prevalence of USMI in adult, neutered bitches and the low cost

and risk of treatment, if the results of these steps are consistent, alpha-agonists or estrodiol are frequently trialled prior to further investigations. If the presumptive diagnosis is correct, this treatment is often effective. If not or if the animal does not fit these criteria, further investigations including a complete blood count, biochemistry and abdominal imaging are required to establish the diagnosis.

### Imaging the urogenital tract: what test when?

Gawain Hammond

Diagnostic imaging can be a very powerful tool in the investigation of urogenital disease, with the differing modalities having strengths and weaknesses for the different areas of the tract. Generally, ultrasound would be recommended as the most appropriate first-line investigation for most structures in the urogenital tract, allowing clear visualisation of the internal structure of the kidneys and reproductive structures (ovaries, uterus, prostate, testes). Radiography may allow diagnosis of altered shape or size of these structures but the changes seen are usually less specific than those that can be identified with ultrasound. Ultrasound and/or contrast radiography can be used for assessment of the bladder (with ultrasound usually being more convenient (and allowing guided cystocentesis if required), but

care must be taken in interpretation of the bladder wall if the bladder is not particularly distended. For the ureters and urethra, positive contrast radiography (Intravenous urography, retrograde (vagino) urethrography) often allows clearer assessment of the length of these structures. If available, Computed Tomography can be particularly useful for the assessment of ureteric anatomy (e.g. for aberrant insertion/ectopia). In many cases, multi-modality imaging may be appropriate, particularly if investigation for changes in other body areas is required (e.g. metastatic spread from a neoplastic process).

## The leaking tap: what's new?

### Identifying ectopic ureters: tips and tricks

Laura Owen

Ureteral ectopia (EU) is a congenital abnormality, in which one or both ureteral openings form with their termination located distal to the bladder trigone. Intramural and extramural phenotypes are recognised, with >95% of canine cases identified as intramural, whilst the majority of feline EU are extramural. Diagnosis may be straightforward in patients presenting with significant urinary incontinence at a young age, but may be challenging in patients with a more atypical presentation, or in those with only subtle abnormalities of their urinary tracts.

In this session, delegates will be reminded of the variable clinical presentation of patients with ectopic ureters, learn about ultrasound findings that may increase their index of suspicion for this condition, find out how to optimise contrast imaging to highlight an abnormal ureter and more about our current gold standard of diagnosis, cystoscopy. This information should enable delegates to more confidently recommend additional diagnostic tests in the correct animals and avoid unnecessary testing in those patients unlikely to have this condition. More patients can then in turn receive appropriate treatment.

### USMI when medicine fails: what next?

Dr Alasdair Hotston Moore

Urethral sphincter mechanism incompetence (USMI) is the commonest cause of urinary incontinence in the bitch. Medical management is the first line treatment (usually with either an adrenergic agent (e.g. phenylpropanolamine) or an oestrogenic agent (e.g. estriol). The majority of bitches have a good response to these, but other treatments need consideration in a minority of cases. Before surgery is planned, the clinician should review the diagnosis and consider underlying or secondary factors (such as obesity and urinary tract infection). If the diagnosis is confirmed and these have been considered, surgical management can be offered to the owners. There are several established surgical options (colposuspension, Artificial Urethral Sphincter placement, urethral sling), endoscopic management with urethral bulking agents and some less well established procedures (vaginectomy, vaginal septum transection). The session will look at each of these and make suggestions as to their application.

## The burst pipe under the floorboards: how to spot urinary trauma?

### Spotting urinary tract trauma

Ed Friend

This lecture gives an overview of urinary tract trauma, which is a serious presenting complaint in small animal practice but may be initially hard for a clinician to recognise. The presentation will specifically discuss presenting signs and the challenges of how to diagnose.

## Treatment options for urinary tract trauma

Laura Owen

Injury to the urinary tract of the dog and cat is an uncommon, but serious potential sequel to blunt, penetrating or iatrogenic trauma to the caudal abdominal or pelvic regions. Bladder injury occurs most commonly, followed by urethral injury, with only rare occurrences of renal or ureteral injury reported. Preservation of function of the urinary tract is the optimal goal of treatment, but some procedures that achieve this may be technically challenging, require specialist equipment and/or may be associated with a higher risk of complications compared to salvage procedures; thus decision-making must be performed on an individual patient basis and requires consideration of multiple factors. In some cases urinary diversion alone will allow healing of the urinary tract without specific repair.

In this session, we will discuss the possible treatment options for each area of urinary tract injury, with a focus on the bladder and urethra as the most commonly traumatised organs, with the aim of enabling delegates to feel better equipped to provide management or advice for affected patients.

## On demand

### Urinary tract trauma: working through case examples

Alasdair Hotston Moore

Trauma to the urinary tract presents challenges to the clinician in stabilisation, identifying the site of injury and formulating a management plan. This session will look at some cases which the author has managed and use them to look at the investigation and management.

Common causes of trauma are external injury (blunt force trauma such as road traffic injury, animal bites to the perineum, ballistic injury and so on) and also iatrogenic injury.

After initial stabilisation, identifying the site of injury is important to plan treatment. Imaging studies, notably excretory urography (IVU) with conventional radiography or CT, and retrograde urethrography, are most useful in this regard and will then allow the surgeon to plan treatment, which might be conservative (placement of a catheter or stent), temporary (tube cystotomy or tube nephrostomy) or permanent (urethrostomy, ureteronephrectomy).

### The blocked dog: what are the surgical options?

Ed Friend

Urethral obstruction is a common presentation in small animal practice. This lecture provides an overview of stabilisation and treatment of this condition, with an emphasis on how to avoid surgery if possible. The most common management technique of retrohydropulsion followed by cystotomy will be discussed, along with some commonly used temporary or permanent urine diversion techniques.

## On demand

### Association of Charity Vets

#### No Consent? What you can do with the unowned RTA: Ethical and legal aspects of approaching the RTA case with no owner present

Caroline Allen

Being presented with a seriously injured animal can be stressful at any time, when they have no owner this can create additional complications.

As well as providing appropriate treatment, it is important to be able to navigate through the relevant laws and RCVS advice in order to maximise animal welfare, make best use of any funds available and avoid unnecessary stress. In this presentation Caroline Allen, Chief Vet of the RSPCA, will provide you with this useful information and more, so that you can approach these cases with confidence.

An understanding where charities can help, and where they can't, is also important to avoid frustration and misunderstandings. The role of the RSPCA in these situations is often misunderstood, using case studies the presentation will help by exploring where the responsibilities lie and of the role of the RSPCA.

This presentation will be useful to anyone in practice who might be presented with an unowned, injured animal and be worried about what to do.

#### Euthanasia decision making: a case-based discussion

Zoe Belshaw

For many people, making the decision about when to euthanize a pet is the hardest part of their ownership experience. This lecture will work through case-based scenarios to illustrate how challenging these decisions can be for both owners and veterinary staff. It will highlight recent research and new guidelines that can help support us and our clients before, during and after companion animal euthanasia.

### British Veterinary Dental Association

#### Practical approach to the oral mass

Boaz Arzi

A Variety of oral masses occur in the dog and cat oral cavity, including benign and malignant lesions. A comprehensive approach for the diagnosis of oral tumor is based on appropriate and hopefully early recognition, adequate clinicopathologic correlations and appropriate plan and treatment. The key to correct diagnosis is obtaining adequate imaging, appropriate representative biopsy samples, and pictures of the mass. In that context, the definitive treatment modality will depend on the biopsy results. Although the gold standard of diagnosis is the histologic assessment, the results should be analyzed in concert with the clinical and imaging information; a term known as 'clinicopathologic correlation'. This lecture will discuss various aspects of a clinical approach to the oral mass.

#### Young and healthy? Oral and dental disorders in juvenile patients

Ana Nemic

Many oral and dental diseases in dogs and cats occur with aging of the animals, however, puppies and kittens can also be affected either with congenital or acquired diseases. Abnormalities and diseases, that can affect juvenile patients include (but are not limited to) malocclusion, developmental abnormalities of the teeth, palatal defects, trauma to the teeth and jaws and oral tumours.

#### Key learning objectives

After this session the attendee will be able to:

- recognize selected oral and dental disorders in juvenile patients
- recommend appropriate diagnostic procedures and treatments
- recommend appropriate timing of the interventions and educate the client about appropriate follow up, when required
- provide appropriate treatment or recommend referral to a specialist

#### Virtual surgery and 3D printing in veterinary dentistry

Graham Thatcher

Veterinary Oromaxillofacial surgery is rapidly advancing field in which surgeons continue to advance novel approaches and improve patient outcomes. Additionally, there is a growing client base that expects to state-of-the-art interventions that may improve the lives of their pet. Soft tissue and osseous reconstruction of large defects is required and due to the anatomic complexity of the skull, midface and mandibles, these interventions create significant challenges in surgical planning and execution. High quality three-dimensional imaging of oromaxillofacial region and associated pathology becomes critical. Veterinary oromaxillofacial surgeons are among those pushing the boundaries of possibilities, employing technologies that allow patient-specific 3-D visualization both on a computer monitor with sophisticated software and in our hands with 3-D printed patient-specific models. Oromaxillofacial surgeons also utilize technology to create patient-specific surgical plans, surgical cutting guides, splints and implants. The use of surgical planning software allows for virtual rehearsals that has been shown to improve surgical precision and decrease intra-operative time. Three-dimensional printing has revolutionized visualization of complex anatomy and pathology, improved surgical planning and allows for improved pre-surgical preparation, particularly in the field of craniomaxillofacial trauma. This allows the surgeon to concentrate on the execution of the surgical plan which can reduce anesthesia time greatly.

### British Veterinary Rehabilitation and Sports Medicine Association

#### Nursing the rehab patient: getting the basics right

Sian Baker

This Webinar will look at the important basic nursing and physiotherapy considerations involved with helping to manage the successful rehabilitation of various conditions in our small animal patients. and simple things that can be done to improve their clinical presentation. This short talk will touch on elements of physiotherapy, home management, rehabilitation and nutritional management.

## **Does old age really mean the end? (How to help our geriatric patients)**

Mathilde Granger

How often do we hear, or say, "this is just old age, there is nothing to do"? Of course, we cannot reverse the changes brought on by aging, but there are many things, often little, we can suggest, to make a big difference in the quality of life of our geriatric patients. In this presentation, I will talk about the changes related to age, mainly on the brain and musculoskeletal system, and discuss how we can assess and monitor quality of life. In the second part, we will discuss medical, nutritional and exercise management of old age, with a particular focus on pain management. We will see how complementary treatments can be incorporated in a tailored care plan, and eventually I will suggest simple tricks to help the pets in their own home. Because thinking about their daily needs will show your clients you care about their aging pet, which is a great way to strengthen the bond with your clients.

## **European Association of Veterinary Diagnostic Imaging**

### **Ultrasonography of the eye of the dog and cat**

Pete Mantis

Ocular ultrasonography allows the evaluation of the interior of the eye. This is especially useful in cases that direct visualisation of the eye may not be clinically possible. The ultrasonographic examination of the eye is a straight forward and relatively simple procedure. The examination technique and normal ultrasonographic anatomy of the eye are presented. Examples of ocular and retrobulbar pathology are also presented and discussed.

Since the lecture will be recorded I have the summary as current. If you prefer future reference in the summary you can change the last two sentences of the summary to: "The examination technique and normal ultrasonographic anatomy of the eye will be presented. Examples of ocular and retrobulbar pathology will also be presented and discussed."

### **Ultrasonography of the canine stifle**

Elke Van Der Vekans

The podcast will explain the ultrasonographic technique to visualise the different ligaments, the menisci and the articular surfaces of the canine stifle joint and describe their normal appearance. In addition, the use of ultrasonography for some common pathologies will be discussed.

## **Small Animal Medicine Society SAMSoc**

### **Coaching for clinicians**

Clive Elwood

Following qualification, the science of veterinary medicine becomes increasingly easy with experience and familiarity. It is the 'art' and the challenges of managing complex clinical scenarios and the associated human relationships which are endlessly messy, unique, ambiguous and plain hard. You cannot simply 'diagnose', 'prescribe' or 'cut' to affect a resolution. Key to this aspect of professional work are self-awareness, emotional intelligence, communication skills and comfort with 'imperfect' solutions.

This presentation explores the concept of developing a coaching approach to co-creating solutions to complex problems with colleagues, customers and other connections. It defines coaching, distinguishes between coaching and mentoring and emphasises the importance of using data from the head, heart and gut. It explores some of the key skills of effective coaching such as active listening, holding silence, open questioning and curiosity. It describes a practical framework for coaching

conversations (the 'GROW' model) and gives a guide to parameters to consider when looking to engage a professional coach as a support to further learning and development. The importance of issues of competence, professionalism, ethics and boundaries are emphasised.

## **Leptospirosis: growing worldwide health issue**

Kate Murphy

This lecture will discuss the incidence of leptospirosis worldwide in the human population and its importance. It will also review the presentation, diagnosis, treatment and prevention of leptospirosis in dogs and a brief discussion of the disease in cats.

## **SAMSoc contribution to Antibiotic stewardship : PROTECT ME**

Ian Battersby

In this lecture we will review the principles of antibiotic stewardship, the PROTECT ME initiative but also how BSAVA and SAMSOC worked together to approached this important issue. Antibiotic Resistance is now recognised as a true One Health issue that requires constant engagement from all medical professions. This lecture will review the principles of the PROTECT ME scheme and Antimicrobial Stewardship. In addition the lecture will outline how the project was conceived and developed by harnessing in the strengths of the SAMSOC and BSAVA.

## **Association of Veterinary Anaesthetists**

### **Anaesthesia in dogs and cats with cardiac disease: complications and safety**

Heide Kloppe

Cardiac disease is common in dogs and cats. Degenerative mitral valve disease (DMVD) is the most common cardiac disease in dogs, whereas hypertrophic cardiomyopathy (HCM) is common in cats.

During this lecture the most common cardiac diseases in dogs (degenerative mitral valve disease and dilated cardiomyopathy) and cats (hypertrophic cardiomyopathy and restrictive cardiomyopathy) and their implication for management of general anaesthesia in these patients will be discussed. The focus will be on understanding the pathophysiology of the disease and possible resulting complications during general anaesthesia. Safety aspects and the planning of anaesthetic management for these cases will also be discussed.

Learning outcomes:

- List considerations and complications for cats and dogs with cardiac disease
- Formulate a sedation/ anaesthesia plan for dogs and cats with cardiac disease
- List aims for anaesthesia in patients with cardiac disease

### **Anaesthesia in dogs and cats with actual or suspected raised intracranial pressure**

Mathieu Raillard

It is likely that at some stage practitioners will be facing the conundrum of anaesthetizing an animal with possible increased intracranial pressure. Mathieu will cover the physiologic changes that need to be considered to approach those cases and will give practical details to prepare them confidently.

## **British Veterinary Zoological Association – BVZA**

### **African vultures in crisis: the application of veterinary training and science to rehabilitation to reduce the risk of extinction to critically endangered species.**

Neil Homer-Forbes

Africa has lost 98% of all vultures over 60 years, the implications, causes and the authors involvement in training local vets and rehabilitators and the benefits achieved will be discussed.

Of eleven species of vultures present on the African Continent, three were listed as Endangered and four as critically endangered by IUCN in 2015. Africa has lost 95% of its vulture population over the last 60 years, i.e. it has been documented and known about and yet we have been unable to turn it around. Two species (White headed vultures (*Trigonoceps occipitalis*) and Hooded vultures (*Necrosyrtes monachus*)), are predicted to be extinct within 5 years. Vultures are vital to the African biome, e.g. consuming 70% of fallen meat on the Masai Mara, where 50% of all vultures have been lost in the last 30 years. The aetiology varies by region, published data suggests (poisoning, accidental or malicious 61%, Power generation infrastructure 34%, Muthi – trade in vulture body parts for Faith Healing events 29%).

The author has worked with the key rehabilitation facility in South Africa (Vulpro), and veterinary clinicians, providing training in rehabilitation, triage, emergency, critical care and orthopaedic surgery. Hands on wetlab training has been provided in South Africa to over 100 rehabilitators plus an additional 100 vets from a range of countries. In view of the number of unrealsable casualties, training in captive breeding, including artificial incubation has also been provided.

The effect of training, applying science and diagnostics and improved medical and surgical therapy to admitted wildlife casualties and the potential for UK based clinicians to make a measurable difference to endangered species is discussed.

### **A pot pourri of lagomorph pathology**

Kate Hughes

Rabbits are increasing in popularity as pets and this is mirrored by a corresponding growth in knowledge surrounding rabbit pathology and disease pathogenesis, both in terms of surgical biopsy submissions and post mortem investigations. In this talk, I will take a systems based approach to examine a selection of disease entities with distinctive gross pathology that may be encountered in lagomorphs. Cases have been selected to illustrate common conditions occurring in rabbits, less common conditions that are nonetheless very typical for the species, and conditions that highlight specific facets of rabbit anatomy or physiology. Emphasis will be placed on the gross appearance of lesions to aid the veterinarian in their interpretation of macroscopic tissue changes. These will be contextualised in terms of disease pathogenesis. In addition, some gross lesions from wild hares will be described and discussed and comparisons drawn between these two species.

### **Triage and conservative management of the avian orthopaedic cases**

Daniel Calvo Carrasco

This lecture will focus on the triage and first aid of avian fractures, as well as the conservative treatment options suitable for birds. It will review the basic relevant anatomical and physiological characteristics that affect the type of fractures seen in birds, and the prognosis those patients may have. It will make particular emphasis on the type of bandages and splints we can apply to avian patients and when those are indicated.

## **BVBA – British Veterinary Behaviour Association**

### **Welfare friendly handling in practice**

Nicky Trevorow, Rachel Malkani & Wendy Taylor

Fractious feline? Got a dog coming in that requires a muzzle? The high pressures of working in practice can often lead handling animals in order to get the job done quickly. In this talk, we will look at some welfare friendly examples of handling cats and dogs, while still enabling you to work efficiently. We will look at recognising subtle signs of stress in body language and facial expression, discuss learning theory, and practical suggestions to help both in everyday life and also in the long term. We also introduce the Dog Friendly Practice scheme. Ultimately, reducing fear and anxiety in our patients will improve the animals' experience, bond the owners to our practice, and be less stressful for everyone involved!

# **Social & wellbeing**

**While we're disappointed we won't be able to see you in person this year, we're committed to making sure there will be fun, interactive and engaging social and networking opportunities for you.**

**We have a variety of activities planned for the whole live event, from music and entertainment, to food and cocktail masterclasses, to wellbeing and mindfulness, there is something for everyone.**

**Be sure to enjoy a break from lectures and join us for some virtual downtime – don't miss out!**



**FREE**

**Friday 26 March,  
20:00–21:30**

### **Virtual Disco with The Silent Disco Company**

Join us for 1.5 hours of live DJ disco, with interactive web chat and DJ requests. Plus – Win a free weekend hire of up to 15 headsets for very own silent disco, details coming soon!

Get the party started by visiting [www.bsavaevents.com](http://www.bsavaevents.com).



**FREE**

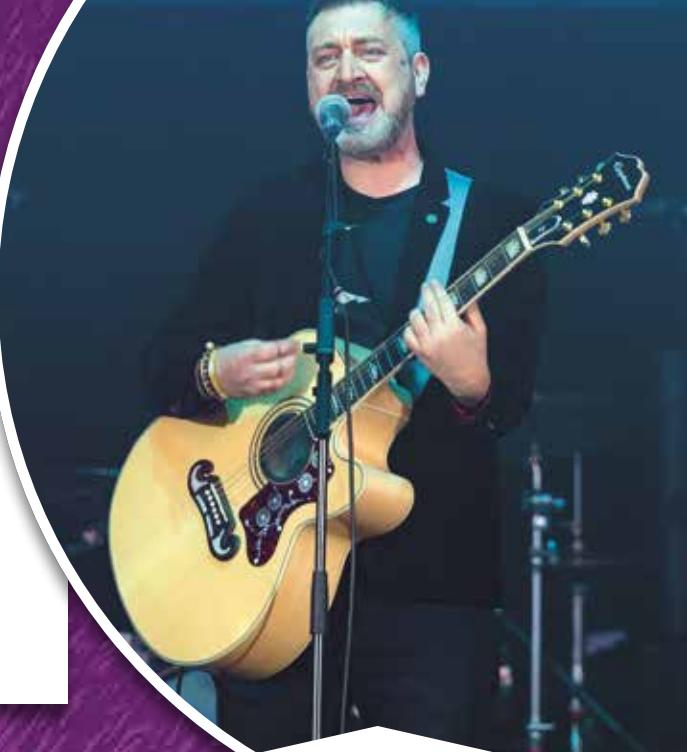
**Saturday 27 March,  
20:00**

### **Saturday Night Quiz with Kahoot!**

Join your host Julian Hoad for a fun quiz just to wind down after our 3 amazing days of CPD.

Kahoot, an interactive, fun and engaging evening. Be warned, it becomes competitive with a leader board updating after every question.

To make the most of the fun open [www.kahoot.com](http://www.kahoot.com) or download the app on a second device and look out for the pin number to join this quiz.



**FREE**

**Thursday 25 March,  
20:00–21:00**

### **Mark Walby**

In a new format, Mark Walby our resident Party Night musician returns to BSAVA Congress for an hour of live music and entertainment! Mark Walby is a familiar face on the music circuit and has played with a wide variety of household names during his 20 years as a professional musician.

Hosted on Zoom.

Join the fun by visiting [www.bsavaevents.com](http://www.bsavaevents.com).

### **Don't forget!**

For those of you lucky enough to have booked tickets for some of our other social events, a reminder of dates and times. We look forward to seeing you there!



#### **Cocktail Masterclass with Mix & Twist**

Wednesday 24 March,  
19:30



#### **Wine tasting with Tim Syrad**

Thursday 25 March,  
20:00–21:00



#### **Whisky tasting with Isle of Raasay Distillery**

Friday 26 March,  
20:00–22:00



#### **The Flavour Explorer Experience**

Saturday 27 March,  
20:00–21:00

# Social events at the Health and Wellbeing Stand in the Exhibition

This collection draws together a series of health and wellbeing-led sessions, to help you unwind and refresh between lectures.

All sessions will be available on demand via the Wellbeing Stand in the virtual exhibition hall.



## BSAVA Congress Run/ Walk

Revive and refresh during the Virtual Congress, by getting involved and taking part in a virtual run or walk during the live event days (25–27 March).

You don't need to be an accomplished athlete as there are no set times or distances, just complete what you are comfortable with at a pace, time and location that suits you.

## Yoga

8 different yoga sessions brought to you by Olivia Haskey from "Yogacrohnie".

Expect energising morning sessions, yoga for children with an animal theme to keep them engaged, rest and digest sessions and wind down evening sessions.

Also look out for the sessions you can do when you just have a short 5 minute gap in your schedule.



## On-demand

### Baking with Rosie Brandreth-Poynter

A demonstration with Rosie Brandreth-Poynter, vet and Great Christmas Bake Off 2020 Winner. Rosie has produced a stunning life like tortoise cake for you to follow and have a go yourself. We also have a vegan recipe for you to download if this is more suitable for you.



## Magician

Learn a few tricks with Spencer Wood, magician extraordinaire. Find out how to perform some magic with just some everyday items you will find lying around the house.

Be prepared though and have a pack of cards ready to learn along with Spencer. Also check out his magic and mind reading performance, just sit back and relax.

## Storyteller

Renowned storyteller Vergine Gulbenkian tells a couple of stories passed down the generations in her family. Listen to *The Test*, a traditional tale about wisdom and a farmer who has a decision to make and the wonderful story about *The Watermelon Girl* that seems to resonate with many.

For those with children or for those of us that are still a big child at heart.



# Points mean £7,200 worth of prizes

Keep your eyes peeled for icons and pick up points as you immerse yourself in the BSAVA Congress.

With over £7,000 worth of prizes to be won, there are some very good reasons to take part in the scavenger hunt and compete for the top-spots on the leader board.

Those that find all the treasure (icons) hidden throughout the virtual space by 20:00 on Saturday 27 March will be entered into a prize draw to win the prizes. Search the chat rooms, explore the stands in the exhibition and scout the sessions for those valuable icons.

And there's more... delegates that take part in webinars, visit exhibition stands and otherwise participate in the Congress will find that they accrue points, and these points mean more prizes. At the end of each day of the Congress, the top ten point leaders will win prizes – anything from an 8th generation iPad or a Fortnum and Mason hamper, to a year's worth Netflix voucher or a Kindle Oasis.

Winners will be notified following the event. Full terms and conditions can be found in the lounge area on the virtual platform.



BSAVA would like to say a huge thank you to the sponsors of our first virtual Congress!

## EVENT SPONSORS



## LECTURE & EXHIBITOR STREAM SPONSORS

