**Central Florida Academy of Veterinary Medicine**

**Practical Techniques in Soft Tissue Surgery**

**Howard B Seim III, DVM, DACVS**

**February 22-23, 2025**

**Lecture Content Description**

Lectures will consist of a variety of practical soft tissue surgery techniques that most veterinarians can perform in their practice. Video segments of clinical case material, carefully edited to form a real-life experience, will be used as a means of delivering surgical lectures. An advantage of this lecture style is that participants are able to see the case actually operated on during the lecture. Topics will consist of respiratory, gastrointestinal and urinary surgery cases.

**Specific Topics**

**Saturday, February 22, 2025 3pm – 7pm (4hrs)**

**Canine linear foreign body; there is a trick to make it easier 1hr**

Canine linear foreign bodies can be particularly difficult to surgically manage. The FB is generally located in the cranial quadrant of the abdomen i.e., stomach and duodenum. These bowel segments cannot be elevated from the peritoneal cavity thus exposure is often difficult to maintain. This seminar will focus on ways to help facilitate manipulation of abdominal viscera in the cranial abdomen and suggest ways to determine if the patient has a high or low risk of GI perforation prior to surgery.

**Surgical management of GDV; the 15 minute gastropexy 1hr**

This seminar will focus primarily on the authors’ preferred method for gastric derotation and technique of performing a 15-minute incisional gastropexy. This gastropexy technique can also be used for prophylactic gastropexy. Video of clinical GDV cases will be used to illustrate the technical aspects of derotation and the gastropexy procedure.

**The 4 ligature splenectomy ½ hr**

Years ago the anatomist suggested that in order to safely remove the spleen the left gastroepiploic artery and vein must be preserved or the gastric blood supply would be put at risk. We now know this is not true! I will suggest a way to use this new anatomic information to safely remove the spleen in a non-GDV patient with 4 (maybe 5) ligations. We will then utilize this new knowledge of anatomy to develop a ‘plan’ to rapidly and safely remove the spleen in a dog that is bleeding to death!

**Anal sacculectomy: a novel approach ½ hr**

Anal sacculectomy is frequently performed in veterinary practice. It can be tricky to get all of the anal sac epithelium and preserve the external anal sphincter muscle and caudal rectal nerve. A ‘novel’ technique has been suggested that allows the surgeon full control of the anatomy and thus preservation of vital structures during anal sac resection. This technique facilitates complete removal of the anal sac while encouraging protection of caudal rectal nerve fibers and external anal sphincter muscle. Video showing this technique in a clinical case will illustrate its potential usefulness in practice.

**Surgical management of cystic and urethral calculi – canine 1hr**

A ‘never fail’ technique for retropulsion of calculi lodged in the urethra of male dogs will be presented. Surgical management of cystic calculi will be discussed and a new protocol will be demonstrated that will eliminate the possibility of leaving a stone behind whilst performing a cystotomy. Video of clinical cases will be used to illustrate all techniques.

**Sunday, Feb 23, 2023 8am – 230pm (6hrs)**

**Surgical management of brachycephalic syndrome ½ hr**

This session will discuss the management of upper airway obstruction in brachycephalic breeds. Emphasis will be placed on an update of the nasoplasty technique and soft palate resection. This seminar will focus on hand suturing techniques. Videotape of clinical cases will be used to illustrate surgical techniques.

**Chest drain placement ½ hr**

This lecture will focus on techniques used to place chest drains in dogs and cats. A variety of drain types will be used as well as several different techniques. Videotape of clinical cases requiring ‘emergency’ as well as ‘planned’ chest drain placement will be used to illustrate the recommended procedures.

**Feline perineal urethrostomy – a novel approach 1hr**

Feline perineal urethrostomy has classically been approached with the patient placed in a perineal position. Although this positioning is awkward for the surgeon it has become the standard approach. This lecture will suggest taking another look at patient positioning. Placing the cat in dorsal recumbency allows for a much more ‘ergonomic’ approach for the surgeon and enhances visualization of the regional anatomy. In addition, this positioning allows access to the patients’ urinary bladder. Video of this novel approach will be used to illustrate the advantages of dorsal recumbency positioning.

**Intestinal anastomosis – tips to make it easier 1hr**

When performing an intestinal resection and anastomosis by yourself (i.e., no assistant to help!) there are several ‘tips’ that may make life easier for you. I will suggest a number of alternative techniques that you can consider incorporating into your current technique to make this common procedure easier and safer. Video of clinical cases will be used to illustrate these techniques.

**Surgical management of gall bladder mucocele 1/2hr**

Surgical management of gall bladder mucocele varies somewhat depending on the stage of gall bladder mucocele presentation; i.e., early presentation, late presentation, or presentation after gall bladder rupture. Video examples of each presentation will be used to illustrate the impact each stage of presentation has on the difficulty of surgical manipulation during cholecystectomy.

**Feline esophagostomy feeding tube placement ½ hr**

Placement of feeding tubes is frequently indicated for the management of nutritionally deficient and critically injured patients. This session will focus on a variety of techniques to place esophagostomy feeding tubes (E-tube) in cats. Because cats tolerate this avenue of feeding so well it is important that veterinarians be able to place them in practice. Video of clinical cases will be used to illustrate a variety of E-tube placement techniques.

**Surgical management of uroabdomen 1hr**

Occasionally patients sustaining blunt abdominal trauma are diagnosed with uroabdomen secondary to ruptured bladder. Once these patients have been stabilized an exploratory laparotomy is performed to repair the ruptured bladder. This seminar will focus on the intraoperative decision making in patients that have sustained enough blunt force trauma to result in a ruptured bladder. Video of a variety of clinical cases presented to our trauma unit will be used to illustrate surgical methods.

**Surgical repair of diaphragmatic hernia 1hr**

This session will discuss the three most common types of diaphragmatic hernia; acute traumatic, chronic traumatic, and congenital peritoneopericardial and how they can be repaired. Video of clinical cases will be used to illustrate techniques used to surgically repair each type of hernia. Management of chronic atelectatic lung lobes and the incidence of re-expansion pulmonary edema will be discussed.