

WOODCROFT REFERRALS

NEWSLETTER



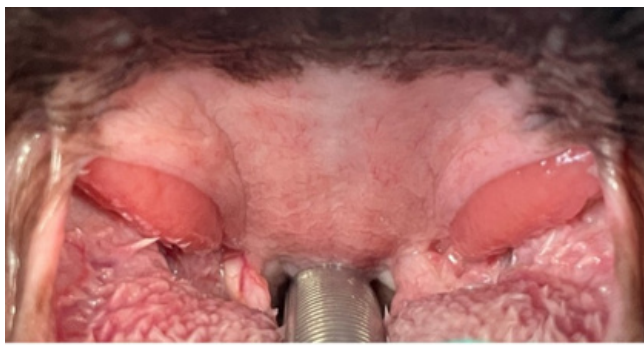
FLUOROSCOPY

At Woodcroft Hospital, we have a C-arm Fluoroscopy machine that helps the team refine a diagnosis by compiling a series of radiographic images into a video. The result looks a little like a stop motion film, in which multiple single images on separate pages, each with a tiny change, become a short animated video clip.

We use Fluoroscopy to visualise dynamic processes, such as gastrointestinal motility; cardiovascular function; blood and urine flow; simple fractures and swallowing, all in real time. Fluoroscopic guidance is also helpful in contrast procedures and in placing medical devices and surgical hardware.

Fluoroscopy is used the most by our orthopaedic team in theatre during procedures, to help achieve accurate implant positioning and fracture reduction.





Photos taken before and after combined staphylectomy and tonsillectomy.



BRACHYCEPHALIC OBSTRUCTIVE AIRWAY SYNDROME

We see many brachycephalic dogs referred for BOAS surgery (primarily French Bulldogs, but also English Bulldogs, Pugs and occasional Cavalier King Charles Spaniels, amongst others).

BOAS patients present with a range of signs including exercise intolerance (and heatstroke), stertorous breathing (sometimes with sleep apnoea) and regurgitation. The worst affected dogs can develop life threatening cyanosis and collapse.

Many owners will come to see these signs as being “normal” for their dog, and do not always realise what a difference surgery can make to their pet’s quality of life. As BOAS is a progressive condition, earlier surgery often gives the best outcomes.

Prior to surgery we take a detailed history from the owner and then proceed to full airway assessment including thoracic radiographs and endoscopic exam – including screening for aberrant nasal turbinates.

Surgery involves correcting the overlong and thick soft palate (folding flap technique or staphylectomy, utilising our harmonic scalpel that cuts and cauterises with minimal tissue damage). Everted laryngeal sacculles are removed and stenotic nares are widened to improve nasal airflow. Tonsillectomy can also be performed if indicated.

We find this surgery to be immensely rewarding as post-operatively, owners often report a marked improvement in their dog’s breathing and ability to exercise. However, no longer hearing loud snores at night can take a little getting used to for some!

If you have any questions, please reach out to Karen our referral coordinator on referrals@woodcroftvets.com.

Introducing ...

Dave Tymms
Referral Surgeon - Soft Tissue



Dave graduated from Liverpool in 2004. He initially worked in a busy mixed practice in Preston, before giving up on farm work after breaking his back whilst calving a cow in 2008 (since fully recovered!)

Dave joined Woodcroft in 2010 and initially worked primarily with emergency and critical care patients. He gained his surgery certificate in 2015.

After some time as a Clinical Director, Dave rediscovered his passion for surgery and fully moved over to the soft tissue referral team in 2020, having been involved for many years previously managing hospital patients requiring surgery.

Dave enjoys all aspects of soft tissue surgery, and particularly enjoys TECAs, laparoscopy and BOAS surgery.



WOODCROFT
Veterinary Hospital

Transparent Pricing

Tibial Plateau Levelling Osteotomy (TPLO)

We are starting to roll out the offer of package pricing across some of our disciplines with the aim to give clients peace of mind when their pet needs treatment.

With TPLOs being a common advanced procedure used to treat cranial cruciate ligament failure in dogs, we understand the need for clear pricing of the procedure to ensure the pet owner's peace of mind when their pet is diagnosed.

Why TPLO surgery?

1. Studies indicate, and in our experience, dogs that have had TPLO surgery will walk on the operated leg sooner than those that have had alternative surgeries to fix the cruciate.
2. Heavy/boisterous dogs or dogs with bilateral cruciate ligament ruptures/other orthopaedic disease tend to put significant amounts of their weight on the operated leg quite soon after surgery.

TPLO has a number of advantages:

- It is considered to provide the best outcome for large breed dogs
- It is strong enough to allow immediate but controlled weight-bearing
- Dogs are comfortable enough to stand and walk on the operated leg very soon after surgery (more often than not within 24-48 hours).

Small (<20 kg)	£4000
Med (20 kg-40 kg)	£4250
Large (>40 kg)	£4500

Included:

Pre-operative blood tests & radiographs, general anaesthetic, surgery, hospitalisation, post-discharge X-rays and check-ups, initial home medications.

Not Included: Initial Consultation

Woodcroft Veterinary Hospital
Atlas House
Birdhall Lane
Cheadle Heath
SK3 0UX

www.woodcroftreferrals.com

0161 486 2333

referrals@woodcroftvets.com



TPLO
Same Day Post Op
22 Weeks Post Op



PHYSIOTHERAPY REFERRALS

Did you know, we accept external referrals for Physiotherapy at our Cheadle practice on Councillor Lane?

Emily and Tabitha are both qualified therapists and are able to offer a variety of treatments to suit the patient.

We work with the animal as an individual, tailoring a treatment plan to their unique needs. Some of the common reasons for treatment include:

- to assist restoration of normal musculoskeletal function
- to improve joint mobility and muscle health
- to promote rehabilitation/healing post-op or injury
- for arthritis support / management
- to manage or reduce pain and inflammation
- to promote good quality of life
- to reduce compensatory movements & muscle development i.e. those occurring after injury or surgery.

Physiotherapy is often used alongside hydrotherapy to rehabilitate a range of conditions and injuries, as well as for the purpose of maintenance in the case of progressive conditions. If the patient is experiencing any of the below conditions we can offer assistance.

If the patient's condition is not shown here, our physiotherapy team would be happy to discuss ways they can still support the pet's rehabilitation.

- Cruciate tear/rupture •Poor Co-ordination/balance
- Dysplasia • Abnormal posture • Arthritis • Weight loss
- Soft tissue injury • Physical conditioning • Neurological damage/infection • Cardiovascular fitness • Imbalanced muscle mass • Pain management • Patella luxation • Acute Injury • Stiffness / Lameness • Behavioural changes
- Fractures • Restricted range of motion

TO MRI OR CT?

WHEN A PATIENT REQUIRES CROSS-SECTIONAL IMAGING FOR EVALUATION OF A PARTICULAR BODY PART, A VETERINARY TEAM HAVE A CHOICE BETWEEN COMPUTED TOMOGRAPHY (CT) OR MAGNETIC RESONANCE IMAGING (MRI). THE EASY REFERENCE TABLE BELOW DETAILS THE CAPABILITIES OF EACH MODALITY WHEN CONSIDERING SPECIFIC ANATOMIC REGIONS. PLEASE NOTE THIS IS A REPRESENTATION OF THE CAPABILITIES OF EACH MODALITY AND IS NOT AN EXHAUSTIVE LIST.

MRI

BRAIN

- Intracranial Disease
- Intracranial Vascular Disease
- Meningitis
- Encephalitis
- Haemorrhage
- Oedema
- Epilepsy
- Hydrocephalus
- Metastasis
- Cranial Nerve Disease
- Degenerative Brain Disease
- Foramen Magnum Herniation

CT

BRAIN

- Hydrocephalus
- Contrast Enhancing Lesions

MRI

SPINAL

- Intervertebral Disc Disease
- Degenerative Myelopathy
- Meningitis
- Diskospondylitis
- Haemorrhage
- FCE (Fibrocartilaginous Emboli)
- Syringomyelia
- Neoplasia
- Arachnoid Cysts
- Wobbler Syndrome
- Lumbar Sacral Disease
- Trauma to the Spine
- Atlanto-occipital Subluxation

CT

SPINAL

- CT Myelography can be used to identify significant sites of spinal cord compression
- Vertebral Body Trauma
- Vertebral Body Neoplasia

MRI

NASAL CAVITIES SINUSES, ORAL, OPTIC

- Neoplasia
- Osteomyelitis
- Aspergillosis
- Palatine Destruction
- Masticatory Myositis
- Foreign Body

CT

NASAL CAVITIES SINUSES, ORAL, OPTIC

- Neoplasia
- Osteomyelitis
- Aspergillosis
- Palatine Destruction
- Foreign Body
- Dental Imaging
- CT Guided Biopsies

MRI

EXTERNAL, MIDDLE, AND INNER EARS

- Tympanic Bulla Wall Erosion
- Neoplasia
- Lymphadenopathy
- Cranial Nerves VII VIII
- Semi-circular Canals

CT

EXTERNAL, MIDDLE, AND INNER EARS

- Tympanic Bulla Wall Erosion
- Neoplasia
- Lymphadenopathy
- Semi-circular Canals

MRI

THORAX

- Mediastinal Mass
- Thoracic Wall Mass

CT

THORAX

- Neoplasia
- Metastasis
- Pneumothorax
- Foreign Body
- Abscess
- CT Guided Biopsy

MRI

ABDOMEN & PELVIC REGION

- Neoplasia
- Prostate
- Hips
- Ilio-psoas Injury
- Adrenals
- Cysts

CT

ABDOMEN & PELVIC REGION

- Neoplasia
- Bladder
- Ectopic Ureters
- IVU (Intravenous Urography)
- Portosystemic Shunts
- Renal Cysts
- Abscess
- Lymphadenopathy
- Liver Pathology

Additionally...

MRI and CT can be used for imaging extremity joints. Each modality can be used for the following

MRI

- Medial Shoulder Injury
- Osteochondritis
- Arthrograms
- Muscular Injuries
- Elbow Dysplasia
- Cruciate Ligaments
- Meniscal Injury
- Cartilage Pathology
- Neoplasia
- Foreign Body

CT

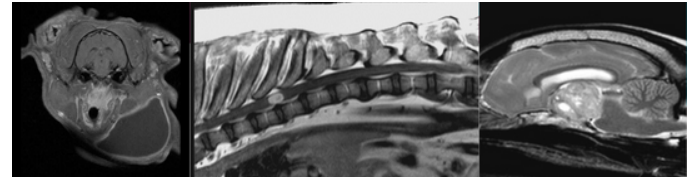
- Multiple joints in one session
- Angular Limb Deformity
- Scans for 3D printing for fracture repair planning
- Elbow Dysplasia
- Neoplasia
- Osseous Disease
- Foreign Body

PATIENTS WITH METALLIC IMPLANTS

Although most implants are non-ferrous and safe for MRI, they must be discussed with Burgess Diagnostics.

Implants inserted within the area of interest may cause artefacts and provide non- diagnostic studies.

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Referrals we offer :

Soft Tissue Surgery

Orthopaedic Surgery

Ophthalmology

Internal Medicine

Cardiology

Dermatology

Diagnostic Imaging - CT & Ultrasound

Dentistry

Veterinary Behavioural Medicine

Physiotherapy/Hydrotherapy