

WOODCROFT REFERRALS

NEWSLETTER



LOOKING AHEAD

Whats new in 2025 for Woodcroft Referrals?

As we enter 2025, we are excited to share updates on how Woodcroft Veterinary Hospital is evolving to better serve you, your clients, and their pets. This year, we are focusing on developing our services, enhancing communication, and strengthening our partnership with referring practices.

Services and Expertise

In 2025, we are introducing more package pricing to help you better estimate referral costs to your clients. Additionally, we are pleased to welcome Ashleigh Bates to our Internal Medicine team, Ashleigh is a certificate holder in internal medicine and will support our commitment to comprehensive, high-quality care. Ashleigh has been working within Woodcroft since 2015 and so will fit seamlessly into our existing referral team.

Streamlined Collaboration

We understand that clear and efficient communication is essential for effective referrals. This year, we will be sourcing feedback from referring practices on how we communicate with you and to ensure seamless coordination and timely updates on shared cases. Please keep an eye on emails in the coming weeks with a link to our feedback survey, otherwise follow the link on the last page of this newsletter. We want to hear from you.

Commitment to Continuing Education

In 2025 we are looking to offer a range of CPD sessions to further support your practice and keep you informed on a variety of topics. Details about these opportunities will be shared in the coming weeks, and we encourage you to join us when you can.

Looking Forward

Our mission remains focused on providing care that complements the exceptional work you do in primary practice. Whether managing complex medical cases, performing advanced diagnostics, or supporting patients through recovery, we are dedicated to delivering the best outcomes for every patient and their family.

Thank you for your trust and partnership. We look forward to working with you in 2025 and are always available to discuss how we can better support your team.

Case Study - Thomas

GASTROSCOPY IN A CAT

Case Surgeon - Tom Foster BVM BVS

BVMedSci(Hons) CertAVP(GSAS) MRCVS

Advanced Practitioner in Small Animal Surgery

Thomas is a 7-year old British Shorthaired cat who swallowed an elasticated hair bobble. Luckily, his owner witnessed him doing it and took him immediately to his see regular vet.

As is frustratingly the case with some cats, Thomas did not respond to attempts to make him vomit, neither with a 1mg/kg subcutaneous injection of xylazine, nor with the 'spinning chair' method. Concerned with the risk of intestinal obstruction, Thomas's vet referred him to Woodcroft Veterinary Hospital to try and retrieve the foreign body endoscopically.

When he was admitted, the possibility of not being able to retrieve the bobble with the endoscope and therefore the potential need to convert the procedure to a gastrostomy was discussed. Within an hour, Thomas was settled under general anaesthetic, and a small flexible fibre-optic video endoscope was passed into his stomach. The stomach was inflated with air, and by direction of the scope head all of the stomach could be visualised and inspected.

Thankfully, a black hair bobble was found nestled near the pylorus amongst some of last night's cat food.

The introduction of the biopsy forceps through the scope's instrument port, allowed the bobble to be grasped, and then both the scope and bobble were simultaneously withdrawn through the oesophagus and out of the mouth.

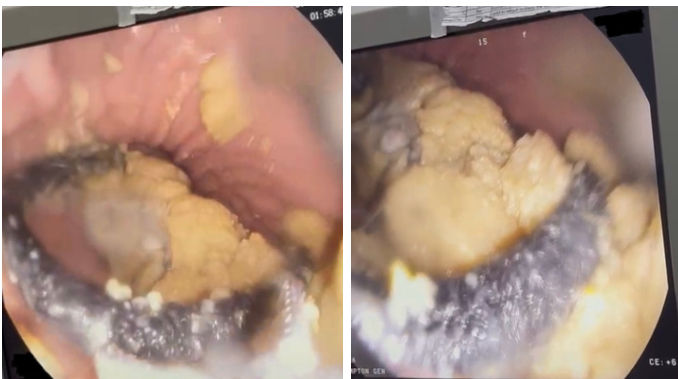
Thomas made a routine recovery from his anaesthetic and was discharged home later that day.



Gastroscopy can often be used to retrieve recently-swallowed foreign bodies, provided that there is not a risk of trauma to the oesophagus from a sharp object, or that they are not a shape which make grasping them impossible (such as intact balls). It is a non-invasive technique that does not require surgical intervention, and the patient often only requires a light anaesthetic and has a rapid recovery.

Gastroscopy can also be used to inspect the gastric mucosa and take grab-biopsy samples of a mucosa of the stomach or descending duodenum and so it is a very useful modality for the investigation of hematemesis, suspected gastric neoplasia, chronic gastritis and gastric ulceration

If you should have any questions about referring a case to Woodcroft Hospital, please contact referrals@woodcroftvets.com or call us on 0161 486 2333. Our referrals team will be more than happy to support you with your case, either with advice or facilitating a patient transfer.



SCAN FOR
REFERRAL PRICES

Referrals for Laparoscopic Neutering

In 2025 we will continue to offer laparoscopic neutering on a referral basis, a minimally invasive option for your patients that provides numerous benefits over traditional surgery.

Why Laparoscopic Neutering?

- **Faster Recovery:** Smaller incisions mean less tissue trauma, leading to quicker recovery times.
- **Less Pain and Discomfort:** Reduced post-operative discomfort for your patients.
- **Minimal Scarring:** The technique leaves smaller, less noticeable scars.

We've streamlined the referral process to make it as easy as possible:

- **No Long Waiting List:** We currently have no delays, so you can schedule procedures promptly.
- **Simple Referral:** Just reach out via our online form on woodcroftreferrals.com, and we'll handle the rest.
- **Comprehensive Post-Op Care:** After the procedure, we'll provide detailed follow-up instructions to the client and keep you updated with clinical notes following your patients surgery.

Our experienced surgical team is committed to providing the highest standard of care. If you'd like to refer a patient or need more information, please don't hesitate to contact us.



A Day in the Life of a Cardiology Nurse

by Suzanne Doyle
RVN ISFMDipFN



My name is Sue and I am a Registered Veterinary Nurse working in the Cardiology referral team.

One of my first tasks is to make sure the Cardiology suite is clean, and ready for our patients with all equipment in working order. Then I will start to admit some of our patients that are in for a case review.

During the admit appointment, I greet the owner and take information such as resting breathing rates, exercise tolerance and an update on their general health. This information is passed onto the case Cardiologist during our morning team meeting.

Each patient will have their blood pressure checked and if they need a blood sample we will do it at this point. Some of the blood samples are tested in our hospital so the results can be given to the Cardiologist to assess on the same day. Some blood work may need to be sent to external labs for advanced tests. A small patch of fur is clipped on both sides of the chest ready for a echogram.

During the scan, myself and another team member restrain the patient in lateral recumbency and reassure them throughout.

It is not often our Cardiac patients need sedation, however if they are anxious, it is better for them to be relaxed especially during the ultrasound scan. If they are sedated, I will monitor and record their vital signs, repeating any concerns to the cardiologist.

Some patients require chest x-rays. We take right and left lateral views as well as D-V. This allows the cardiologist to assess all areas of the lungs and heart.

I will also regularly perform ECGs on our patients, to record electrical activity of the heart and observe any abnormalities.

For the rest of their stay with us I will offer food and water, give any medication needed and take any dogs outside to the toilet. This is a good time to bond with them so they are not worried about their next visit.

The rest of the afternoon is spent assisting the Cardiologists with discharging patients and preparing medications for the owner to take home.

Case Study - Scooby

DOUBLE FRACTURE REPAIR IN A DOG

Case Surgeon - Alex Parker-Nicholls

BVetMed PgCertVPS CertAVP(GSAS) MRCVS

Advanced Practitioner in Small Animal Surgery

Scooby was initially examined last year after falling from a third storey window.

Further radiographs and computed tomography were obtained and revealed a non-reducible highly comminuted radial carpal bone and accessory carpal bone fracture on the left. On the right, we found a type I open, comminuted vertical articular fracture of the distal radius, with fracture lines extending horizontally through the distomedial cortex and a mildly comminuted fracture of the distal ulna.

These represent some severe injuries and due to the bilateral nature, salvaging both thoracic limbs was preferable. Due to the non-reducible intra-articular fractures on the left, we treated this conservatively with splinted dressings, although arthrodesis may be required in the future.

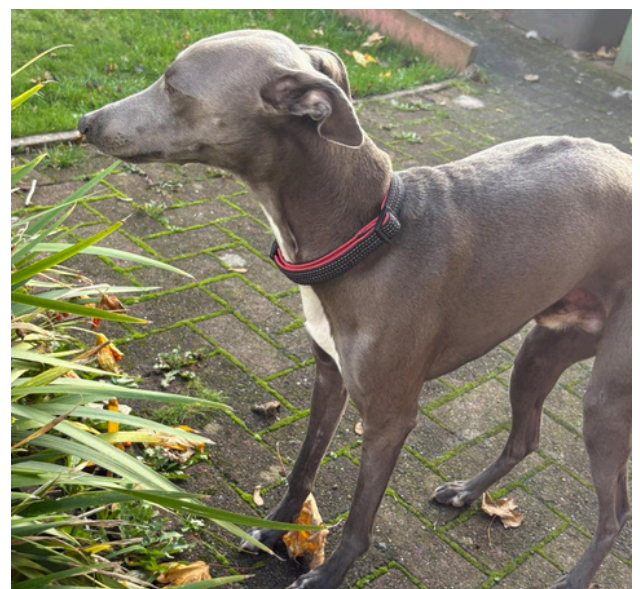
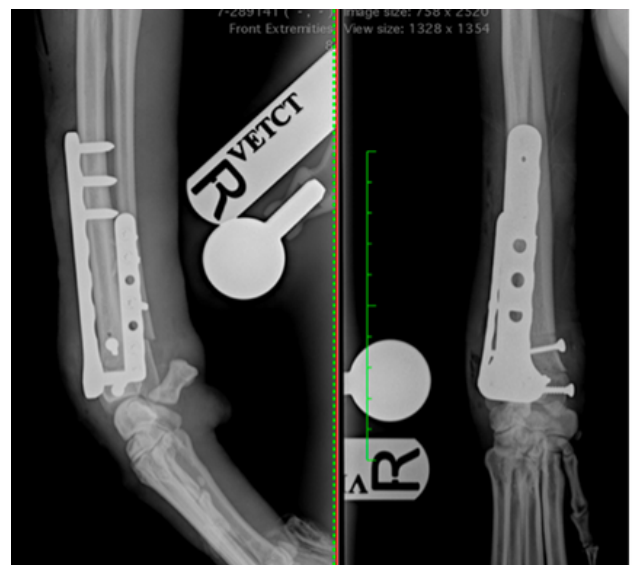
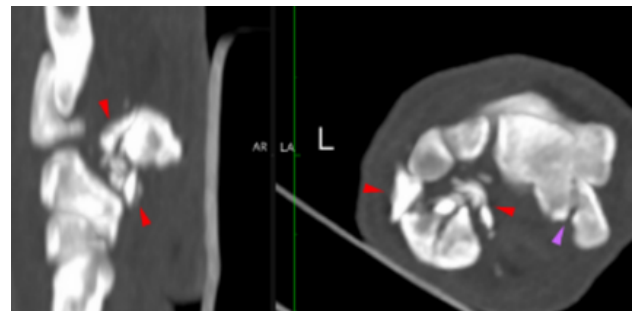
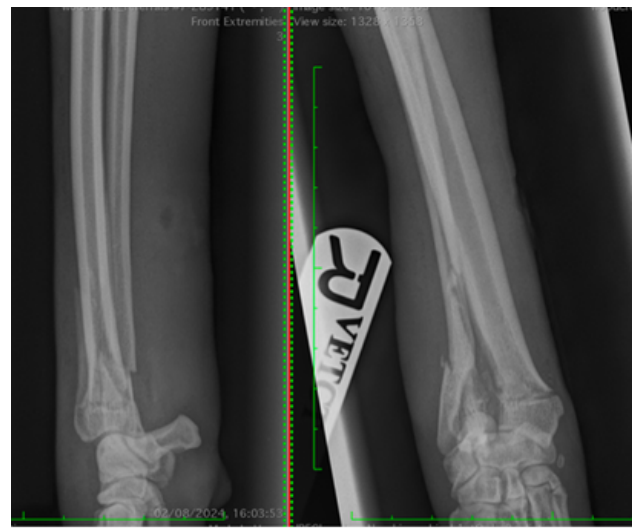
The distal articular radial fracture was reduced through a craniomedial incision and stabilised with a mediolateral loaded 2.4mm positional screw. This was reattached to the diaphysis and temporarily stabilised with a 2.0mm positional screw through the oblique region.

A 3.5mm locking T-Plate was then attached to the dorsal aspect of the radius to neutralise the fracture, with two screws in the distal segment and three in the proximal.

The ulna was approached through the same incision and stabilised with a 2.4mm locking plate with two screws in the distal segment and three in the proximal.

Scooby went on to make a good recovery following several weeks of bandaging and rest. Follow-up radiographs reveal the fractures are healing well and he is now beginning to resume some normal exercise.

To refer a case for orthopaedic assessment or for advice, please reach out to our referral coordinator on referrals@woodcroftvets.com.



Olga's Rehab Journey

Case Therapist - Tabitha Nye

IMSc Vet Physio, MRAMP, MNAVP, MNARCH, MCHA

Olga is a 12 year old Domestic Shorthair who presented at Woodcroft A&E department as a possible road traffic accident. She had been missing from home for a number of days.

After investigations done by the emergency and critical care team, it was established that she needed left side sacroiliac luxation surgery which was performed by the referral Orthopaedic team. This was followed by strict rest and medication.

Olga was then referred to Woodcroft's Physiotherapy team 2 weeks post operation. At this point she was needing bi-weekly enemas and had limited bladder control. She also had limited left hind limb proprioceptive response.

During assessments Olga was very reserved, she had reduced muscle mass on her left hindlimb, limited weight bearing of the left hindlimb and had muscle fasciculations all along her paraspinals.

Sessions started with a mixture of laser therapy, pulsed electromagnetic field therapy and light massage/stretching. Her at home exercise plan included toe tickling, hindlimb cycling, heat to her hindlimbs and obstacle walking around the house.

Olga had a total of 12 sessions with the team in practice, alongside the above at home techniques, which were continued throughout.

By her final session Olga was much more confident, she had gained bladder control and started to enjoy her sessions with us (we think!).



We want to hear from you ...

[Click Here to Leave Feedback](#)



Referrals we offer :

- Soft Tissue Surgery
- Orthopaedic Surgery
- Ophthalmology
- Internal Medicine
- Cardiology
- Dermatology (currently on hold)
- Diagnostic Imaging - CT & Ultrasound
- Dentistry
- Veterinary Behavioural Medicine
- Physiotherapy/Hydrotherapy
- Laparoscopic Spays & Castrates