



Remember: ALL consults with surgery at Southpaws are free of charge!! Clients love the option of getting some guidance without any obligation.

## Free consults at Vets All Natural - Castlemaine. Wednesday May 1st - 2013

Call 03 5472 5477 for an appointment.

Send histories to [info@vanclinic.com.au](mailto:info@vanclinic.com.au)

### Physiotherapy

Under water treadmill

### Cancer Surgery

### Radiation Oncology

### Chemotherapy

Platipump  
Conventional chemo

### Orthopaedic Surgery

Arthroscopy  
Hip replacement  
TPLO

### Soft Tissue Surgery

### Neurosurgery

Hemilaminectomy  
Ventral Slot  
Brain Surgery

### Minimally Invasive Surgery

Laparoscopy  
Thoracoscopy

### Reconstructive Surgery

### Cardiothoracic Surgery

### Advanced Imaging

CT  
Fluoroscopy  
Ultrasonography  
CR  
MRI access

### Internal Medicine

Gastroenterology  
Respiratory Disease  
Endocrinology  
Neurology  
Urology

## Free Seminar - by Charles Kuntz with Royal Canin

*Putting your best foot forward* - Diagnosis and treatment of common causes of forelimb lameness in mature dogs, with a review of current trends in stem cell therapy.

**Date:** Tuesday 23rd April 2013 7:00 pm for a 7:30 pm start. Food and drink provided

**Venue:** Champions Room, Moonee Valley Racing Club, McPherson St, Moonee Ponds.

**RSVP:** To register, please contact the event coordinator [casey.gill@royalcanin.com.au](mailto:casey.gill@royalcanin.com.au) or call 1800 622 969. Registration will close 7 days prior to lecture date.

## Dr. James Simcock BVSc (hons), MACVSc (Internal Medicine), **Diplomate of the American College of Veterinary Surgeons!!!**

James has passed his surgical boards! He is one of the first fully Australian-trained Diplomates of the American College of Veterinary Surgeons. We are very proud of him and happy to have him back from his time studying.



# Why Southpaws?

**Landmark Research:** Despite being a private referral practice, we still actively publish many articles in refereed veterinary and human journals.

**PRPICH CY, BVSc, SANTAMARIA AC, SIMCOCK JO,** Wong HK, Nimmo JS, **KUNTZ CA** **Second intention healing after wide local excision of distal extremity soft tissue sarcomas in dogs: 31 cases (2005 – 2012)** - Submitted for publication. In this article we review the results of wide local excision with second intention healing for the treatment of extremity soft tissue sarcomas in dogs. This publication boasts a 3.2% recurrence rate which is the **lowest recurrence rate ever published** for canine soft tissue sarcomas.

**SIMCOCK JO, KUNTZ CA, PRPICH CY.** **Continuous infusion of subcutaneous carboplatin for prevention of metastasis in 17 dogs with osteosarcoma.** We developed a technique for rapid completion of an entire chemotherapy protocol in only 4 days with success rates equal to or exceeding previously published results with very limited side effects. This paper has caused quite a stir in international oncology circles and may revolutionise the way people treat these tumours in dogs.

Phelps HA, **KUNTZ CA**, Milner RJ, Powers BE, Bacon NJ. **Radical excision with five-centimeter margins for treatment of feline injection-site sarcomas: 91 cases (1998-2002).** This publication, released last year, reviews the results of 91 cases of injection site sarcomas in cats, all operated by Charles Kuntz. **This is the largest collection of injection site sarcomas ever published. The recurrence rate of 14% is the lowest ever published world-wide.** The results of this paper have changed the way surgeons treat these challenging tumours all over the world.

**Prognostic factors in the surgical treatment of soft tissue sarcomas in dogs: 75 cases (1986-1996).** **KUNTZ CA,** Dernel WS, Powers BE, Devitt C, Straw RC, Withrow SJ. This landmark study has been cited in over 100 other articles. It establishes the grading system for the diagnosis of canine soft tissue sarcomas and clearly illustrates the outcome with surgery alone.

**Encephaloscope-assisted division of the corpus callosum in dogs for palliation of idiopathic epilepsy- results in nine patients.** **KUNTZ CA.** In this publication, we described the first veterinary clinical patients world-wide who have had brain-splitting surgery for the treatment of idiopathic epilepsy.

**Externalized ileocolic anastomosis: Case report.** **SIMCOCK J, KUNTZ CA,** Newman R. In this publication, we described the first patient to have externalisation of an intestinal surgery as a way of managing intestinal breakdown in a patient with peritonitis.

**Combination of wide excision and orthovoltage radiation therapy for the treatment of nasal carcinoma in dogs: 16 cases.** **KUNTZ CA, SIMCOCK JO, PRPICH CY.** Manuscript in preparation. In this manuscript, we review

patients having had surgery and orthovoltage radiation therapy at Southpaws for the treatment of nasal carcinoma. Our median survival time was 26 months. **This is the longest survival time ever reported for patients with nasal carcinoma.**

**We are currently preparing manuscripts on 50 cumulative patients having had amputation and subQ carboplatin infusion for treatment of osteosarcoma with a median survival time of 20 months, and 16 cumulative patients having had radiation therapy and subQ carboplatin with a median survival time of 11 months.**

## **Surgical Inventions: Multiple US Patents**

Electronic device for veterinary patients. Charles Kuntz, May 13, 2003. US Patent 6,561,136.

Method and device to correct instability of hinged joints, Charles Kuntz, December 16, 2003. US Patent 6,663,631.

Continuous safe suction device. March 15 2005. US Patent submission 20050065471.

Stainless steel bone-shaped prosthesis for animals. December 12 2002. US patent submission 20020198600. - **This device is now the standard system for limb-salvage surgery for animals. It has been found to be superior in strength to allograft-based limb salvage in an independent study done by Colorado State University.**

## **Groundbreaking Innovations:**

First deep-**Radiation Therapy** unit for animals in Australia - 2006.

First veterinarian in Victoria licensed to perform **Computed Tomography** - 2005.

## **Compassionate Care:**

Charles was awarded as the **“Most Supportive Vet in Australia”** by the Master Dog Breeder’s association in 2010 and nominated for the same award in 2011.

One of the highest **nurse to patient ratios** in the market.

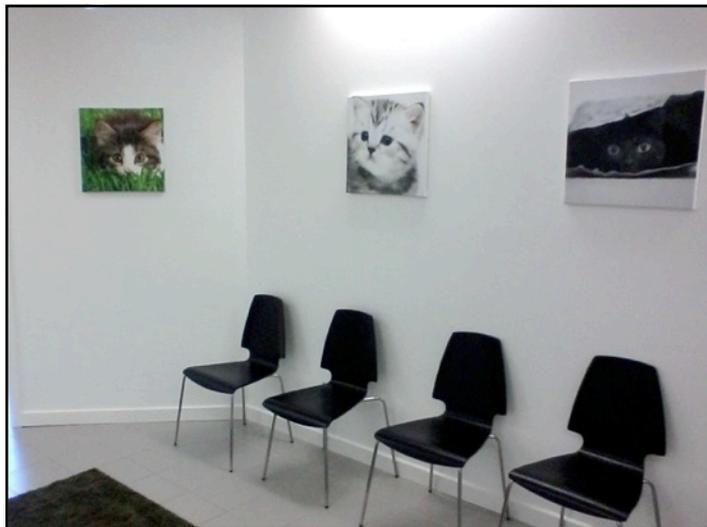
**On site 24-hour care** by a nurse who is dedicated only to patient care. We don’t have a primary access emergency caseload, so in-house patient care is not sacrificed for incoming emergency patients.

## **State-of-the-art equipment:**

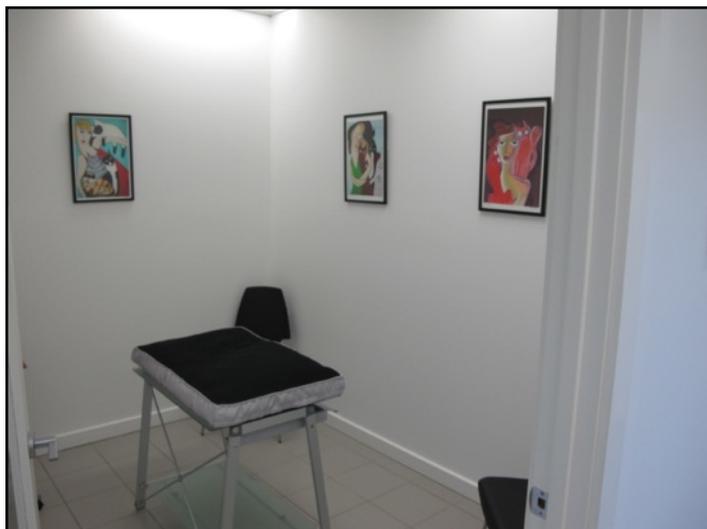
Southpaws has one of the most advanced CT scans in the market, in-house radiation therapy, 3d printing for creating surgical models, plasma gas sterilisation, human grade anaesthetic machines, etc. We are often told by service personnel that we are better equipped than many human hospitals.

# Who Kept the Dogs Out??!!

In response to requests by primary care veterinarians and clients, we have completed our new cat ward. This will allow us to assess and treat feline patients in a low-stress environment. Included is a cats-only reception area, a consulting room and a treatment and boarding ward. Please feel free to come by and have a look!!!



Cat's only reception area - quiet and naturally-lit.



Cat consulting room is comfortable and secluded.



Cat ward is peaceful and easily accessible to facilitate treatments.

## Personalised Medicine - getting the best outcomes for our patients

Not all tumours are created equal. There is a concept in human medicine called "Personalised Oncology." The idea is to tailor an individual's treatment based on biological parameters. The death rate for human osteosarcoma has been declining by about 1.3% per year for the past 60 years. This is due to advances in surgery and chemotherapy and identification of genetic markers which allow individualised treatment plans. In humans, personalised cancer therapy improves survival, avoids unnecessary treatment and reduces cost.

We were all told in veterinary school that cancer must be removed with 2-3 cm margins. Clearly, this is a naive approach to surgical oncology. If we just look at histological diagnosis, we get quite a diversity on preferred surgical margins:

Lipoma	Marginal excision
Perianal adenoma	Marginal excision
1 cm mast cell tumour	1 cm margins
2 cm mast cell tumour	2 cm margins
Feline Injection site sarcoma	5 cm margins

So, even at this level, we are applying personalised oncology to some degree. If we throw in other parameters like species, breed, gender, grade, location, attachment to deeper structures, staging, etc., we can start to get a handle on which cases need more aggressive imaging, how much surgery will be required, and which ones are going to benefit from chemotherapy. Now, we are really starting to get somewhere.

With soft tissue sarcomas, some small tumours tend to be quite well-encapsulated with no cells extending beyond the palpable borders of the tumour. Less aggressive surgical excision may be appropriate. Larger tumours tend to have breaks in the capsule with "tentacles" extending beyond the palpable tumour. These require much more aggressive surgery to prevent recurrence. In addition to size, grade provides some insight into which tumours will have a complete capsule. CT and MRI can also help assess the completeness of the capsule as well.

There was a human surgical oncologist who made brand-labelled golf balls. He sent them to all of his referring physicians with a note that said "if the tumour is bigger than this golf ball, send the patient to me." In our patients, if we use parameters including size, grade and advanced imaging, we can get an idea of which ones are going to require a more aggressive surgical excision.

As medical practitioners, we must set the goal of improving our patient outcomes over time. These improvements are through better techniques and better case selection. Constant advancement of veterinary medicine requires vigilance. We must attend conferences and keep up with the evidence-based veterinary literature.

Networking with colleagues is also really helpful. We, as specialists, can also play a role. Hopefully, as specialists, we have narrowed down our field enough that the acquisition of new information is manageable. We act as a clearing house for dissemination of new information.

In its ideal form, our practice works by helping primary care vets at each step of the process, be it oncology, orthopaedics, soft tissue surgery or internal medicine:

1. When a patient presents to you, we can help you **interpret clinical signs**.
2. Once a diagnosis is made, we can **recommend other diagnostic tests** to assist in treatment planning and prognostication. Remember - *Good Medicine is Good Business*.
3. When a treatment plan is made we can help you determine if you are comfortable implementing the desired treatment, or if help may be required.
4. If referral is elected, we do everything in our power to assure a **favourable outcome**.
5. We can **help with education** by communicating with you about the further diagnostics and treatments that were done here.
6. We can help **interpret the postoperative course**.

We are happy to be involved at every step of the process. Together, we can make significant strides in improving our patient outcomes over time.

## Charles' big day out (at the Emergency Room)

"A man from Australia has called you eight times." is not what my wife wanted to hear from the receptionist at the hotel desk in Argentina when she returned from the closing ceremony dinner at The World Equine Veterinary Association symposium in Buenos Aires. She immediately called me on my mobile. I said "I am about to go into surgery." Her reply was "So? You had to call me eight times for that?"

"No," I said "I am about to go into surgery on ME!" I was woodworking and stuck a very sharp chisel through my hand. I am about to have microsurgical exploration of my left hand. I have cut at least a couple of tendons." After a pause, her overly sentimental response was "We are going to get SO much money for all your power tools on EBay."

So, 18 weeks ago, I was lying in emergency at Cabrini, giving serious consideration to the idea that my career might be over. I had been there for 5 hours, when a nurse asked if I had yet received any pain relief. "No." I replied. She generously handed me two Panadol. I had already been examined by the attending physician, had radiographs and was waiting for the plastic surgeon. The only time it really bled was after the radiographer squashed my hand against the x-ray plate. Apparently

perfect positioning was more important than blood loss and pain. I had to sign a consent form where I had to write, in my own words, what was going to be done in my surgery. It was difficult, because it had not been explained to me.

I woke up 4 hours later with my hand in a big splint. My surgeon came in to visit me. He reported that I had cut three tendons (superficial and deep flexor to my index finger, deep flexor to my middle finger), two nerves (to the lateral skin on my thumb and the medial skin on my index finger), an artery and two muscles. He managed to put everything back together, perfectly. In typical form, my surgeon was quite cavalier. "You will be back to 100% within about 2 months."

The care that I received was extremely competent and professional. The only concern I had was when the nurse came in at 10:00 am the next morning and said "you can go home whenever you want." No discharge instructions, wheel chair escort to the front door, pat on the back, nothing. "Just get your things and go."

I convalesced from Sunday morning when I got home until Monday morning, when I scrubbed in on 4 surgeries. Against Dr.'s orders, of course. Luckily, I had the help of my wonderful co-surgeons - Cassie and James. I started physiotherapy the next day (Tuesday) and was on the road to recovery.

I was sacked by my hand therapist at 6 weeks because I was doing too well. I was a "highly motivated" patient and would benefit from no more physiotherapy. I had been doing twice as many exercises as had been prescribed and made very rapid progress. In all, my left hand took 3 weeks off from surgery. My right hand took... let's see... none. I was touch typing with both hands within 6 days. I did take a 3 month hiatus from tennis. I have managed not to sell my power tools, but have not started any new woodworking projects.

So, here I am, 18 weeks out. My hand is perfect. The cutaneous sensation in my hand has returned and I am extremely grateful for the wonderful care provided to me by my surgeon and my hand therapist.

My experience reinforced some of the things we already do Southpaws:

1. **Administer pain relief early.** Although my hand really did not hurt that much, it would have been nice to have had the option.
2. **Clearly explain what is going to be done**, and what the potential risks are.
3. **Use local anaesthetics.** They block pain sensation from the time of surgery onwards. My recovery was nearly pain-free. I took a total of 8 over-the-counter Panadeine in the week following surgery.
4. **Give adequate discharge instructions.**
5. **Physiotherapy is amazing.** In a very limited data set, I can attest to the fact that vigilant physiotherapy accelerates recovery, and it gives a feeling of control in a situation where you have little.