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A NEW SUPRAGLOTTIC DEVICE AS ALTERNATIVE FOR RABBIT ENDOTRACHEAL INTUBATION

Abstract

In rabbits, anesthetic risks are significantly higher than in dogs and cats.2 During prolonged anesthesia, assuring a patent upper airway is vital to increase the chances of survival.2 Currently, the most common method to achieve this is endotracheal intubation.5,8 This method of intubation is complicated by the rabbit’s oropharyngeal anatomy and tendency to develop laryngospasm during intubation.5,8 In addition, post-intubational complications may occur, such as respiratory arrest, laryngeal/tracheal injury or edema, or development of tracheal strictures.4,5,9

Because of the difficulties of intubating rabbits, alternative approaches to manage the airway, such as the use of supraglottic airway devices, have been investigated.1,6,7,11 However, the use of such devices to date have primarily involved experimental studies with human pediatric devices or prototypes for use in laboratory animals.1,6,7,11 In 2009, a novel supra-glottic airway device (V-gel®, Docsinnovent Ltd, London, UK) was developed with the use of rabbit cadavers.2 After refinement of the prototype, which was designed specifically to fit the rabbit’s oropharyngeal anatomy, clinical trials were performed to validate its use in clinical practice. To date the v-gel® has been used in >200 rabbits. In >90% patients, a patent airway was established quickly and easily on the first attempt, and successfully maintained during both spontaneous and mechanically-controlled ventilation with minimal leakage of isoflurane. Minor complications (e.g. linguocyanosis, gastric inflation, insertion difficulties due to improper anesthetic depth or dental issues) were encountered in <5% of patients. In addition, recovery was usually quick and uneventful. Results demonstrate that the v-gel® provides an attractive and practical alternative to endotracheal intubation in rabbits.

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LITERATURE CITED

ABSTRACT CLINICAL UPDATE IN FELINE ANALGESIA

Even to date, compared to their canine counterparts, feline patients do in general not receive comparable analgesic treatment (either with regards to duration or intensity). Several causes can be identified, divided over the three key components of adequate pain management. These components are:

1. attitude of veterinarians toward analgesia and analgesic administration
2. pain assessment
3. pain management, which comprises patient/owner compliance, adequacy of pain control and (proactive) management of side-effects

In this 45 minute presentations, the benefits of multimodal analgesia in general, and specific issues and challenges of the three components of feline pain management will be briefly discussed. Practical suggestions for improving feline analgesia in all three areas, but with an emphasis on management of the common types of pain in feline patients encountered in private practice will be presented.

The analgesic components and formulations available to the veterinarian and management of side-effects associated with both inadequately controlled pain and analgesic administration will be reviewed.