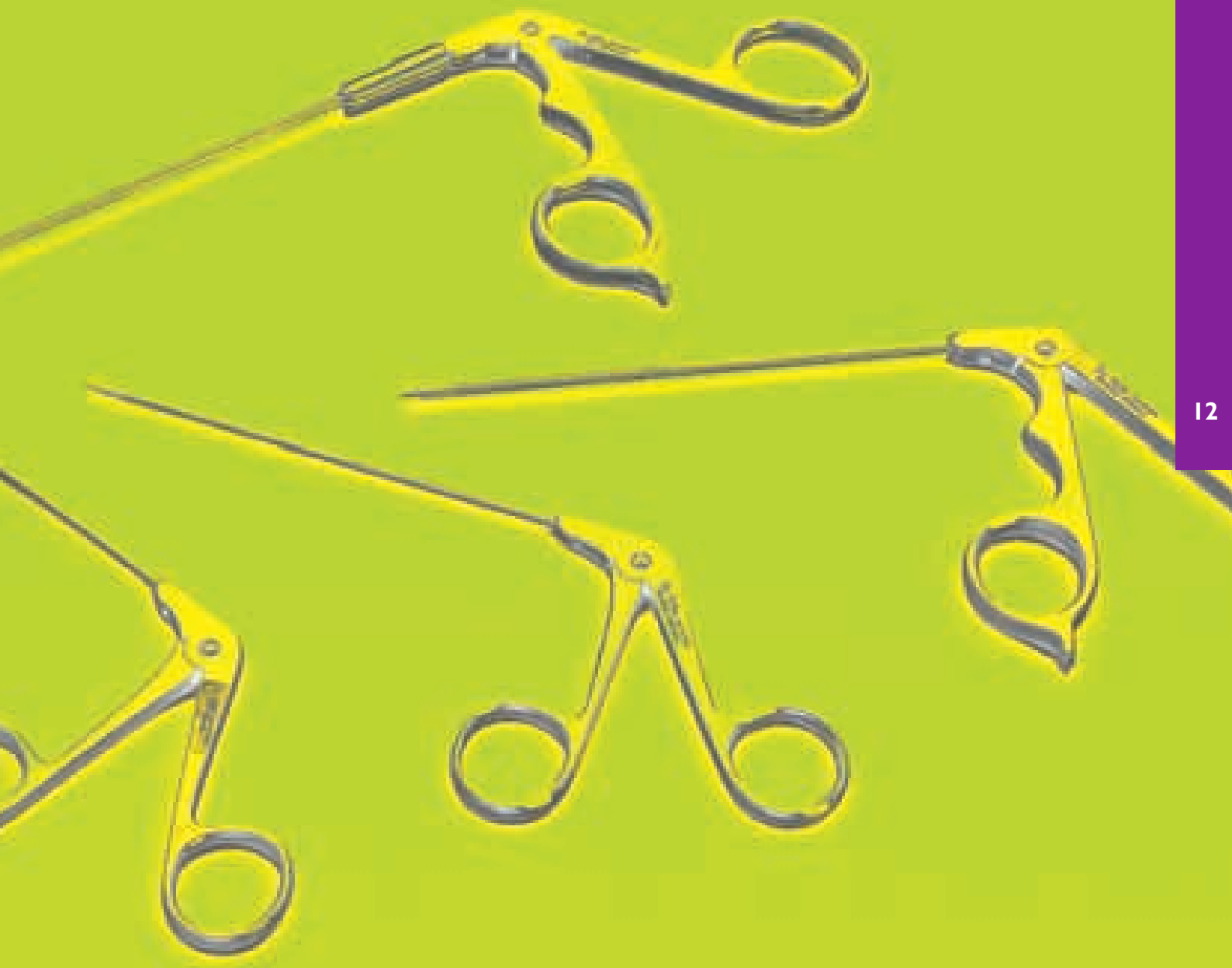
We have useful instruments for soft palate surgery. Plus a range of flexible instruments designed to pass through the speculum of an otoscope to help examine and treat ear conditions.

Bulla osteotomy can be challenging – we have a specially designed retractor and a good range of rongeurs to help with your surgery.

If you cannot see what you need, please call us. We may be able to find what you need, or suggest an alternative.



Upper Airway Surgery in the Dog and Cat

Alasdair Hotston Moore MA VetMB CertSAC CertVR CertSAS CertMEd MRCVS - Bath Veterinary Referrals

Surgery of the upper airway is both a rewarding and challenging part of the portfolio of the soft tissue surgeon. These surgeries have the potential to transform the lifestyle of the patient, but can also cause life threatening complications. For them to be performed with a good chance of success, four factors should be available within the clinic: an experienced and trained surgeon, a well equipped operating theatre, post operative nursing care and the correct instrumentation. Absence of any of these will jeopardise the outcome of the surgery. Particular theatre requirements are excellent illumination (with ceiling lights and a surgical headlamp), positioning aids and surgical suction (a Frazier tip has wide application in ENT and oral surgery).

Reflecting on the surgeries most often performed, the two commonest conditions managed in the dog are laryngeal paralysis and brachycephalic obstructive airway syndrome (BOAS). Laryngeal paralysis remains an underdiagnosed disease in the opinion of many specialist surgeons. Some practitioners make the diagnosis frequently and make frequent referrals, whilst others rarely recognise the disease at all: this suggests that some clinicians are more aware of the typical clinical presentation than others. Numerous surgical procedures have been described to address the obstruction of laryngeal paralysis, but a unilateral laryngoplasty is considered the most appropriate. In the hands of experienced surgeons, a successful outcome is expected in 90% of dogs (the outcome in cats, which are affected much less commonly, is somewhat poorer).

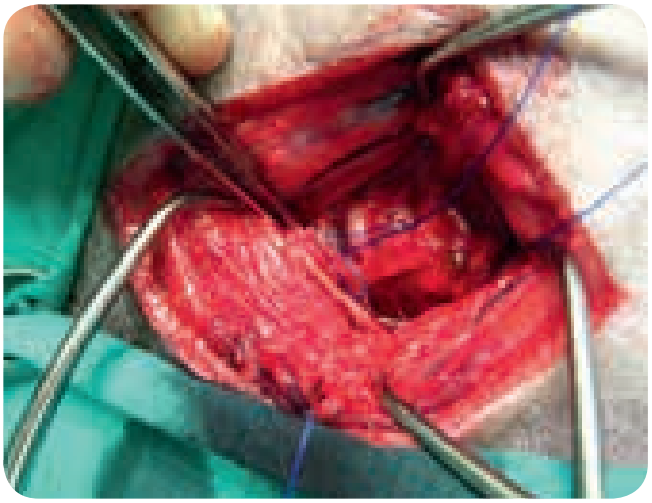


Fig 1: Careful placement of Gelpi retractors provides excellent exposure during laryngoplasty. Two sutures have been placed here (arytenocricoid and arytenothyroid) and the medial aspect of the arytenoid cartilage is exposed to show how the suture holes are spread over the articular cartilage, to reduce the risk of fragmentation.

Key equipment requirements for this surgery are self retaining retractors (Gelpi pattern), reliable ratcheted needle holders (high quality Mayo pattern) and of course a laryngoscope. For post op care, a suitable tracheotomy tube must be to hand. In the typical larger dog, disposable tracheotomy tubes are suitable.

Surgical procedures for the components of BOAS include rhinoplasty for stenotic nares, soft palate resection, removal of everted ventricles and permanent tracheostomy for intractable laryngeal collapse. Rhinoplasty is straightforward and requires no special care, although the exact technique that should be used is somewhat controversial. Soft plate resection is reasonably straightforward. Although a technique to both thin and shorten the palate has been described recently, a simpler shortening technique has been widely used for many years and produces excellent outcomes in the majority of patients. Again, several variations on this technique have been described, but the use of the Lane palate forceps is highly recommended.

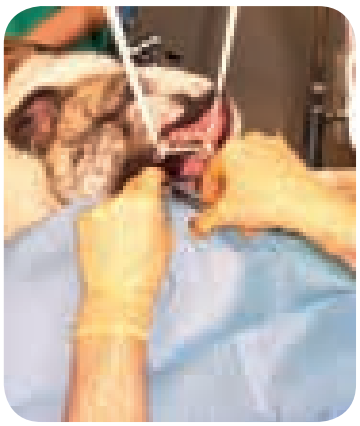


Fig 2: Bulldog during palatoplasty. Attention to patient positioning makes the surgery more straightforward. Provision of an aseptic field is not generally practical for this type of surgery. The surgeon is using the Lane palate forceps (although obtaining photographs of the way in which these are placed is almost impossible: line drawings are found in UK Vet Companion Animal volume 14 issue 8).

Application of these, followed by resection and oversewing makes assessment of the extent of resection more reliable than simple resection, reduces intra-operative haemorrhage and stabilises the palate during suturing. For dogs with laryngeal collapse, partial laryngectomy was suggested historically but this technique is no longer widely used because of poor outcomes. Permanent tracheostomy however can be extremely useful, for dogs with severe respiratory disablement. Whenever BOAS surgery is performed, the clinic should be prepared for tracheotomy tube placement. Unfortunately, the widely available plastic tracheotomy tubes are unsuitable for small breed dogs (e.g. Pugs) and cats, since the relative size of the lumen is too narrow and prone to obstruction. The Veterinary Instrumentation metal tubes are ideal for these patients.

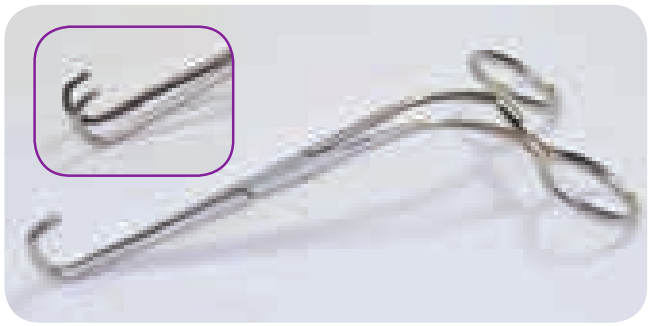
Fig 3: Tube tracheotomy in a cat following surgery for laryngeal paralysis. A metal tube offers a much wider lumen relative to its size than a disposable plastic tube and has an inner sleeve than can be removed and cleaned.

Surgical diseases in the cat are rather less common and more diverse. Laryngeal diseases of various types are reported (e.g. neoplasia, inflammatory disease, paralysis). Cup biopsy forceps are useful to collect biopsies per os in cases of uncertainty. However these cases are managed, again the clinic should have suitable tracheotomy tubes available as a precaution, since laryngeal obstruction can occur even after biopsy. Nasopharyngeal obstruction is a more common presentation however, due to nasopharyngeal foreign bodies, nasopharyngeal polyps or (rarely) nasopharyngeal stenosis. Most foreign bodies (typically blades of grass) can be retrieved with forceps: the small right angled forceps designed for thoracic surgery are particularly helpful for exploration of the nasopharynx. The same forceps are also ideal for traction of nasopharyngeal polyps and stretching open of the strictures seen in feline nasopharyngeal stenosis.

Airway surgery is an interesting clinical challenge. The potential for post operative complications, such as worsening respiratory obstruction, should prompt the surgeon to plan carefully, ensuring the necessary equipment and aftercare is provided for the best outcomes.

Airway Surgery

Soft Palate Clamp



An overlong palate is a common cause of dyspnoea in the brachiocephalic dog. Shortening the soft palate in an atraumatic manner provides almost immediate relief.

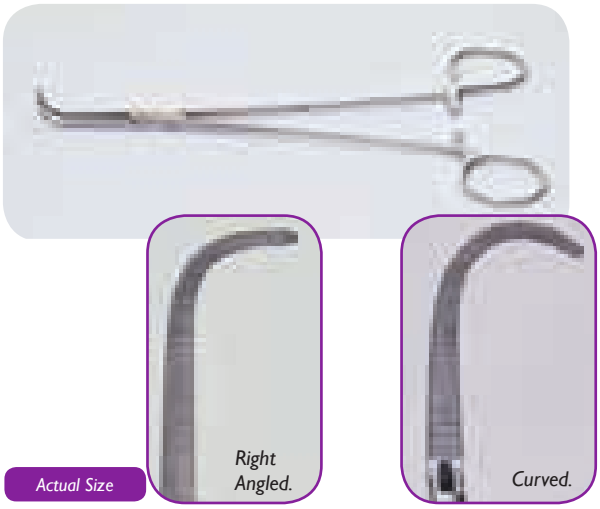
The Soft Palate Clamp was designed by Geoff Lane FRCVS.

The jaws have a special atraumatic grip to hold the very slippery soft palate.

SOFT PALATE CLAMP

014040 Soft Palate Clamps Large 26 x 12mm 170mm Long
014050 Soft Palate Clamps Small 18 x 7mm 170mm Long

Tonsillectomy Clamp

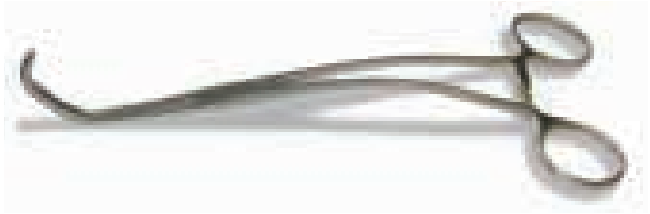


The standard Negus clamp may be used in pairs for soft palate resection. A right angled version designed by Stephen Baines at the Willows is also available.

TONSILLECTOMY CLAMP

014038 Tonsillectomy Clamp Right Angle 190mm Long
014039 Tonsillectomy Clamp Curved 190mm Long

Satinsky Clamp



Useful for intra-thoracic surgery, trimming soft palates and even ears. Atraumatic design maximises haemostasis and minimises trauma.

SATINSKY CLAMP

2685/03 Satinsky Clamps 20mm Jaw 160mm Long
2685/05 Satinsky Clamps 30mm Jaw 200mm Long

Tracheostomy Tube

Where temporary or permanent upper airway obstruction occurs placement of a tracheostomy tube is a life saving procedure. Our Tubes are silver plated with a removable lining for easier cleaning.

Metal tubes have a much thinner wall than plastic tubes. This becomes particularly critical in smaller patients.

TRACHEOSTOMY TUBE

014070 Tracheostomy Set (Silver Plate) (6,8,11)
014071 Tracheostomy Tubes 6mm (Silver Plate)
014072 Tracheostomy Tubes 8mm (Silver Plate)
014073 Tracheostomy Tubes 11mm (Silver Plate)
014074 Tracheostomy Tubes 13mm (Silver Plate)

Tracheostomy Tube Disposable

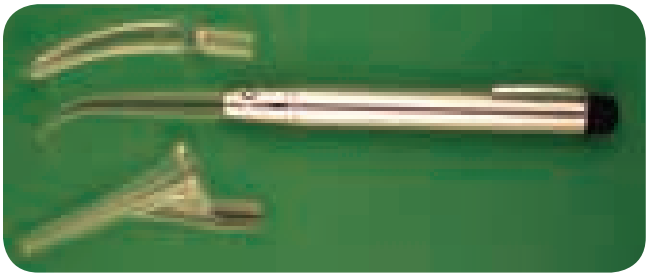
Although wall thickness does restrict air flow in the smallest size, the Disposable Tracheostomy Tube can be a life saver.

TRACHEOSTOMY TUBE DISPOSABLE

014076	2.5mm Internal Diameter	4.0mm External Diameter
014077	4.0mm Internal Diameter	6.0mm External Diameter
014078	5.5mm Internal Diameter	8.0mm External Diameter
014079	7.0mm Internal Diameter	10.0mm External Diameter

TRACHDISPSET Set of 4 Tracheostomy Tubes Disposable

Buster Starlight Diagnostic Set



A simple torch based set for easy intubation.

BUSTER STARLIGHT DIAGNOSTIC SET

270500 Buster Starlight Diagnostic Torch 155mm

Soft Tissue Biopsy Forceps

Designed to take samples of soft tissue masses from the ear or via the mouth.

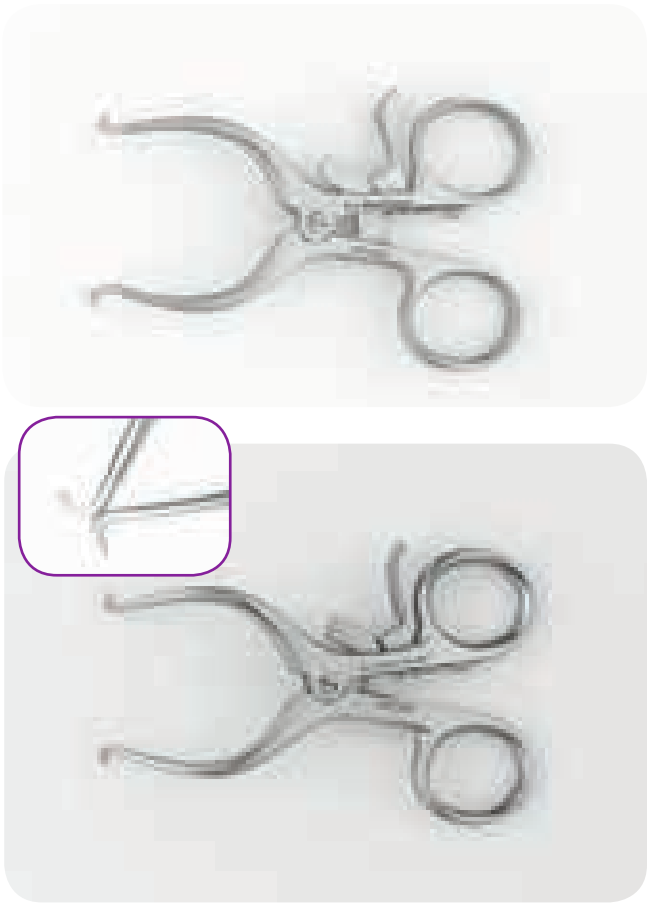
Fits down all usual aural speculae.

Two sizes for most patients.

SOFT TISSUE BIOPSY FORCEPS

014087	Cup Biopsy Forceps 2mm Diameter Shaft 75 x 3.6mm
014087A	Cup Biopsy Forceps 2mm Diameter Shaft 100 x 3.6mm
014088	Cup Biopsy Forceps 3.5 x 8mm Shaft 105 x 5.6mm

Mini Gelpis

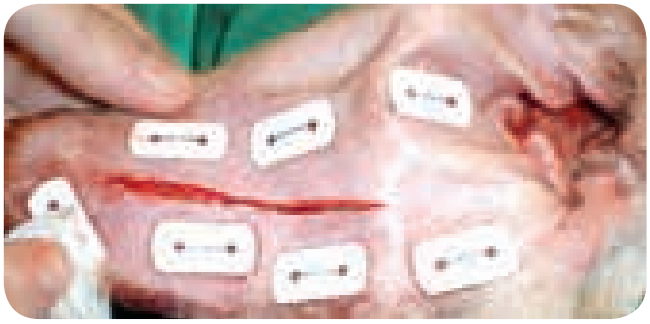


Ideal for retraction in and around small joints or in very small patients. The curved version allows slightly deeper retraction.

MINI GELPIS

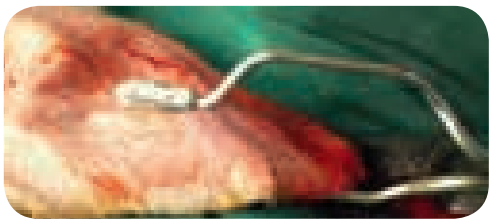
0013301	Gelpi Mini Flat 45mm Spread 90mm Long
0013302	Gelpi Mini Curved 45mm Spread 90mm Long

Hart Pinna Haematoma System



Surgical management of aural haematomas is a common procedure in veterinary practice. Once drained the haematoma must be prevented from filling up again. In addition the layers of skin and cartilage must be supported during the healing phase to prevent the development of a cosmetically unacceptable crumpled ear flap.

Historically the layers are stitched, sometimes alone but also using buttons or xray film to spread the pressure evenly to restore the ear to as normal a state as possible.



Nick Hart, a veterinary practitioner, has spent a number of years developing a dedicated system which makes the procedure straight forward. The System comprises a pair of Clamp Forceps which apply a Fenestrated Plastic Implant under controlled pressure which is then stitched into place.

Once the haematoma has been removed from the ear the pinna pads are inserted into the Forceps which are then applied to either side of the pinna. The amount of pressure is controlled using a thumb screw on the forceps. Too much pressure will cause necrosis, too little will allow re-filling. The suture needle and material of choice is passed through the holes in the pad and tied off in the usual way. The holes are unevenly sized to ease the passage of the needle which enters through the smaller hole and exits the larger hole on the 'blind side'. The pads need to be loaded into the forceps accordingly. The Forceps are then removed leaving the pair of pads stitched in place. The process is repeated as necessary.

HART AURAL HAEMATOMA SYSTEM

014600	Hart Haematoma System (Forceps plus 24 Implants)
014601	Spare Implants Pack of 12 Sterile
014602	Spare Implants Pack of 24 Sterile

Canine Ear Loop

Removal of hard wax and other debris from the canine horizontal canal without causing trauma is a common problem in veterinary surgery.

It is now accepted that the use of Ear Loops is more effective than cotton tipped products. Most human ear loops are too large and too short for use with the much longer veterinary speculae.

Veterinary Instrumentation's Canine Ear Loop is slimmer and longer to facilitate debris removal without obscuring the visual field. The Flexible Ear Loop is very fine and flexible for added safety. It is not cheap but should last a lifetime.

Also illustrated is the Canine Ear Model, a valuable aid when explaining aural problems and procedures.

CANINE EAR LOOP

012526 VI Canine Ear Loop 170mm Long
012528 Flexible Ear Loop Cat/ Small Dog Size 160mm Long
012529 Flexible Ear Loop Medium/ Large Dog Size 160mm Long
AMJ772 Canine Ear Model X-section

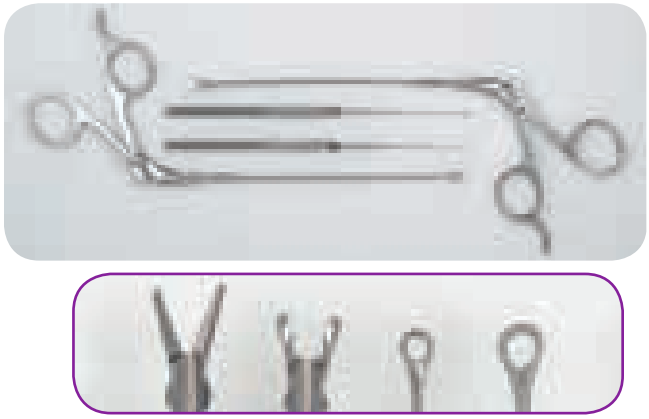
AbsorbENT™ Ear Wick

Ear wicks have been around for a long time in human medicine. AbsorbENT™ Ear Wick is designed as an aid in the treatment of Otitis Eterna. When liquid medication (antibiotic or corticosteroid) is applied to the sterile, compressed sponge, it gently and evenly expands to fill the ear canal, dispersing the medication and applying gentle pressure to the tissue. Available in 2 lengths, in Packs of 10.

EAR WICK

EW915 Ear Wick 9mm Diameter x 15mm Length
EW924 Ear Wick 9mm Diameter x 24mm Length

Malleable Instrument Set



Fully flexible instruments are difficult to control. Malleable instruments allow the tips to be positioned exactly where the surgeon needs them. The forceps are available as graspers or as biopsy forceps. The Malleable Loops are available in two loop diameters 2mm and 4mm. The Instruments may be purchased as a Set in a Stainless Steel Autoclave Case. The Case comes free when purchased as a Set.

MALLEABLE INSTRUMENT SET

014098 Malleable Grasping Forceps 145mm Shaft
014099 Malleable Biopsy Forceps 2mm Cup 145mm Shaft
012528 Malleable Ear Loop Curette 2.0mm Diameter
012529 Malleable Ear Loop Curette 4.0mm Diameter
014125 Malleable Instrument Set in Stainless Steel Case

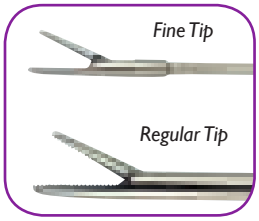
Fine Flexible Grasping Forceps

The Fine Flexible Grasping Forceps have a maximum diameter of 1.7mm and are therefore ideal for small working channels and speculae.

FINE FLEXIBLE GRASPING FORCEPS

014067 Fine Flexible Grasping Forceps 160mm Shaft

Crocodile Forceps



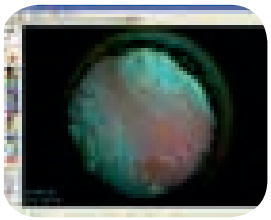
Examination of the external ear is an essential part of any investigation of otitis. For Otoscopes and Optics see chapter 20 Diagnostics. Removal of foreign bodies, particularly grass seeds, is achieved using long crocodile forceps. Available in traditional designs or as a fine tubular shaft design.

CROCODILE FORCEPS

014091 Extra Fine Croc Forceps Tubular 3"Shaft
014092 Extra Fine Croc Forceps Tubular 5" Shaft
014093 Extra Fine Croc Forceps Tubular 7" Shaft
014089 Extra Fine Croc Forceps Tubular 9"Shaft
014094 Aural Crocodile Forceps Standard Jaw 3" Shaft
014095 Aural Crocodile Forceps Standard Jaw 5" Shaft
014096 Aural Crocodile Forceps Standard Jaw 7" Shaft

FireFly Wireless Otoscope

FireFly is the industry's first Wireless High Precision Digital Video Otoscope with image and video capture capabilities. It provides unprecedented accuracy in observing the ear canal. This is a powerful tool which can be used to aid and record both medical and surgical examinations as well as improving client compliance as they will be able to see the problem for themselves. Unlike older electronic otoscopes, FireFly delivers these breakthrough capabilities - and much more - at a highly economical cost.



Performs accurate and clear otoscopy observations.

- Wirelessly captures snapshots & videos.
- Integrates easily with computer Veterinary Database Systems.
- Magnifies objects up to 50x (optical) and up to 150x (digital).

FireFly is controlled directly with the FireFly Pro Professional Image Processing Software which is bundled with the product. This state-of-the art software enables users to capture, store, recall, view, manipulate and measure images and videos in real time. Its intuitive interface empowers users to get right to work anytime and anywhere.

FireFly Extended Speculae Set

The FireFly Extended Speculae Set consists of 6 x Aluminium Speculums in a presentation case. One Speculum contains a working channel for use with the FireFly Malleable Instruments.

FireFly Instrument Set

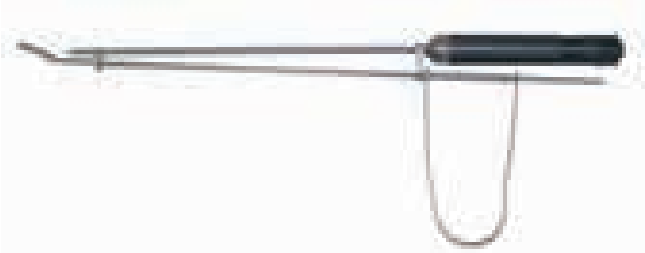
The FireFly Instrument Set contains Malleable Grasping Forceps and Malleable Biopsy Forceps which have longer shafts for use with the extended length FireFly Speculae.

The Instrument Set is presented in a Stainless Steel Case with Liner.

FIREFLY WIRELESS OTOSCOPE

014300 FireFly Wierless Otoscope
014306 FireFly Extended Speculae Set
014124 FireFly Instrument Set (2 Instruments)
FIREFLYBOTH FireFly Complete Set (3 Products listed above)

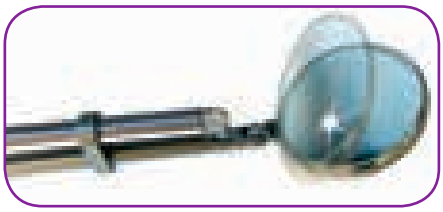
Retro Rhinoscopy Set



Examination of the retro pharynx usually requires good endoscopic equipment. However this deflecting mirror system will allow the average practice to examine the retro pharynx without a full set-up. This allows visual control over foreign body retrieval and biopsy collection. The Mirror angle is adjustable. Supplied as a complete unit with battery handle light source taking 3 x AAA batteries

Kit contains:

E-24 Light Carrier complete with Battery Handle
E-24-21 Choanae Mirror
E-22-2 Choanae Hook
E-22-71 Antifog Fluid
K-3325-61 Storage Box



RETRO RHINOSCOPY SET

E-24-2166-SE Retro Rhinoscopy Set

TECA
Total Ear Canal Ablation

TECA Retractor - Pieter Nelissen

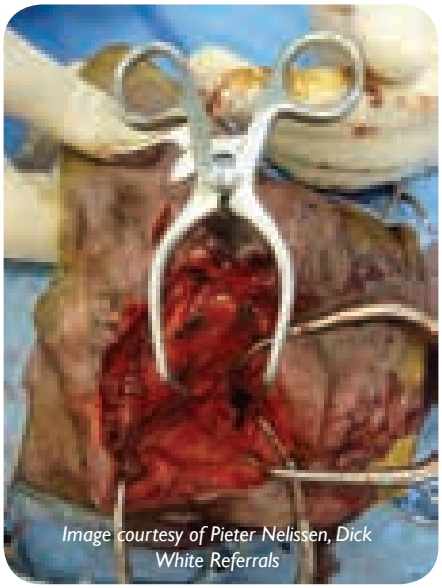


Image courtesy of Pieter Nelissen, Dick White Referrals

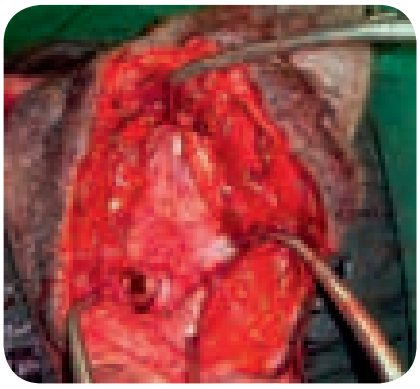
Achieving adequate exposure is essential to the proper performance of lateral bulla osteotomy and debridement. Maintaining a dissection as close to the aural cartilages as possible helps avoid iatrogenic damage to the surrounding structures. In most cases, especially in broad headed breeds such as Shar Peis and Staffordshire Bull Terriers, this will mean working down a narrow and surprisingly deep corridor.

Following the suggestion from Pieter Nelissen of Dick White Referrals, we have developed a purpose made TECA Retractor based on our small gelpis. The 40mm long legs are at 80˚ to the handles to reach deep into the hole created. The cross-over tips are only 3mm across when closed enabling insertion with no edges protruding to snag tissues.

TECA RETRACTOR

001338 TECA Retractor 105mm Long 40mm Cross-over Legs

Modular TECA Kerrison with 3 Inserts, Self Cleaning



Successful Total Ear Canal Ablation (TECA) depends on the complete removal of the ear canal including those parts of skin closely attached to the auditory meatus. Curettage is rarely completely sucessful. Most surgeons elect to remove the rim of the meatus together with any skin using rongeurs. Standard rongeurs with beak type jaws struggle to cut the very hard sclerotic bone of the area unless they are so big as to obscure the site of interest.

Kerrison Type Punch Forceps are both small and powerful. The jaw design of V.I.'s TECA Kerrisons are designed for ear surgery. The tip of the insert is placed into the meatus and pushed against the rim. Closing the handles punches out a small segment of bone/ skin which is retained within the instrument. The insert is designed to rotate 360 degrees within the handle while remaining fully functional allowing the surgeon to remove the whole meatus rim without changing position or grip. The debris gradually moves up the self cleaning canal and may be removed when visible. The tips do not require cleaning after each bite as is the case with standard Kerrisons.

MODULAR TECA KERRISON WITH THREE INSERTS 1.5, 2.5 & 3.5MM

014800 Modular TECA Kerrison with 3 Inserts
014801 Spare 1.5mm Inserts
014802 Spare 2.5mm Inserts
014803 Spare 3.5mm Inserts

Mini-Friedman

Useful in bulla osteotomy.

MINI-FRIEDMAN

142501 Mini-Friedman Rongeur Curved 3mm Bite 155mm Long

Bulla Osteotomy & Total Ear Canal Ablation

Bulla osteotomy is greatly facilitated by specialised instruments. A rongeur is more effective than a curette. In addition a Penrose Drain may be neccessary. Consider 3mm Smith Kerrison Spine Punch Forceps or modular TECA Kerrison. Access the bulla using I/M pin or trephine.

Langenbeck

LANGENBECK

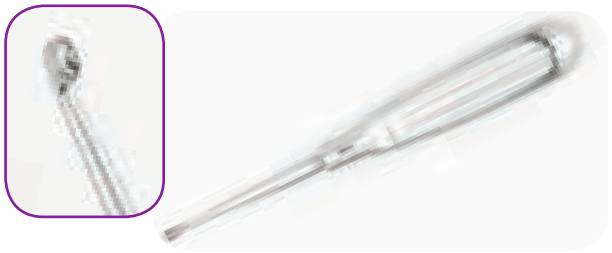
684375	Langenbeck Retractor 6mm Blade 215mm
684395	Langenbeck Long Reach 6mm x 35mm Blade 215mm
684380	Langenbeck Retractor 13mm Blade 215mm
684390	Langenbeck Retractor 20mm Blade 215mm
684385	Langenbeck Retractor 25mm Blade 215mm

Gelpi Self Retaining Retractor

GELPI SELF RETAINING RETRACTOR

001330	Gelpi Self Retaining Retractor 180mm 120mm Spread (a=20mm)

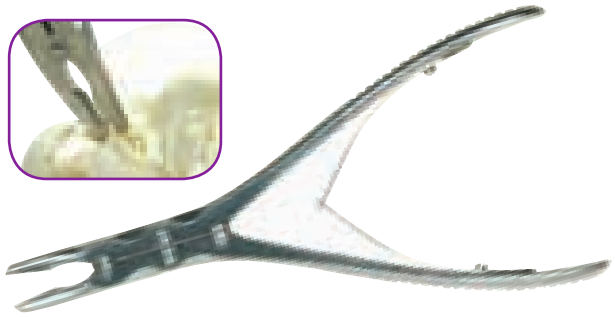
Volkman/ Brun



VOLKMAN

782200	Volkman Single Ended Curette 4mm 170mm Long
782205	Volkman Single Ended Curette 3mm 170mm Long
782210	Volkman Single Ended Curette 5mm 170mm Long
782220	Volkman Single Ended Curette 6mm 170mm Long

Bulla Osteotomy Rongeurs



The sclerotic bone around the auditory meatus of the diseased ear is some of the hardest found in the body. Total ear canal ablation (TECA) requires that the rim of the meatus is nibbled away to ensure that all skin is removed. The Bulla Rongeurs have a small bite (3mm) but are relatively heavy in construction. The compound action allows the appropriate force to be applied without undue effort on the part of the surgeon.

BULLA OSTEOTOMY RONGEURS

142280	Bulla Osteotomy Rongeurs 8" 200mm Long

Lempert Straight

LEMPERT STRAIGHT

6730/10	Lempert Rongeurs Straight 3mm Bite 190mm Long

DeBakey - Atraumatic

DEBAKEY - ATRAUMATIC

342005	DeBakey Dissecting Forceps 6"

Penrose Drains

Latex rubber. Use to maintain drainage from infected wounds.
Also useful to retract soft tissues such as blood vessels and nerves.

PENROSE DRAINS

090168	Penrose Drain 1/4" 40cm 16" Long Sterile
090165	Penrose Drain 1/2" 40cm 16" Long Sterile