

MAUN ANIMAL WELFARE SOCIETY



Protecting Botswana's wildlife through domestic animal care

Maun Animal Welfare Society
PO Box 335
Maun, Botswana

Registered Charity Number CR7388

www.maunanimalwelfare.com

www.facebook.com/4MAWS

Maun Animal Welfare Society

Clinic Orientation

A guide to how our clinic operates

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INTRODUCTION

[Maun Animal Welfare Society](#) (MAWS) is a registered charity which aims to improve the lives and health of domestic animals in northern Botswana by providing free routine and emergency veterinary services.

We welcome a steady flow of volunteers to help us achieve our mission, and this booklet hopes to introduce to you some of the things you'll face while working with us. Please refer back to it regularly to ensure you are following our protocols, especially with regards to recording drugs and general clinic maintenance.

Your work at MAWS is largely split into two disciplines - clinic days and outreach work. More detailed information follows later in this booklet, but we summarise the essential differences here.

Clinic

You will be based in our Maun clinic and the majority of your work will be treating dogs and cats owned by low-income individuals in the area. These animals will be collected daily by MAWS staff and Committee members and temporarily kennelled until ready for surgery.

The majority of your work will be:

- routine spays and neuters of dogs (and the occasional cat)
- spaying of pregnant dogs and cats (sometimes heavily pregnant)
- vaccinating dogs and cats

We also treat emergency or maltreatment cases which frequently arise in Maun. These animals will usually be brought to you at the clinic but on occasion you will be required to visit the animal in situ.

The majority of these animals will be suffering from:

- traffic injuries such as broken bones, deep cuts and severe contusions
- severe worms and skin parasites such as mange
- malnutrition
- transmissible venereal tumours (TVT's)

Broken bones which need surgical intervention will be taken to our local private vet (funds permitting) as we do not have the necessary clinic facilities for orthopaedic surgery.

You may also be required to attend emergency livestock cases. Donkeys, horses, goats and cattle roam Maun freely, and as a result they are regularly hit by cars and suffer broken legs. By law only a veterinarian and a police officer (together) can stipulate that livestock is so severely injured that it must be humanely destroyed. We therefore urge you to **carry a copy of your permit at all times.**

A MAWS Committee or staff member will always attend the scene of a livestock emergency and will organise the paperwork and subsequent euthanasia: in this situation we simply need your diagnosis and signature. We have provided a **euthanasia permission letter template** for this purpose and you must carry copies in the car at all times.

Please note: Livestock call outs are time-consuming and often very frustrating. First we have to find the animal (which may have moved since being reported), and then we have to organise the rather reluctant authorities to attend the scene in order to give us permission to euthanise. Finally we have to find someone who is willing to come and shoot the animal on our behalf. This can take upwards of two hours. We ask that you remain good-natured during these call outs as it is an essential service which we provide to the community – and of course the suffering animals – and therefore is an integral part of your volunteer experience.

Outreach

As part of our remit we treat domestic animals which live in areas that border wildlife reserves and national parks. These areas are remote and you may be expected to operate in difficult conditions.

The majority of your work will be the same as in Maun, e.g.:

- routine spays and neuters of dogs (and the occasional cat)
- spaying of pregnant dogs and cats (sometimes heavily pregnant)
- vaccinating dogs and cats

Many of these animals have never had access to veterinary treatment and therefore you are likely to see:

- severe worms and skin parasites such as mange
- malnutrition
- old broken bones, deep cuts and severe contusions from fighting
- transmissible venereal tumours (TVT's) in an advanced state

Please note that in some of these situations we will often recommend euthanasia. If the client is adamant that the animal is not to be put to sleep, we will consider taking them to the Maun clinic to be treated prior to returning them back to the village. This is not always possible due to the permits which are needed to transport animals across veterinary control posts, but we can talk to you at more length about how/when this is applicable.

Operating conditions vary from area to area, but please note the following:

- You may be expected to camp and self-cater
- There may be no electricity and you will need to use razor blades instead of clippers
- You may be required to collect water from a village standpipe or even the river
- A packing list is supplied – use it rather than drive for five hours to collect something you forgot!

We do our best to send advance warning to the village that MAWS is sending a team, and we also ask Nation to spread the word amongst the villagers that you are ready to operate. However, success varies and some days will be busier than others.

PEOPLE

To follow are the names and descriptions of the people you are most likely to encounter during your visit.

Clinic staff

'KC' Kesego (mobile 76 408 874)

KC is our Clinic Assistant and has been working with MAWS since 2012. Whilst KC's veterinary ability is limited to tubing animals, inserting catheters and sterilising the kits, he is an adept dog handler and will prove himself to be very useful during your stay. KC works full time at the clinic and participates in outreach trips where he is invaluable as your community liaison.

Nation Kandondi (mobile 71 519 399)

Nation is our part time Dog Collector and very respected in the community. He supplies the dogs in the morning and takes them home (suitably recovered from the surgery and anaesthetic) at the middle/end of the day. He is an excellent dog handler but has little veterinary experience. Nation works for Mervyn and has other duties to attend to, but can comfortably supply 10 dogs per day. His English is not great so if in doubt, please ask KC to make sure Nation understands your request.

Please liaise with the team so they know your requirements. Make sure KC and Nation know if you want a dog kept overnight for observation or to go home on medication. It is also essential that you are happy that the dogs are sufficiently recovered before they leave the clinic. If not, we ask that you remain with the animals until you are satisfied with their progress.

KC and Nation work from 8am-5pm with a lunch break from 1-2pm. Please try and fit into their schedule.

MAWS committee members

Whilst MAWS has many members, to follow are the people you are most likely to encounter during your visit. Everyone helps out in a variety of ways, and the below just introduces some of their MAWS activities. Please note that none of us have any formal veterinary training.

[Tana Hutchings](#) 71 657 443

Tana is in charge of the day-to-day running of the clinic and is the 'go-to' person for policy questions – and if you need to ask where anything in the clinic is, she knows. Tana also orders the drugs and looks after consumables, so **please let her know in plenty of time if supplies are getting low**. She also drops off and collects village dogs, and is usually the one supplying the emergency cases from around Maun.

[Mervyn Palmer](#) 71 651 131

One of the founding members of MAWS, Mervyn is a driving force in its continued success. The clinic and cottage are situated on Mervyn's property and volunteers will often be greeted by Mervyn (and her countless dogs) when they arrive for work each day. If Mervyn brings in any dogs for treatment, please call Tana first (unless it is an emergency case that requires immediate treatment).

[Marie Van Meer](#) 71 754 030

Marie runs a café, French Connection, a short distance from the airport. She raises her own money through second hand book sales which she uses to fund private vet treatment for injured dogs when we have no vets in

town or for problems we can't treat. She is instrumental in homing puppies, kittens (and older animals) and she often drops off village or stray dogs for sterilising and vaccinating.

Ally Lamb

You'll have dealt with Ally before your arrival as she coordinates our inbound volunteers. She spearheads the majority of our fundraising and awareness campaigns, looks after our website, Facebook and marketing, and is currently trying to improve our educational material, processes and protocols. Ally no longer lives in Maun but continues to work for MAWS from the UAE where she now lives. If you have any feedback or queries with regards to feedback/future volunteering, please contact her on ally@maunanimalwelfare.com

Emergency numbers

Dr Rob Jackson (private vet)	71 303 919 / 686 2862
Dr Dikolobe (Government vet)	75 068 527 / 686 0236
Okavango Pharmacy	686 2049
Medi-Help Clinic	686 4084
Police	686 0223

CLINIC ORIENTATION

At the clinic you will be shown the operating facilities by a MAWS Committee member or a fellow volunteer, and talked through what you can expect. Please remember that **none of our members have formal veterinary training** so the drug protocols we discuss with you have been put together by our local private vets. We have a good working knowledge of veterinary protocols but will be expecting you to **respect our operating and anaesthesia procedures** which have been developed by very experienced welfare vets after intensive field research.

If you wish to make any amends to the protocols please discuss first with Tana. You may feel that your protocol is better for a variety of reasons but please respect the fact that our protocols have been put together to also accommodate recovery, drug cost and availability.

Working hours will vary, but standard hours are 8am till 5pm, Monday to Saturday. It is likely that you will be able to finish earlier on some afternoons, especially Saturdays, but this is all dependent on workload and any emergency cases that may arise.

Volume of work

During orientation one of the critical questions you will be asked **how many dogs must be brought in for you to sterilise per day**. Take your situation into consideration: it takes a while to become comfortable with using injectable anaesthesia, and from time-to-time there may be no vet nurse available to do anaesthetics. It is better to start with a smaller number and work your way up as your confidence grows.

Most volunteers seem happy to start with about 4-6 dogs and work their way up to 10-12 dogs per day. Please note that while operating in Maun most operations will be dog spays, whereas when you work in the villages you will tend to operate on a more even mix.

Remember, **don't rush yourself**. If you can't finish the number of dogs for the day, don't panic, they can be done the next day and the volunteers can be asked to bring fewer dogs for the following day.

Animal identification

Due to the fact that various people bring in animals, we ask that all animals are marked with either a name tag/number or some sort of identification so that they are not returned to the wrong homes. We are also implementing a cage card system so that when dogs are dropped in for treatment, their details can be recorded and displayed on the cage to ensure there are no mix ups.

During outreach we number the dogs with a piece of masking tape which is placed on the forehead.

At the clinic please also mark CLEARLY if animals are for **vaccination only** so they are not unnecessarily sedated; not only is this unfair on the animal, but it is a waste of resources.

Appointments

We run an appointment system which allows for the amount of animals you can comfortably handle, and takes into account the difference in time between spaying and neutering.

Walk-ins

To ensure that your day runs smoothly, we do not accept walk-in visitors (unless it is an emergency – **all animals which require emergency treatment will be seen to immediately**).

KC will handle most walk-in visitors, but should be not be available please ask them to call Tana to make an appointment. There is a sign at the main gate and at the clinic door which states this clearly. As a rule we then schedule appointments for the following day, usually in the afternoon once the day's surgery is completed.

If a walk-in visitor arrives and is subsequently treated, please complete a **Walk In Admissions Form**: these are kept in a folder and are clearly marked.

"Private" appointments

As a charity it is important to us that we reserve our services for those people who need it most. As a result we try and screen out people who we believe can afford to take their animal to our local private veterinarian.

However, from time to time we may accept someone who may look, on first appearances, to be capable of funding private veterinary treatment. **Please respect our decision** in this situation as we will have done due diligence and investigated the reason as to why they are entitled to free or subsidised veterinary care.

Please remember, we will never turn away an animal which needs emergency treatment. Even animals owned by well-off individuals will be stabilised first before recommending private treatment.

In the case of subsidised treatment, we will have already taken payment from the individual before they arrive at the clinic as we do not expect our volunteers to handle these transactions. However, should any client wish to make an additional donation please place it in the clinic's donation box, and advise Tana of their name and number for record-keeping purposes.

What we have, where it is and how to use it

Tana will explain what supplies we have/where they are, but this is handy to refer to in their absence.

Drug cupboard

The main **drugs cupboard must be kept locked at all times** unless drugs are being dispensed, and the vets are responsible for accurately and timely recording the drugs they dispense. All drug cupboards and the drug fridge need to be locked when leaving the clinic.

The anaesthetics are in the bottom cupboard (Ketamine, Xylazine, Diazepam, Thiobarb, Euthanase). The rest of the drugs are in the top cupboard. There are various anti-inflammatory/analgesics (top shelf) and antibiotics (middle shelf) drugs in the cupboard. IV fluids and admin sets are on the open shelves near the fridge.

As we administer a drug to a particular dog, we record the dosage on the form (Daily Work Sheet) provided.

IMPORTANT: The vets must hold the drug cupboard keys **at all times**. If the vets leave the clinic at any point (e.g. to operate outside of Maun), please drop the drug cupboard key at one of the following places:

Okavango Pharmacy: in the centre of town by Shoprite and Woolworths.

Rob Jackson Veterinary Clinic: on the main road towards town, turn left at sign for Maun Rest Lodge

Chris Carey, Medi-Help Clinic: on the main road towards town, turn right just before the airport road

Please bear in mind that once the keys are left with one of the above, they will be unavailable to you overnight and at weekends. Please therefore consider the 24-hour nature of the callouts you are likely to receive – many of which will be traffic accidents which are more prevalent on weekend nights - and consider the best time to relinquish the keys.

Blades and gloves

We usually carry size 10 surgical blades, and a variety of gloves. These are kept in the blue trunk underneath the shelf which currently holds the gloves and surgical kits.

Please advise your glove size in advance – particularly if you have very small or very large hands – so we can ensure we carry sufficient stock. It can take us several weeks to receive new supplies so this is very important.

General equipment

There are electric cordless clippers as well as hand-shaving equipment. The clippers live next to the prep table while razor and blades are in the cupboard opposite the prep table. Extra blades can be found in the blue trunk under the prep table.

We use ET tubes but please note: the cuffs are dodgy at times. These are kept in the cupboard opposite the prep table.

A lot of our consumables are kept in the blue trunks, which are kept locked (Tana holds the key). The contents of these trunks are listed on the front and should you need stock, please inform Tana in plenty of time.

Microscope

One of our previous veterinary volunteers kindly donated us a microscope. We have a variety of slides and stains available. Please look after the microscope as we have neither funds nor facilities to send it for repair.

Sterilising instruments

We use a pressure cooker to sterilise instrument packs. The pressure cooker and the gas cylinder are next to the cupboard opposite the prep table and spare ones are next to the drug fridge. The instrument packs need to be sterilised at between 15 - 20 units (on the gauge) for about 40 minutes. If you are unfamiliar with these sterilisers, please ask KC. When working in Maun we use one pack per dog and re-sterilise during the day as needed. You should be able to put 15 sterile packs together with the current instruments. During village work we use one kit every 3/4 dogs for practicality reasons.

Please ask KC to teach you how to use the steriliser in case he is not able to come in for some reason. There are instructions on the wall in the clinic on how to use the steriliser should you need them.

Sterile kits and spare sterile gauze are kept in the two baskets near the operating table.

Kits

All kits are packed with the following:

SMALL KITS	LARGE KITS
Small Clamps/Foreps x 3	Large Clamps/Forceps x 3
Swabs/Gauze squares x 10	Swabs/Gauze squares x 10
Rat Tooth Forceps x 1	Rat Tooth Forceps x 1
Surgical Scissors x 1	Surgical Scissors x 1
Scalpel Handle x 1	Scalpel Handle x 1
Towel Clamps x 2	Towel Clamps x 2
Needle Holder x 1	Needle Holder x 1
Mosquito Forceps x 1	Mosquito Forceps x 1

Spay Hooks, Allis Tissue Forceps and **Dressing Forceps** will be kept in a sterile solution/cold tray unless advised otherwise. These instruments must remain in the sterile solution for **at least 20 minutes** before use.

Day-to-day things

As all of the MAWS members work full time in external jobs, we need to rely on you for a lot of the day-to-day things. For example, please don't leave the clinic for the evening without being sure you know all kennelled animals have been fed and have had their medication – or that you have arranged for someone else to do it.

Drapes

KC will make sure that all the drapes are washed daily. The washing machine is to only be used for drapes, and please note there are two different washing powders: one for hand and one for machine washing.

Kennels

Kennels will be kept clean by KC and a helper, and the blankets and pet bedding are to be washed regularly by a helper – this is to be done by hand in the bath next to the clinic. Please assist KC with kennel cleaning and feeding duties if you are not busy operating.

When placing dogs/cats in the small kennels please make sure they are lined with newspaper before placing a blanket or pet bedding on top of the newspaper. The big kennels should have a mattress or two in them with a blanket on top as well as pet bedding.

Make sure all cages are closed properly and that the latches are tight and cannot be moved should a dog become restless during the night. All gates have an extra chain and clip attached to them, kindly make sure they are securely closed.

Food & water

Make sure all dogs/cats have food and water. Remove water first thing in the morning pre-op. Dogs/cats brought in the night before are to be fed and watered before everyone goes home.

Miscellaneous

- Aircon **must not** be set lower than 22 degrees
- Aircon to be **turned off** at the end of the day
- All lights to be turned off at the end of the day
- Geyser to be turned off at the end of the day (switch on the wall opposite the sink)
- Drug cabinet to be locked and keys kept with the vet
- Diary to be used to record information for all appointments (injections and TVTs) for record keeping
- Please record who brings dogs in: Nation (10), Tana (6) on the record chart
- Tana/Nation will coordinate dogs for the next day
- Small fridge is to be used for your food and ice packs in top compartment
- Big fridge is to be used for drugs
- Various trunks have extra stock should it be needed, please ask Tana
- Tea, coffee and biscuits will be provided in the clinic

Communications

The clinic phone number is 73 573 774. Whilst this is a cell phone it is dedicated to the clinic and therefore is NOT to leave the premises unless held by Tana. We have a dedicated mobile phone for use by volunteers (and for local calls only): 76 499 440.

Checking phone credit

Clinic phone (BeMobile): Dial *134# and 'send' to check remaining credit.

Vets phone (Orange): Dial *155# and 'send' to check remaining credit.

Please note: many of the neutering sessions are performed in remote, outlying areas which often do not have cell phone coverage.

SURGICAL INFORMATION

Please note: whether you are working at the Maun clinic or doing outreach, we **do not** have the benefit of blood pressure monitors, pre-anaesthetic blood work or any other advanced equipment to assist us with our surgical patients. We do, however, do everything we can to make it the safest anaesthetic and surgical protocol we can with what we have available.

Surgery will be carried out under injectable anaesthesia - usually Domitor, Ketamine, Diazepam, Thiopentone, but may vary depending on what is available. All animals receive antibiotics and pain relief, are treated for internal and external parasites, have their nails trimmed, ears treated for fly bites and are sprayed with post surgical wound protectant.

Common diseases

The majority of dogs are affected by Ehrlichia (tick bite fever) and as a result will bleed more than usual. Many have fly wounds, particularly on the ears, which may be infected.

TVTs

Cases of TVT (Transmissible Venereal Tumours) are also seen. The treatment consists of once a week **strictly IV** injections of Vincristine for three to four weeks.

Vincristine is an extreme irritant and **must not** be given extra-vascularly, even in small amounts. Therefore you **must** use an IV cannula and flush with sterile water/ringers/saline both **before** to check the cannula is placed correctly, **and after** to ensure no Vincristine remains in the cannula. The person working with the Vincristine **must wear rubber gloves** while administering the drug.

About Vincristine

[Vincristine](#) is a vinca alkaloid type drug that is formulated for use in humans. It is often prescribed by veterinarians as an extra-label treatment method for canine cancers of various types. The drug itself functions by targeting cells that divide quickly, such as cancer cells. It binds to the proteins of these cells and inhibits them from dividing, effectively killing off the cells and preventing further growth.

Dosage is 0.33 ml per 10 kg - based on dosage of 1 ml per 1 square metre body surface area which is approximately 30 kg. This must be given after sterilising the dog.

Side effects of Vincristine

One of the concerns surrounding Vincristine is that it is impossible to direct the drug toward certain cells over others. While it generally targets fast-dividing cells, cancerous growths are not the only things that are affected. Hair cells and gastrointestinal cells also divide and replicate quickly, and it can be very difficult to control the effects of Vincristine.

Effects on the hair and gastrointestinal lining

Because a dog's hair and gastrointestinal lining are also affected by Vincristine, both of these systems tend to suffer from inhibited growth and other damage as well. While this commonly results in hair loss, which isn't generally a serious concern, the effects on the gastrointestinal lining may be serious. Vincristine may cause ulcers, internal bleeding and other damage to the stomach and intestines. As a result, it is important to monitor the dog's gastrointestinal health while taking Vincristine. This drug should not be provided to dogs with known gastrointestinal conditions.

Effects on the skin

Vincristine is intended for intravenous injection only. It can cause damage to skin cells if it is injected in the wrong location, and may cause gangrene or necrosis in other areas of the body. Vincristine is to be administered intravenously, ideally, through a properly placed catheter. Flush the catheter with saline to ensure proper placement before injecting Vincristine.

Other side effects

Vincristine may also cause a number of alternate side effects. These are generally milder than those listed above and include: nausea, disorientation, weakness, vomiting, diarrhoea, seizures, liver damage.

Vincristine can help to halt the growth of harmful or fatal tumours in the dog's system so the side effects are outweighed by the benefits. Our recommendation is to NOT give Vincristine to an animal at the same time as a complicated or higher risk surgery (i.e. pregnant spays, excessive blood loss, etc.) Note the dog and wait a couple of weeks and go back and give it: it is much safer.

Dermodectic mange

Inject Ivermectin once weekly for 4-8 weeks depending on the severity and the response.

Sarcoptic mange

Give one Ivermectin injection and then repeat in 2-3 weeks. Give a third injection 2-3 weeks later if necessary.

Primary vaccinations

The protocol varies depending on what age the animal is first seen. Read the vaccination package insert: you can start from 6 weeks of age. Rabies is to be given from 3 months of age.

Feral cats

We trap quite a few feral cats with cat traps. The traps are not the most user-friendly and as a result it is quite a task trying to inject the cats. Please therefore make sure this is done in the clinic and that **all the doors are closed**. In fact, we usually do this in the bathroom in case they escape.

The feral cats are to recover in the cage they arrived in. Make sure you cover them whilst they are recovering, and watch your hands when working with the cages.

Please also **ear-tip** all feral cats: After anaesthetising but **before** sterilising the cat, place an artery forceps flat across the ear tip to clamp the vessels, about 2-3mm from the point. **After** sterilising, remove the forceps and cut straight through the clamped line with a pair of scissors. Do not use an ear notch as this can be mistaken for a fight injury.

Preparation

KC knows how we prep the animals. We have electric cordless clippers as well as hand-shaving equipment (razors). The following are the specific safety measures we take:

- Conduct a thorough pre-surgical examination
- Use strong basic monitoring skills (using stethoscopes and monitoring closely)
- Intubate ALL dogs:
 - to prevent aspiration
 - to make sure we have an airway
 - to ensure that assisted breathing (ambu-bag) can occur should it be necessary
- Cats may be intubated at your own discretion (their sensitive larynx may cause premature waking)
- Place an IV catheter in ALL dogs and cats:
 - to provide emergency IV access
 - to provide an easy route for more Thio or more Ket/Val administration should it be required
- Place an IV catheter in cats at your own discretion
- Place mature, very young and any slightly riskier individuals on intravenous fluids for their surgeries
 - patient risk level to be determined by the veterinarian performing the surgery
- Prep with 5% Chlorhexidine (diluted with 50% water) and a surgical spirit spray

We use ET tubes but please note that the cuffs are dodgy at times.

Treatment

Surgery will be carried out under injectable anaesthesia – usually Domitor, Ketamine, Diazepam or Thiopentone – but may vary depending on what is available. All animals receive antibiotics and pain relief and are treated for internal and external parasites.

Please note: you will be expected to record all drugs issued out of the drug cabinet in the issue books provided. You will also be required to document all usage on the drug sheet provided as we are audited by government veterinary representatives from time to time. Kindly ensure that you carefully document the dose/amount where required. All suture material and drugs must be dated when opened.

Anaesthesia procedure for surgery

A table of the premed and anaesthetic protocol/dosages according to weight of dog has been printed out and stuck on the clinic wall, and is appended to this handbook. Remember to **weigh all dogs before dosing**. This is particularly important for young dogs or puppies. All drug bottles must be dated when they are opened.

The below recommendations have been compiled by CAAT (Canadian Animal Assistance Team), an organisation of veterinary personnel with a vast amount of experience of working in developing regions. It has also been overseen and added to by another extremely experienced welfare vet.

- Give IM Xylazine, wait 10-15 minutes (gives 15-30 minutes analgesia but sedation can last 1-2 hours). Watch for vomiting after injection. Reverse with Yohimbine if necessary for adverse reactions (at the vet's discretion).
- If Xylazine is not sufficient sedation for IV catheterisation you can give Ketamine IM.
- If Ketamine is given IM as well, then IV Diazepam was used for induction.
- If just Xylazine was given, then use Ketamine/Diazepam mix of 2:1 ratio for dogs and 1:1 ratio for cats for induction and then for all top-ups during surgical procedure. It is helpful to have a premixed bottle of Ketamine/Diazepam for the day to use; useful for induction and top-ups without issue.
- Thiopentone may be used to top-up anaesthesia but is best used by vets experienced in its use – only very small doses should be needed.
- We used Atropine periodically for bradycardia, it was very useful to have available.
- We did use Domitor in cats as a sedative and had no issues.
- Wait until the patient is recovering to give penicillin, vaccinations and Ivomec (in case of reaction).
- Mobic can be given IM before the surgery.

Surgery & suture use

Headlamps as well as overhead lamps are provided for better lighting. The spay technique is up to you.

- We use Catgut to tie the ligatures (tie at least twice!) and close with Nylon
- Nylon 1 USP for the muscle layer/linea alba
- Nylon 2/0 USP for the subcut and intradermal layer
- We normally put a few skin sutures with the 2/0 Catgut

You can use any material available. There is occasionally donated Vicryl and PDS. Please don't use Nylon, Vicryl or PDS in the skin as we have had a lot of post-op problems with this.

All suture material must be dated when it is opened. Please work sparingly with the suture materials especially the catgut, as these are **very expensive**. As standard we use the following as it is all we can afford.

Chromic catgut or Medigut USP 0 / USP 1 / USP 2/0

Dafilon Blue or Monofilament Nylon USP 0 / USP 1 / USP 2/0

There is a supply of suture needles - large and medium-sized, triangular cutting and round-bodied. Please stretch out the life of these needles by reusing them, we keep them in a sterile solution which they should be in for at least 20 minutes before being used.

Compromises & cost-cutting

- We re-use needles and syringes as far as possible
- Each multi-dose bottle has a needle inserted at the session start for drawing the medication up
- We re-use the needles and syringes - one syringe per substance per day, obviously within reason
- We use clean syringes for the Diazepam (IV) as it often tends to get blood in
- Note: 1 ml syringes are a lot more expensive than 2/3 ml syringes so please use these sparingly
- The Diazepam is very safe so please use 2/3 ml syringes for this as you don't need to be that accurate with it and can very safely give a double dose
- Recycle catheter caps for needles in drug bottles for the day - use one needle with a cap on it for drawing out of drug bottle and reuse syringes (unless bloody) as it saves on needles and syringes
- Label syringes with a marker for specific drugs and re-use the syringes for the whole day
- Use supplies sparingly
- Wash out surgical gloves and re-use them as examination gloves

Recovery

Dogs recover initially on a blanket in the prep section of the clinic. While they are still under sedation we clip their nails and apply flea protection and wound protectant.

The exception is cats; **do not use the flea spray on cats** as the product contains pyrethrens that are potentially toxic to cats. We have also stopped using Profendor on cats due to witnessing a number of adverse side effects. Protocol for cats: Give vaccinations, penicillin and Mobic. Administer wormer when recovering.

Once the animals are beginning to show sufficient signs of recovery we remove the plaster and the IV catheter before placing the dogs into the cages outside: please check that they all have blankets and water.

Please place any dogs that need it on fluids (any heavily pregnant dogs, dogs with bleeds during ops, thin anaemic young dogs). There are ringers and saline available; we normally share a bag between three dogs.

Most of our volunteers express amazement at how hardy our village dogs are. In the western world much care is taken (and rightly so) to oversee recovery after surgery. We obviously do pay great attention to our dogs' post-surgical welfare, but you will be amazed at how well (and how quickly) they recover from anaesthesia, and how virtually none of them lick out or worry at their sutures.

Nevertheless, it is essential that you are happy that the dogs are sufficiently recovered before they leave the clinic. If not, **please remain with the animals** until you are satisfied with their progress. Remember that the majority of these dogs are going home to owners who are unlikely to properly oversee the dog's continued recovery from the anaesthesia so please err on the side of caution.

Home time

We have a set protocol for the post-surgical release of animals. Do not put an animal into the kennels until it is extubated and sternal. Please check that you are happy that the dogs are sufficiently recovered before they are taken home.

Maun clinic

Pregnant or higher risk patients should stay in the MAWS clinic overnight (or longer if needed for sufficient recovery). The length of stay is determined by the type of home they are going back to: if in doubt check with Tana or Nation. Make sure KC and Nation know if you want an animal to go home on medication.

Outreach

When working on outreach we recommend you stop surgery at 14:00 so the dogs are completely recovered by sunset. Remember, these dogs live in wildlife areas and a sedated animal is at huge risk of attack by predators.

The animal must not go home until it is walking steadily. If you are worried that an animal needs extra recovery time for whatever reason, it must be kept with the team in the sky kennels until recovered. If the team is due to return to Maun and are still not happy with the animal, please bring it back to Maun (if possible) or stay with the animal until it is fully recovered and can return home.

Finally, we supply a **vaccination/sterilisation certificate for every animal** with a post-surgical-care insert for each owner to go through at home. Please make sure this is completed and sent home with the animal.