

Summary of Discipline Committee Hearing



DR. ALAA AZIZ

Hearing Date: July 3, 2013

CASE ONE ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- discharged a cat less than 24 hours following spay/declaw surgery
- failed to provide pain medication on discharge
- recommended bandages remain on paws for three days
- used excessive amounts of surgical glue
- failed to offer client option of pre-surgical bloodwork or IV fluid therapy
- failed to properly document his monitoring of the cat while under anaesthetic

BRIEF SUMMARY

The member performed spay and declaw surgery on a cat. The client had been told to take the cat to the hospital at 9:30 a.m. and pick it up at 5 p.m. that day. The client was told the bandages needed to remain on for three days.

Had the client testified s/he would have said s/he inquired about pain medication and the receptionist consulted with the member and told the client to return and obtain pain medication the next day if the cat was crying.

Had the member testified, he would have said he strongly recommended pain control medication but the client declined and said s/he would return the next day if s/he thought the cat was in pain.

The client returned to the clinic the next day. The member dispensed pain medication but did not examine the cat. The client took the cat to another veterinarian who diagnosed the cat with a fever. The other veterinarian removed the bandages revealing excessive surgical glue on its paws.

DECISION

The member pleaded and was found guilty with respect to the allegations. The College and the member had negotiated an Agreed Statement of Facts, including an admission of professional misconduct.

The penalty can be found following case two.

PANEL'S REASONING

The member admitted to discharging the cat less than 24 hours after the spay/declaw surgery. Cats undergoing declawing need to be hospitalized at least 24 hours following surgery to monitor recovery and bandaging and to ensure restricted activity. Excessive activity in the immediate post-operative period can result in slippage of bandages, swelling and bleeding of the paws, and breakdown of the toe incisions. After 24 hours, bandages are generally removed and follow-up evaluation, the cat can be released from the hospital.

The member admitted to failing to provide pain medication upon discharge. The cat was given pain medication after surgery. This would provide 24 hours of pain control, which is inadequate. Declawing involves amputation of the claw on each toe of the front paws, including the bone to which the claw is attached. Given that weight bearing begins almost immediately, the cat would experience significant pain for 2-3 days post-operatively, and should receive pain medication for this period of time, as a minimum.

Significant post-operative pain can lead to lameness, inappetance, and general malaise which can unnecessarily complicate and prolong the cat's recovery. The client observed the cat was unsettled and thrashed about for the night, suggesting the cat was in pain. The member claimed the client declined pain medication and said s/he would call if it was required. There was no documentation in the records to support the member's claim. Owners do not necessarily have the expertise to assess their cat for pain or to determine medication needs.

The member admitted to recommending the bandages remain on for three days. This is excessive. The paws are bandaged for 24 hours following surgery to help control bleeding, and to protect the incisions during the cat's recovery from anaesthesia. After this, the bandages need to be removed to ensure there is no swelling, bleeding or

breakdown of incisions. The bandages are not usually replaced. Leaving bandages on for an excessive period of time can lead to irritation, as well as precluding recognition of complications such as swelling or infection.

The member admitted to using excessive amounts of surgical glue. Surgical glue is used to close incisions, particularly the small toe incisions in declawing. However, excessive amounts of glue can cause irritation and complicate healing, especially if glue is not properly placed. The use of excessive glue on the cat's incisions represents poor surgical technique, increased the risk of problems with healing, and possibly was a factor in her post-operative discomfort. The member's use of excessive surgical glue was unacceptable.

The member admitted to not offering the client the option of obtaining pre-surgical blood work or IV fluid therapy. Pre-surgical blood work has become an accepted component of patient assessment. While young patients often appear healthy, blood tests can occasionally reveal a clinically inapparent condition such as anemia, or kidney or liver dysfunction which can elevate the risk of surgical or anaesthetic complications.

Pre-surgical blood testing allows clients to be more informed of their pet's level of risk for the procedure, and allows the veterinarian the opportunity to take measures to address abnormalities.

Intra-operative fluid therapy has become a standard component of patient care during elective surgery. Intra-operative fluid therapy reduces the risk of complications by ensuring a constant intravenous access during surgery, and by supporting cardiovascular function by optimizing blood pressure throughout the procedure.

Pre-surgical blood work and intra-operative fluid therapy increase the cost of elective surgery. It is acceptable to offer clients these services and obtain consent.

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Clients should be informed of the benefits of pre-surgical blood work and intra-operative fluid therapy, the material risks of not performing them, and their cost, when deciding whether to accept or decline either service. Some clinics provide both services as integral parts of the elective surgical procedure, with no option for the client to decline.

The member admitted to failing to properly document his monitoring of the cat while under anaesthesia. The cat's anaesthetic record shows two instances when vital parameters were recorded. This is inadequate documentation.

Although the anaesthetic record indicated a Doppler surgical monitoring device was attached to the cat, maximizing patient safety requires that vital parameters are recorded at least every five to ten minutes during the procedure. Electronic monitoring devices cannot replace the attention of a qualified auxiliary who regularly records and assesses the values.

CASE TWO ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- failed to properly record the dog's status during surgery
- failed to offer pre-op blood work or, if offered, failed to record that blood work was offered and declined

BRIEF SUMMARY

The member performed a spay surgery on a five-month-old dog. The dog died following a cardio-pulmonary arrest suffered during the surgery.

Had the client testified, s/he would have said s/he was not offered pre-surgical blood work. Had the member testified, he would have said that pre-surgical blood work was offered and declined but not recorded in the chart.

DECISION

The member pleaded and was found guilty with respect to the allegations. The College and the member had negotiated an Agreed Statement of Facts, including an admission of professional misconduct.

PANEL'S REASONING

The member admitted to not offering the client the option of pre-operative blood work for the dog. If it was offered and declined, the member did not record it. Both scenarios represent conduct below accepted standards.

As explained in the first case, pre-operative blood work has become an accepted component of patient assessment to minimize risk associated with elective surgery. The client should have been informed of the availability, benefits and costs of pre-operative blood testing in order to provide informed consent or refusal.

If the member offered pre-operative blood work and the client declined, the member is obligated to document this exchange. The member admitted to failing to properly record the dog's status during surgery. A review of the dog's anaesthetic record, shows the dog's vital parameters were documented twice. After the second time, both heart and respiratory rates had decreased to the extent that surgery was stopped and resuscitative procedures initiated. Two minutes later, the dog's heart and

respiratory rates were both noted as zero.

Current standards require that the patient's vital parameters are noted in the anaesthetic record at least every five to ten minutes over the duration of surgery. In failing to document the dog's status during surgery, the member did not meet expected standards of practice.

In failing to offer pre-surgical blood testing for the dog or documenting that it was offered and declined, and also failing to properly record the dog's status during surgery, the member's care of the dog was unprofessional.

PENALTY

- Reprimand
- Suspension of the member's licence to practise veterinary medicine for one month
- Imposing a condition and limitation on the member's licence to practise veterinary medicine requiring the member to be mentored by another veterinarian. The member will watch a variety of surgeries, including spay surgeries, and learn about providing and recording informed consent, appropriate pre-operative assessments, surgical technique and post-operative management. The member and the mentor shall prepare a report for the Registrar.
- The member will pay to the College of \$3,000.
- Pursuant to the legislation, this matter is published including the member's name.

