



COMPANION ANIMAL NEWSLETTER – OCTOBER 2024

TED'S STORY - kindly shared with us by his family

Ted, or 'Foreman Ted', as we sometimes call him, has always been a busy little soul who loves to know exactly what's going on at all times... Until one day, quite without reason, he wasn't...

Ted started sleeping more than usual, and we started thinking maybe it was normal for him to be more sedentary during the winter months. However, we felt like there was something wrong and we couldn't quite put our finger on what it was. On two occasions over the winter Ted became very limp and collapsed. Once whilst in the car, and once whilst out on a walk. He quickly recovered and we wondered if there might be something wrong with his back end. After we had rested him for a few days though, he seemed to return to normal.

A month or so later Ted started refusing to go for his normal walks and was staying in bed for much longer than normal. We decided to ring the vets (although we wondered whether we were possibly being dramatic!) and got an appointment for 10am the same day. We fully expected the vet to say Ted's hips were stiff or something like that but instead, he commented that Ted had a very low heart rate – only 36 beats per minute. It sounds crazy now, but we were not overly concerned, even when Peter (the vet) asked if we could leave Ted with him so he could run an ECG test on his heart.

When I returned to collect Ted, Peter told me he had spoken to the Small Animal Hospital at Liverpool University about Ted's abnormal heart issue (an atrioventricular block). He advised we should take Ted there to see the specialist cardiologist and that they would get in touch with us. In the meantime, we shouldn't exercise Ted in case his heart struggled to cope. Within hours we had spoken to Liverpool University's team, and we attended an appointment there at 10am the following morning.

To our complete shock, their vet Matt, after listening to Ted's heart, explained that we should leave Ted with them for tests and that if these confirmed the problem he suspected, Ted should have an operation later that day to fit him with a pacemaker! The full enormity of the situation finally began to sink in and within a few minutes we were back in the car, minus Ted, feeling helpless and wondering what the heck we should do. We could say that we made the decision, but in reality there was really no choice but to operate.

Unfortunately, the first attempt to fit the pacemaker was unsuccessful as Ted's heart would not respond to the electrical impulses from the pacemaker wires. A second operation was more successful but more invasive, requiring poor Ted to undergo open heart surgery. Our house felt like an empty shell without Ted in it and we felt bereft. Ted stayed in Liverpool for four more days and looked very sorry for himself when we went to collect him, his scars made him look like Frankenstein and he had lost roughly 10% of his bodyweight. The first day at home was scary, Ted wasn't allowed to jump onto furniture or walk upstairs in case he dislodged the pacemaker wires that were now sutured to his heart.

We visited Dalehead in desperation for help. Their nurses were wonderful and administered Ted's medication. They fitted him with a special vest which, as soon as it went on seemed to reduce Ted's anxiety, as well as our own! We returned the following day and the team at Dalehead reassured us that Ted appeared to be doing well. His heart rate was now 70 beats per minute and everything was (pardon the pun) ticking along nicely.

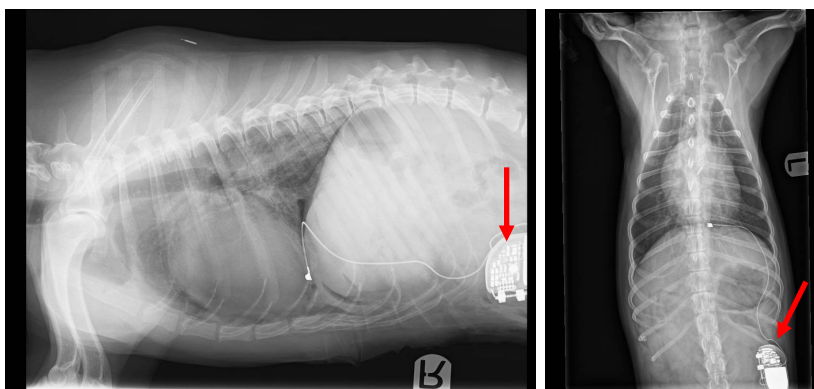
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On week four we returned to Liverpool, and they adjusted his pacemaker to allow Ted to exercise. From that day on it would be impossible for you to tell that Ted has been through any of this journey. We can now look forward to a full, active life with him. The pacemaker technology is very clever and should massively increase Ted's life expectancy.

We can't thank the teams at Dalehead and Liverpool University enough. Hopefully Foreman Ted can now look forward to many more years of keeping us all in check!

Huge thanks to the Venn family for sharing Ted's story.



The pictures above show Ted's pacemaker fitted in his body

WOUND HEALING

Any disruption, or injury, to the skin, whether it be intentional (during surgery) or accidental, is classed as a wound. Small cuts and scratches which haven't gone completely through the entire skin layer will often heal quickly without any intervention. Larger wounds that have gone entirely through the skin (what we describe as full thickness) may need intervention from us. This may either be surgical debridement and suturing back together or bandaging and allowing the body to heal the wound. Surgical debridement means we remove any dead or significantly traumatised tissue, or tissue that has had its blood flow disrupted because this means it will have lost its ability to heal effectively.

Wounds that can be fully closed with stitches will heal faster and with less complications; this is called primary intention healing. However, there are other wounds that will not allow this – for example if the wound has been caused by a trauma such as a road accident and there is little to no skin left to bring together surgically, or the defect is so large that the skin would be under too much tension. These are the more intensive wound management cases which require bandaging and different materials to enhance healing. These wounds heal via what we call secondary intention healing, meaning the body has to heal the wound effectively from the inside out. Surgical wounds that have broken down also fall into this category.

In order for wounds to heal, they need to be in the optimal environment for healing – this means a clean, dry environment with a good oxygen and blood supply. If the wound has been stitched, the act of bringing the skin together gives the best environment for healing (provided there is no infection – we will often put the animal on antibiotics to minimise this risk). However, if we are trying to heal a large wound via secondary intention, the best way to achieve the optimal environment is with bandaging.

There are 4 stages of wound healing; all wounds will go through these 4 stages, but the wounds that heal via secondary intention will do this visibly to a much larger degree, whereas wounds that have been stitched just need to do it below the scar line:

- **Haemostasis:** This literally means “stop the bleeding”. This happens immediately after the initial injury; the blood clots to minimise blood loss and protect the wound. If the clot is dislodged at this point, bleeding will start again, and the body will begin this process again. If there are any issues with clotting in the body, this is the phase that is affected.
- **Inflammatory:** This is when the wound starts to ooze. White blood cells, enzymes and nutrients are brought to the area to clear away any pathogens and to start healing. Unfortunately, the engorgement of blood vessels and activity in the area causes heat, redness and swelling, making the area inflamed and painful.
- **Proliferative:** During this phase, the wound is effectively regrown/filled in from the deepest point. The red, spongy type tissue is called granulation tissue, and when dealing with any kind of wound this is a really positive finding; it means the wound is healing well and is not infected. However, granulation tissue is very delicate and care in this stage needs to be taken to ensure the tissue isn't damaged in any way. The final stage of proliferation is re-epithelialisation; this is when the skin regrows over the top of the filled in wound.
- **Remodelling:** This is when the wound has closed, but the skin is toughening up into scar tissue. This can take weeks to months.

Wounds, especially those that are healing via secondary intention can take weeks to months to heal. Please be patient with the healing process, as there are many factors that can cause issues at every stage. If you have any concerns, please speak with a member of our nursing team.



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