Being cutting edge – always right for patients?

THESE are the days of miracle and wonder.

Now, it's not so long ago that we were still very much like James Herriot and Siegfried Farnon. Practices everywhere functioned like a type of cottage hospital. Whatever came our way, we were on it. Canine orthopaedics, feline abdominal surgery, a foaling here, a cow caesarian there. All in a day's work. No logo-heavy, multicoloured scrub suits for vets back then, just the plain white coat of general practice. But these days white coats are so last century – so Herriot, darling!

It's not just the professional clothes vets wear that have changed. With the recent rainbow explosion of colourful scrub suits have come the specialists. No mere clinical baristas anymore, it's barista maestros all round today. The range of modern investigations and treatments available for our patients is truly remarkable.

Outcomes unexpected just a few short years ago have become an everyday expectation. Companion animal practice is now 'paediatrics with fur' as owners have come to expect much the same clinical care for their pets as they do their children. And, among all the imaging consultants and endocrinology experts out there, in an ever-expanding ocean of specialism, there's one specialty, with more acronyms than the BBC's 'Line of Duty', that stands out above all others – orthopaedics.

In fact, in practice today, you're probably never more than a few metres away from an orthopaedic enthusiast, such is their current ubiquity. Yet, orthopaedics and its remorseless quest for a newer, more effective repair for the age-old challenges of limb fracture and ligament failure can be bewildering.

You've just got your head around the intricacies of the latest TPLO (tibial-plateau-levelling osteotomy) when there's a supercharged TTA (tibial tuberosity advancement) winging its way across the Atlantic to disturb your alphabet soup of surgical complacency. It can be tough being 'cutting edge'.

Once, when I was working as a locum in a busy city practice, a new orthopaedic specialist was appointed. He was an excellent surgeon, in fact probably one of the best I've ever worked closely with. But, one thing concerned me. You see, I'd been occasionally working for the practice for several years, and, sure, we saw the usual road traffic accidents and other injuries that make up the average orthopaedic case load. But

suddenly, I found myself in a cruciate war zone that I wasn't aware existed. Every day a long list of ligament repairs dominated the surgery lists. Where had they all come from? And why had I and the other clinicians in the practice missed so many potential surgical cases?

I never quite understood the sudden rise in our orthopaedic case load, but it's always made me wonder if clinical enthusiasms are in the best interests of the patients we care for.

Considered, compassionate care is just as important today as it ever was

In the world of research surgery that I find myself in today at the University of Exeter, all surgery is carefully thought through before any procedure commences. Careful consideration of harms and benefits, detailed planning for analgesia and aftercare are discussed and challenged before surgery is allowed on any animal. It's a model that perhaps those in general and specialist practice could well adopt.

Just because we can perform a procedure doesn't necessarily mean we should perform it. After all, pets and other patients, unlike the animals I work with, aren't experimental subjects.

So, perhaps next time you're confronted with a challenging case, orthopaedic or not, it would be worth standing back to carefully consider if that heroic procedure you'd love to try is really in the best interests of your patient and its owner.

The white coat may be an image of the veterinary past, but considered, compassionate care is just as important today as it ever was, don't you think James?

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