

Spay Surgeon

The Spay Surgeons perform flank spays on lactating mothers and perform midline spays on all other females as well as neuters on cryptorchid males. The injectable anesthetic has a limited duration, and the pace of the Spay Station determines how many cats are sterilized. **This position requires a rabies vaccination.**

Other Medical Procedures

Minor problems such as an abscess or laceration may be corrected, but cats requiring lengthy treatments or complex surgeries are referred to outside veterinarians or euthanized according to Operation Catnip's Medical Procedure Policy. This policy ensures that Operation Catnip maintains its focus on safely sterilizing as many cats as possible. Questions are directed to the Clinic Supervisor who consults with the Medical Director as needed.

Safety First

- ✓ **Respiration should be >6/minute, heartbeat should be >100/minute, and gum color should be pink.** If the cat is not breathing well, or its gums are blue, take the cat immediately to the Emergency Station. Speaking loudly and calmly say "cat not breathing" to alert vets to converge at the Emergency Station.
Note: Xylazine causes pale gums.
- ✓ **Dispose of all needles and syringes according to protocol with no exceptions. Do not recap the needles.** Place the needle/syringe combination into a sharps disposal container. The needle cap can be disposed of in garbage or the sharps container.

Station Alert

- **Evaluation of a medical condition or assistance in an emergency may be requested.** A standard Feline CPR Crash Kit, oxygen and isoflurane anesthesia machines are available.
- **Spay Surgeons must wear gloves, surgical caps and masks at all times** when in the surgery area.
- **Only Surgery Transporters, Surgeons and Veterinary Assistants are permitted in the surgical area.**
- **Do not remove any alert tags.**
- **Fill out complete surgical notes on every surgery**, including both routine and exceptional information.

Spay Surgeon Instructions

1. **Monitor the cats carefully.**
2. **Wear gloves at all times**, even when not in surgery. Perform a complete sterile hand scrub before the first surgery. Continue wearing gloves when handling the cat after surgery. Then change gloves between cats without repeating a hand scrub as long as gloves have not been penetrated. Wear gloves, cap, mask and scrub top while in surgery.
3. **Check the Medical Record, any alert tags, and the Veterinary Examination Form** for any additional instructions before the cat is draped to be aware of any problems or medical conditions that need attention. If the treatment is completed at the Spay Station, document in the Medical Record and remove the alert tag.
4. **Make the smallest incision possible.** Use 3-0 absorbable suture for routine surgery and 2-0 absorbable suture for advanced pregnancy.
 - Use only 1 pack of suture to keep costs down whenever possible.
 - Use subcuticular sutures instead of skin sutures for closure as the cats will be released before the sutures can be removed.
 - Use surgical glue for incisions that don't close perfectly.
5. **Alert the [Veterinary Assistant](#):**
 - If a cat is inadequately anesthetized and requires isoflurane gas administered by mask.
 - If a cat's surgery preparation needs attention such as additional shaving.

- If special items such as extra instruments, sterile Carmalts, drapes, or extra gauze are needed. Notify the Clinic Supervisor, if the Veterinary Assistant does not have the necessary supplies.
 - If you are concerned about the cat's condition during surgery.
 - If a cat should receive subcutaneous fluids after surgery for advanced pregnancy, excessive blood loss, etc., ask the Veterinary Assistant to record the volume of fluids needed on the Medical Record and affix a yellow "Fluids" tag to the left front paw.
6. **Inform the Veterinary Assistant, if a cat is lactating, in heat, pregnant** or displaying any other medical condition. They will record this information on the Medical Record.
 7. **Inform the Veterinary Assistant, if the cat is discovered to have any condition requiring antibiotics, eg, pyometra.** If Baytril[®] and Convenia[®] have not been administered pre-operatively, order the doses from the drug dose charts in surgery and have the Veterinary Assistant administer those promptly. Note the medications on the Medical Record.
 8. **Inform the Veterinary Assistant to note on Veterinary Exam Form whether TO GO HOME ORDERS are indicated.** See the bottom of the Veterinary Examination Form for options to select from. The Clinic Records Station will send these home with the cat.
 9. **If the cat has been identified as infectious/URI,** was not separated and is being processed amidst non-infectious cats, then the vaccines and medications should be administered at the surgery table and the cat taken directly to the Clinic Records Station to avoid contaminating other stations. Ask the Veterinary Assistant to take the Medical Record and gather the vaccines and medication needed to complete the cat's treatment.
 10. **Verify that the Veterinary Assistant has filled out the Medical Record accurately and completely.** Complete the applicable portions of the Surgical Record section and initial to verify that the Medical Record is complete.
 - Record the name of surgeon and indicate their status: Veterinarian (DVM) or Veterinary Student.
 - Complete the Anesthesia section.
 - Complete the Surgical Report section of the Medical Record in detail.
 - Document any special surgical or medical notes. All unusual findings or treatments must be documented.
 - Record any notes to the caregiver needed to explain any abnormal findings. Summarize significant findings and home instructions in language suitable for cat caregivers to understand and comply with in the notes box in the lower part of the Surgical Record
 - The surgeon is responsible for ascertaining that all routine and exceptional findings and procedures are properly documented. Once this is completed, the surgeon must initial this confirmation on the Medical Record at the bottom of the "Notes" section.
 11. **Discard sharps after each cat** in the biohazard container provided.
 12. **Defective instruments** should be labeled with tape, set aside and given to the Clinic Supervisor to assess for repair or disposal.
 13. **The incision should be cleaned of blood** before the cat leaves the station. Use hydrogen peroxide and the blue surgical towel to clean the surgical area. **Do not allow the hydrogen peroxide to contact the incision.**
 14. **Inform the Veterinary Assistant when the finished cat is ready to be removed** and replaced with a new one.
 15. **The Surgery Transporter will transport the used instruments** to the surgery area entry line (demarcated by tape on the floor) so that Instrument Station volunteers can collect surgery packs without entering the surgical area.

Station Closing and Cleanup

Student surgeons should break down and clean up their own spay stations.

The Veterinary Assistant will break down and clean up the stations of DVM surgeons.

When surgery is concluded:

- inventory the remaining supplies and repack the supply kit
- return the kit, station instructions, and any remaining items to storage
- clean the area
- dispose of all trash

- wash all tables, including the central trough
- wipe down entire base of table
- remove tape from underside of table
- wipe as much of the overhead surgery lamp as can be reached
- break down the anesthesia machines and tubing
- clean breathing circuits, masks, tubes, bags and endotracheal tubes in Accel, then rinse and hang to dry
- sweep or vacuum
- mop the floor.